

Brucellosis

PATIENT DEMOGRAPHICS

Name (last, first): _____	Birth date: ___/___/___ Age: _____
Address (mailing): _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk
Address (physical): _____	Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk
City/State/Zip: _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. (Mark all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/AK Native <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Unk
Phone (home): _____ Phone (work/cell): _____	
Alternate contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
Name: _____ Phone: _____	

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____	Entered in WVEDSS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Investigation Start Date: __/__/____	Case Classification:
Earliest date reported to LHD: __/__/____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect
Earliest date reported to DIDE: __/__/____	<input type="checkbox"/> Not a case <input type="checkbox"/> 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 and Symptoms

- Y N U
- Fever (Highest measured temperature: _____ °F)
- Night sweats
- Arthralgia
- Headache
- Fatigue
- Anorexia
- Myalgia
- Weight loss
- Endocarditis
- Orchitis
- Epididymitis
- Hepatomagaly
- Splenomegaly
- Arthritis
- Meningitis
- Spondylitis

Complications

- Y N U
- Miscarriage or stillbirth

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: __/__/____

TREATMENT

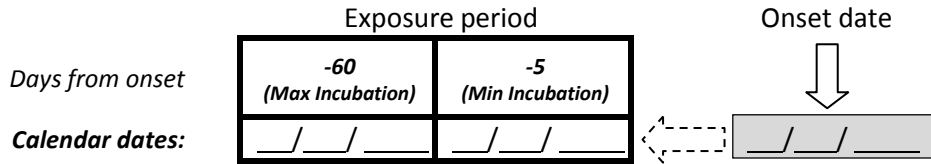
- Y N U
- Prophylaxis given prior to illness onset
- Patient received antibiotic therapy due to this infection
- If yes, specify:
Type: _____ Duration: _____ days

LABORATORY (Please submit copies of all labs to DIDE)

- Y N U
- Culture and identification of *Brucella* spp. from clinical specimen
- Evidence of a four-fold or greater rise in *Brucella* antibody titer between acute- and convalescent-phase serum specimens obtained ≥ 2 weeks apart
- Brucella* total antibody titer of ≥ 160 by standard tube agglutination test (SAT) or *Brucella* microagglutination test (BMAT) in one or more serum specimens obtained after onset of symptoms
- Detection of *Brucella* DNA in a clinical specimen by PCR assay

INFECTION TIMELINE

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



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

Any contact with animal products
 Source: Cattle/cow/calf Goat Sheep Other: _____
 Type of product: _____
 Type of contact: _____
 Date of most recent contact: __/__/____
 Location of most recent contact: _____

Consumed unpasteurized dairy products (milk, cheese, etc)
 Source: Cattle/cow/calf Goat Sheep Other: _____
 Type of product: _____
 Most recent consumption date: __/__/____
 Location of where obtained: _____

Employed as a veterinarian or animal technician
 Employed as a laboratory worker
 If yes, exposures source: Specimen Isolate Other: _____
 If yes, was PEP initiated? Yes No Unknown
 If yes to PEP, type and duration: _____

Y N U

Any contact with animals at home or elsewhere
 If yes: Cattle/cow/calf Goat Sheep Other: _____
 Type of contact: _____
 Date of most recent contact: __/__/____
 Location of most recent contact: _____

Travel outside of United States
 Foreign arrival (e.g. immigrant, adoptee, etc)
 If yes, country: _____
 Case or household member lives on or works on farm or dairy
 Employed as an agricultural worker
 Parenteral or mucous membrane *Brucella* vaccine exposure
 If yes, type: S19 RB51 Rev1
 If yes, was PEP initiated? Yes No Unknown
 If yes to PEP, type and duration: _____

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

PUBLIC HEALTH ISSUES

Y N U

Case donated blood products, organs or tissue in the 30 days prior to symptom onset
 Date: __/__/____
 Agency/location: _____
 Type of donation: _____
 Pregnant (due date: __/__/____)
 Case knows someone who had shared exposure and is currently having similar symptoms
 Epi link to another confirmed case of same condition
 Case is part of an outbreak
 Other: _____

PUBLIC HEALTH ACTIONS

Y N U

Notification of blood or tissue bank
 Disease education and prevention information provided to patient and/or family/guardian
 Follow up with laboratorians exposed to specimen
 Notify patient obstetrician
 Laboratory isolates forwarded to OLS
 Outreach provided to employer to reduce employee risk
 Facilitate laboratory testing of other symptomatic persons who have a shared exposure
 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

