



# Plague

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

## PATIENT DEMOGRAPHICS

Name (last, first): \_\_\_\_\_ Birth date: / / \_\_\_\_\_ Age: \_\_\_\_\_

Address (mailing): \_\_\_\_\_ Gender:  Male  Female  Unk

Address (physical): \_\_\_\_\_ Ethnicity:  Not Hispanic or Latino

City/State/Zip: \_\_\_\_\_  Hispanic or Latino  Unk

Phone (home): \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_ Race:  White  Black/Afr. Amer.

Alternate contact:  Parent/Guardian  Spouse  Other (Mark all that apply)  Asian  Am. Ind/AK Native  Native HI/Other PI  Unk

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): \_\_\_\_\_ Entered in WVEDSS?  Yes  No  Unk

Investigation Start Date: / / \_\_\_\_\_ Case Classification:

Earliest date reported to LHD: / / \_\_\_\_\_  Confirmed  Probable  Suspect

Earliest date reported to DIDE: / / \_\_\_\_\_  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 recorded temp: \_\_\_\_°F)

Sweats/chills/rigors

Weakness/lethargy/malaise

Shortness of breath

Chest pain

Cough (Onset date: / / \_\_\_\_\_)

Bloody sputum

Swollen tender glands

Sore throat

Headache

Confusion/delirium

Muscle/joint pain

Nausea or vomiting and/or diarrhea

Abdominal pain

Interstitial infiltrates on radiographs

Hilar adenopathy on radiographs

Pleural effusion

Pulmonary abscess or nodules

Bubo

If yes, location:  Axillary  Cervical  Femoral  Inguinal  Other: \_\_\_\_\_

**Complications**  
Y N U

Amputation/limb ischemia    Cardiac arrest

Renal failure    Bleeding/DIC

Secondary pneumonia    Cardiac arrest

Shock (SBP <90 mmHg)    Intubation

Multisystem organ failure (≥2)

**Clinical Risk Factors**  
Y N U

Cardiovascular disease    Cancer

Immunocompromised    Renal disease

Pulmonary disease    Diabetes mellitus

Pregnant (females only)    Other: \_\_\_\_\_

**Hospitalization**  
Y N U

Patient hospitalized for this illness

If yes, hospital name: \_\_\_\_\_

Admit date: / / \_\_\_\_\_ Discharge date: / / \_\_\_\_\_

**Death**  
Y N U

Patient died due this illness if yes, date of death: / / \_\_\_\_\_

**VACCINATION HISTORY**  
Y N U

Did patient ever receive plague vaccination? If yes, Date: / / \_\_\_\_\_

**TREATMENT**  
Y N U

Patient received antibiotic therapy due to this infection

If yes, Type(s): \_\_\_\_\_ Duration: \_\_\_\_\_ days

## LABORATORY (Please submit copies of all labs to DIDE)

Y N U

Elevated serum antibody titer(s) to *Y. pestis* fraction 1 (F1) antigen in a patient with no history of plague vaccination

Detection of *Y. pestis* F1 antigen in a clinical specimen by fluorescent assay

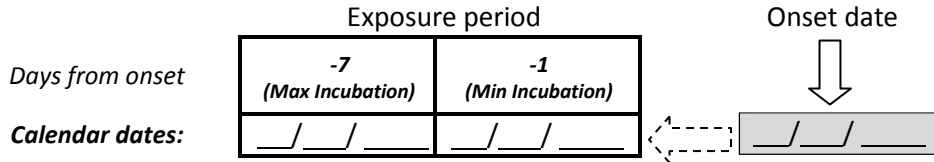
Isolation of *Y. pestis* from a clinical specimen

Fourfold or greater change in serum antibody titer to *Y. pestis* F1 antigen

**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

- Contact with sick or dead animals  
 Type of animal: \_\_\_\_\_  
 Type of contact: \_\_\_\_\_  
 Date of contact: // \_\_\_\_\_  
 Location of contact: \_\_\_\_\_
- Hunting, including contact with wild animals  
 Type of animal: \_\_\_\_\_  
 Type of contact: \_\_\_\_\_  
 Date of contact: // \_\_\_\_\_  
 Location of contact: \_\_\_\_\_
- Outdoor or recreational activities
- Foreign arrival (e.g. immigrant, adoptee, etc)  
 If yes, country: \_\_\_\_\_

Y N U

- Are there pets in the home?  
 Dogs (#\_\_\_\_)  Cats (#\_\_\_\_)  Other: \_\_\_\_\_
- Have any pets been ill or died?
- Have pets brought home any dead animals?  
 If yes, describe: \_\_\_\_\_
- Exposure to abandoned prairie dog burrows
- Flea or insect bites
- Contact with someone ill or who has died in last week
- Occupational exposure  
 Laboratory worker (Date of exposure: \_/ \_/ \_)  
 Other occupation: \_\_\_\_\_

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
- 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
- Isolation of pneumonic cases with standard and droplet precautions
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Follow up of laboratory personnel exposed to specimen
- Contact tracing of close contacts for pneumonic cases
- 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**

