Case ID #:

Plague Case Investigation Report



OMB No. 0920-0728

Patient History Patient race: (select all that apply) **Patient Ethnicity:** Age: Sex: Female Hispanic or Latino American Indian/Alaska Native Native Hawaiian or Pacific Islander Male White Not Hispanic or Latino Asian years Unknown Unknown Black or African American Unknown/other **Residence: Concurrent conditions:** Pregnant State: _____ Immunocompromised (please specify): _____ County: _____ **Course of Current Illness** Was the patient hospitalized? Yes No Unknown Date of initial symptom onset: mm/dd/yyyy Date first seen by a medical person: Admit date: Discharge date: mm/dd/yyyy 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** Unknown Yes No Vomiting/diarrhea/abdominal pain Yes No Unknown Shortness of breath Yes No Unknown Sore throat Yes No Unknown Other: ____ Localized signs: Bubo Yes No Unknown If yes, specify: Axillary Cervical Inguinal/Femoral Other Insect bites/skin ulcer Yes No Unknown Location/description: Chest X-ray: Not Done Unknown Infiltrates or nodules Pleural effusion Clear/normal **Treatment:** Illness outcome: Receipt of effective antibiotics (check all that were administered): Recovered, no complications start date: ____ Aminoglycosides Recovered, complications (please specify): mm/dd/yyyy (e.g., streptomycin, gentamicin) Tetracyclines start date: ___ Recovered, unknown complications mm/dd/yyyy (e.g., doxycycline) Died (please specify cause and date of death): start date: ____ Fluoroquinolones mm/dd/yyyy (e.g., ciprofloxacin, levofloxacin) Unknown Primary clinical syndrome: Secondary pneumonic plague: Bubonic Pneumonic Unknown Septicemic Yes No Unknown Pharyngeal Meningitic Gastrointestinal

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	Serology:
Yersinia pestis cultured? Yes No Unknown	None Single positive titer ≥4-fold change in titer
Specimen source Date specimen collected (e.g., blood, bubo aspirate)	Serum 1:
mm/dd/yyyy	Date drawn
If not cultured, presence of Y. pestis detected?	Titer:
Yes No Unknown	
Specimen source Date specimen collected	Serum 2:
mm/dd/yyyy	Date drawn
Test performed (e.g., DFA or PCR)	Titer:
Plague Ca	se Status
Confirmed A clinically-compatible case with either <i>Y. pestis</i> cultured from a clinical specimen or ≥4-fold change in serum antibody titer	
Probable A clinically-compatible case with either detection (not isolation) of <i>Y. pestis</i> 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 plague cases? Yes	No Unknown Specify:
Most likely location of exposure: State: County:	
Likely exposure setting: Around the person's home Recreational (away from home)	
Possible routes of exposure: In the 2 weeks preceding illness, did the patient report:	
Flea or insect bites? Yes No Unknown	
Animal contact? Yes No Unknown	
If yes, type of animal Wild (specify: What was the nature of the contact? Bitten Scratched) Domestic pet (specify:) Disposed/handled deceased animal
Cleaned carcass	Consumed hunted game meat
Person-to-person transmission from a known plague patient	Yes No Unknown
Other possible exposure type: specify	
Evidence of Yersinia pestis infected animals or fleas in the likely ex	posure location?
Yes No Unknown (If yes, specify:)
Additional comments:	