

# Tularemia Case Investigation Report



OMB No. 0920-0728

Case ID #: \_\_\_\_\_

## Patient History

<b>Age:</b> _____	<b>Sex:</b> Female Male Unknown	<b>Patient Ethnicity:</b> Hispanic or Latino Not Hispanic or Latino Unknown	<b>Patient race:</b> (select all that apply) American Indian/Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White Unknown/other	
<b>Residence:</b> State: _____ County: _____		<b>Concurrent conditions:</b> Pregnant Immunocompromised (please specify): _____		

## Course of Current Illness

<b>Date of initial symptom onset:</b> _____ mm/dd/yyyy	<b>Was the patient hospitalized?</b> Yes No Unknown
<b>Date first seen by a medical person:</b> _____ mm/dd/yyyy	<b>Admit date:</b> _____ <b>Discharge date:</b> _____ mm/dd/yyyy mm/dd/yyyy

### Symptoms at presentation:

Fever/sweats/chills	Yes	No	Unknown	Cough	Yes	No	Unknown
Confusion/delirium	Yes	No	Unknown	Chest Pain	Yes	No	Unknown
Vomiting/diarrhea/abdominal pain	Yes	No	Unknown	Shortness of breath	Yes	No	Unknown
Sore throat	Yes	No	Unknown	Other: _____			

### Localized signs:

<b>Lymphadenopathy</b>	Yes	No	Unknown	<b>Conjunctivitis</b>	Yes	No	Unknown
Location/description: _____							
<b>Skin lesions</b> (e.g., ulcer, papules)	Yes	No	Unknown	<b>Pharyngitis/tonsillitis</b>	Yes	No	Unknown
Location/description: _____							

**Chest X-ray:** Not Done Unknown Infiltrates or nodules Pleural effusion Clear/normal

### Treatment:

Receipt of effective antibiotics (check all that were administered):

Aminoglycosides start date: \_\_\_\_\_  
(e.g., streptomycin, gentamicin) mm/dd/yyyy

Tetracyclines start date: \_\_\_\_\_  
(e.g., doxycycline) mm/dd/yyyy

Fluoroquinolones start date: \_\_\_\_\_  
(e.g., ciprofloxacin, levofloxacin) mm/dd/yyyy

### Illness outcome:

Recovered, no complications

Recovered, complications (please specify): \_\_\_\_\_

Recovered, unknown complications

Died (please specify cause and date of death): \_\_\_\_\_

Unknown

### Primary clinical syndrome:

Ulceroglandular	Oculoglandular	Typhoidal	Meningitic
Glandular	Oropharyngeal	Pneumonic	Unknown

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329-4027; ATTN: PRA (0920-0728).

## Laboratory Evidence of Infection

### Detection or Isolation

*F. tularensis* cultured? Yes No Unknown  
Specimen source Date specimen collected  
(e.g., blood, wound swab)  
\_\_\_\_\_ mm/dd/yyyy

If not cultured, presence of *F. tularensis* detected?  
Yes No Unknown  
Specimen source Date specimen collected  
\_\_\_\_\_ mm/dd/yyyy

Test performed (e.g., DFA or PCR) \_\_\_\_\_

*F. tularensis* subspecies:

Type A (i.e., *tularensis*) Type B (i.e., *holarctica*) Unknown

### Serology:

None Single positive titer  $\geq 4$ -fold change in titer

Serum 1:

Date drawn \_\_\_\_\_ mm/dd/yyyy

Titer: \_\_\_\_\_

Serum 2:

Date drawn \_\_\_\_\_ mm/dd/yyyy

Titer: \_\_\_\_\_

## Tularemia Case Status

**Confirmed** A clinically-compatible case with either *F. tularensis* cultured from a clinical specimen or  $\geq 4$ -fold change in serum antibody titer

**Probable** A clinically-compatible case with either detection (not isolation) of *F. tularensis* in a clinical specimen or a single positive antibody titer (or  $< 4$ -fold change in titer)

**Not a case**

## Epidemiologic Investigation

Was this illness epi-linked to any other tularemia cases? Yes No Unknown Specify: \_\_\_\_\_

Was this illness associated with travel? Yes No Unknown Specify: \_\_\_\_\_

### Possible routes of exposure: In the 2 weeks preceding illness, did the patient report:

Animal contact? Yes No Unknown

If yes, type of animal Wild (specify: \_\_\_\_\_) Domestic pet (specify: \_\_\_\_\_)

What was the nature of the contact? Bitten Scratched Disposed/handled deceased animal  
Cleaned carcass Consumed hunted game meat

Tick or deerfly bite? Tick Deerfly No Unknown insect type

Contact with or ingestion of untreated water? Yes No Unknown

Environmental aerosol-generating activities (e.g., brush-cutting, lawnmowing, high-pressure spraying)?

Yes No Unknown (If yes, specify: \_\_\_\_\_)

Other exposure: specify \_\_\_\_\_

**Additional comments:**