

Tularemia

COUNTY

FOR STATE USE ONLY

#

Date / time investigation initiated: ___/___/___ :___ am ___ pm
Investigation only required if suspected bioterrorism event

___/___/___ case report
___/___/___ interstate

- confirmed
- presumptive
- suspect

CASE IDENTIFICATION

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City County Zip

e-mail address _____

ALTERNATIVE CONTACT: Parent Spouse Household Member Friend _____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip

SOURCES OF REPORT (check all that apply)

- Lab Infection Control Practitioner
- Physician _____

Name _____

Phone _____

Date ___/___/___ Time ___:___
(first report)

Primary M.D. _____
(if different)

Phone _____ OK to talk to patient?

DEMOGRAPHICS

SEX
 female male

HISPANIC yes no unknown

RACE

- White American Indian
- Black Asian/Pacific Islander
- unknown refused to answer
- other _____

DATE OF BIRTH ___/___/___
m d y

or, if unknown, AGE _____

Worksites/school/day care center _____

Occupations/grade _____

BASIS OF DIAGNOSIS

CLINICAL DATA

Date of ONSET ___/___/___
m d y

- Clinical Description Ulcer Enlarged lymph node Pharyngitis
- Abdominal pain Vomiting Diarrhea Pneumonia Conjunctivitis

SYMPTOMS

Location of lesion _____

HOSPITALIZED? yes no unk IF YES, name of hospital: _____

date of admission ___/___/___ date of discharge ___/___/___
m d y m d y

Transferred from another hospital: yes no unk
transfer hospital name _____

OUTCOME: survived died unk if died, date of death ___/___/___

LABORATORY DATA

TYPE OF TEST	Date	Results	Lab Name and Address
Antibody			
FA			
Biopsy			
Cultures			
Other			

EPI-LINKAGE

During the exposure period, was the patient...

associated with a known outbreak? yes no unk

Does the case know about anyone else with a similar illness?

yes no could not be interviewed

If yes, provide additional information below; place and manner of contact and dates:

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Statement of patient's activities during 14 days prior to onset
Exposure

Location _____ Date _____

- Handling of Skinning of Dissecting of
- Wild rabbits Cottontails Squirrels Rats Mice

Other small mammal: _____

Bite of blood sucking tick (describe/specify) _____

Laboratory exposure (describe) _____

Drinking untreated water (describe) _____

Other exposures or injury (describe/specify) _____

Ticks seen on patient? ___/___/___ (date tick seen)

- crawling embedded not seen

Estimated hours embedded _____ (if unsure, specify limit, e.g., <24h):

Tick species: *I. pacificus* *I. dammini* unk
other

Stage: larva nymph adult unk

Where was the tick acquired? County _____ State _____

Location in the county (check one) NW part NE part
 Central part SW part SE part

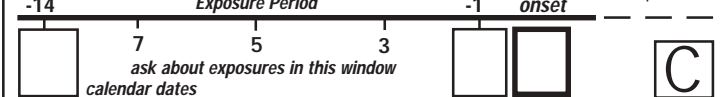
Where did exposure probably occur? Park Campground
 Hiking Trail Yard Unk Other

Name of location _____

- could not be interviewed no risk factors could be identified

INFECTION TIMELINE

days from onset Enter onset date in heavy box. Count back to figure the probable exposure period.



ADMINISTRATION

Tularemia / June 2003

Date and time case report sent to OHS: ___/___/___ :___ am ___ pm

Completed by _____ Date _____ Phone _____ Investigation sent to OHS on ___/___/___