WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

Anthrax

Immediately notify WV Bureau for Public Health, Division of Infectious Disease Epidemiology 1-800-423-1271

PATIENT DEMOGRAPHICS

Name (last, first): _____
Address (mailing): _____
Address (physical): _____
City/State/Zip: _____
Phone (home): _____ **Phone** (work/cell):_____
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
*Name:*_____ *Phone:* _____

Birth date: __/__/_____ **Age**: _____
Sex: ☐Male ☐Female ☐Unk
Ethnicity: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk
Race: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐ Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigation Start Date:_/_/_____
Earliest date reported to LHD:_/_/_____
Earliest date reported to DIDE:_/_/_____

Entered in WVEDSS? ☐Yes ☐No ☐Unk
Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect
☐ Not a case ☐ Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: ☐Laboratory ☐Hospital ☐HCP ☐Public Health Agency ☐Other
Reporter Name: _____ Reporter Phone: _____
Primary HCP Name:_____ Primary HCP Phone: _____

CLINICAL

Onset date: __/__/_____ **Diagnosis date**: __/__/_____ **Recovery date**:_/_/_____

Clinical Findings

Y N U
☐ ☐ ☐ Fever (Highest measured temperature:_____°F)
☐ ☐ ☐ Cutaneous ulcer with edema and black eschar
☐ ☐ ☐ Lymphadenopathy
☐ ☐ ☐ Malaise
☐ ☐ ☐ Hypoxia
☐ ☐ ☐ Dyspnea
☐ ☐ ☐ Cyanosis
☐ ☐ ☐ Radiological evidence of mediastinal widening
☐ ☐ ☐ Radiological evidence of pleural effusion
☐ ☐ ☐ Abdominal pain or swelling
☐ ☐ ☐ Nausea or vomiting
☐ ☐ ☐ Hematemesis
☐ ☐ ☐ Bloody diarrhea
☐ ☐ ☐ Anorexia

Clinical Findings (continued)

Y N U
☐ ☐ ☐ Sepsis syndrome
☐ ☐ ☐ Painless mucosal lesion
☐ ☐ ☐ Cervical adenopathy
☐ ☐ ☐ Pharyngitis
☐ ☐ ☐ Convulsions
☐ ☐ ☐ Meningeal signs

Hospitalization

Y N U
☐ ☐ ☐ Patient hospitalized for this illness
If yes, hospital name: _____
Admit date: __/__/_____ Discharge date:_/_/_____

Death

Y N U
☐ ☐ ☐ Patient died due to this illness If yes, date of death: / / _____

VACCINATION HISTORY

Y N U
☐ ☐ ☐ Previously received anthrax vaccine
If yes, date:_/_/_____

TREATMENT

Y N U
☐ ☐ ☐ Patient received antibiotic therapy for this illness
If yes, type:_____and duration:_____

LABORATORY *(Please submit copies of <u>all</u> labs to DIDE)*

Y N U
☐ ☐ ☐ Culture and identification of *B. anthracis* from clinical specimens
☐ ☐ ☐ Demonstration of *B. anthracis* antigens in tissues by IHC staining using both *B. anthracis* cell wall and capsule monoclonal antibodies
☐ ☐ ☐ Four-fold rise in antibodies to protective antigen between acute and convalescent sera **<u>or</u>** a fourfold change in antibodies to protective antigen in paired convalescent sera using quantitative anti-PA IgG ELISA testing
☐ ☐ ☐ Evidence of *B. anthracis* DNA (for example, by PCR) in clinical specimens collected from a normally sterile site (such as blood or CSF) or lesion of other affected tissue (skin, pulmonary, reticuloendothelial, or gastrointestinal)
☐ ☐ ☐ Positive result on testing of clinical serum specimens using the Quick ELISA Anthrax-PA kit
☐ ☐ ☐ Detection of Lethal Factor (LF) in clinical serum specimens by LF mass spectrometry
☐ ☐ ☐ Positive result on testing of culture from clinical specimens with the RedLine Alert test

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period

	Exposure period*		Onset date
Days from onset	***-7 (Max Incubation)***	***-1 (Min Incubation)***	
Calendar dates:	___/___/ _____	___/___/ _____	___/___/ _____

*In rare cases, incubation period may extend up to 60 days

EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

☐ ☐ ☐ History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

Y N U

☐ ☐ ☐ Attended social gatherings or crowded setting
If yes, date/location:_____
☐ ☐ ☐ Hunting or skinning wild animals
☐ ☐ ☐ Contact with sick or dead animals
If yes, date/location/species:_____
☐ ☐ ☐ Any exposure to wildlife
Specify:_____
☐ ☐ ☐ Exposure to suspicious powder
☐ ☐ ☐ Exposure to suspicious mail
☐ ☐ ☐ Possible occupational exposure
☐Employed in laboratory
☐Veterinarian
☐Agricultural worker
☐Wildlife worker
☐Postal worker
☐Other:_____

Y N U

☐ ☐ ☐ Inhalation of dust from soil, grain, or hay
☐ ☐ ☐ Contact with unprocessed animal product
If yes: ☐Wool ☐Hair ☐Hide ☐Bones ☐Raw meat
Date (most recent): / /_____
☐ ☐ ☐ Any contact with animals at home or elsewhere
If yes: ☐Cattle/cow/calf ☐Goat ☐Sheep
☐Other:_____
☐ ☐ ☐ Consumed raw or undercooked meat
If yes, date: / /_____
☐ ☐ ☐ Work with animals or animal products
Specify animal:_____
☐ ☐ ☐ Outdoor or recreational activities
☐ ☐ ☐ Foreign arrival (e.g. immigrant, adoptee, etc)
If yes, country: _____

Where did exposure most likely occur? **County:** _____ **State:**_____ **Country:** _____

PUBLIC HEALTH ISSUES

Y N U

☐ ☐ ☐ Case knows someone who had shared exposure and is currently having similar symptoms
☐ ☐ ☐ Epi link to another confirmed case of same condition
☐ ☐ ☐ Epi link to a documented exposure
☐ ☐ ☐ Case is part of an outbreak
☐ ☐ ☐ Other:

PUBLIC HEALTH ACTIONS

Y N U

☐ ☐ ☐ Disease education and prevention information provided to patient and/or family/guardian
☐ ☐ ☐ Laboratory isolates forwarded to OLS
☐ ☐ ☐ Facilitate laboratory testing of other symptomatic persons who have a shared exposure
☐ ☐ ☐ Follow up of laboratory personnel exposed to specimen
☐ ☐ ☐ Outreach provided to employer to reduce employee risk
☐ ☐ ☐ Patient is lost to follow up
☐ ☐ ☐ Other:

WVEDSS

Y N U

☐ ☐ ☐ Entered into WVEDSS (**Entry date**: __ / __ /_____) **Case Status:** ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

NOTES