

Tularemia

Immediately notify WV Bureau for Public Health,	Division of Infectious Dise	ase Epidem	iology 1-800-423-1271			
PATIENT DEMOGRAPHICS						
Name (last, first):		Birth date:	// Age:			
Address (mailing):		Sex:	□Male □Female □Unk			
Address (physical):		Ethnicity:	□Not Hispanic or Latino			
City/State/Zip:			□Hispanic or Latino □Unk			
Phone (home): Phone (work/cell):	Race:	UWhite DBlack/Afr. Amer.			
Alternate contact: \Box Parent/Guardian \Box Spouse \Box Other		(Mark all	□Asian □Am. Ind/AK Native			
	hone:	that apply)	□Native HI/Other PI □ Unk			
INVESTIGATION SUMMARY						
Local Health Department (Jurisdiction):		Entorod in \	WVEDSS? □Yes □No □Unk			
Investigation Start Date://		Case Classif				
Earliest date reported to LHD: / /			ed \Box Probable \Box Suspect			
Earliest date reported to DIDE://			se 🗆 Unknown			
REPORT SOURCE/HEALTHCARE PROVIDER (HCP)						
Report Source: Laboratory Hospital HCP Public Health Age	•					
Reporter Name:	·					
Primary HCP Name: Primary HCP Phone:						
CLINICAL						
	ate://	Recovery	date://			
Clinical Findings	Complications					
□ □ □ Fever (Highest measured temperature:°F) □ □ □ Cutaneous ulcer	□□□ Acute respiratory distr	,	(ARDS)			
□ □ □ Regional lymphadenopathy	$\Box \Box \Box$ Bleeding/DIC	, iiia				
Control and the second state of the secon	□ □ □ □ Cardiac arrest					
$\Box \Box \Box$ Cervical lymphadenopathy	□ □ □ □ Multi-system organ fa	ilure				
\Box \Box \Box Hilar lymphadenopathy	\Box \Box \Box Renal failure	luic				
\Box \Box \Box Pharyngitis	□ □ □ Secondary pneumonia	1				
	\Box \Box \Box Shock					
$\Box \Box$ \Box Stomatitis						
□ □ □ Conjunctivitis	Hospitalization					
$\Box \Box \Box$ Pleuropneumonitis	YNU					
	□ □ □ □ Patient hospitalized fo	or this illness				
	If yes, hospital name:					
$\Box \Box$ Intestinal pain	Admit date: / / Discharge date: / /					
		Discharge				
Clinical Risk Factors	Death					
YNU	YNU					
□ □ □ Underlying medical condition (specify:)	□ □ □ Patient died due to th	nis illness if v	es. date of death: / /			
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VACCINATION HISTORY	TREATMENT					
YNU	YNU					
Previously received tularemia vaccine	Patient received antib	iotic therapy d	ue to this infection?			
If yes, date://	If yes, specify:					
	Туре:	Dura	ation:days			
LABORATORY (Please submit copies of <u>all</u> labs to DIDE)						
□ □ □ Fourfold or greater change in serum antibody titer to <i>F. tula</i>						
□ □ □ Elevated serum antibody titer(s) to <i>F. tularensis</i> antigen (wit		eater change)				
Detection of <i>F. tularensis</i> in a clinical specimen by fluorescer	it assay					
□ □ □ Isolation of <i>F. tularensis</i> from a clinical specimen						

Exposure period Onest data of the server period Onest data of the server data of the s	INFECTION TIMELI	NE								
Instructions: Enter onset backward to determine probable exposure period Days from onset clendar dates:			Exr	osure period	d	Onset date				
Colendar dates:	date in grey box. Count backward to determine	Days from onset	-14		-1	Ţ				
V 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 □ Initiation (City, County, State and Country) Arrival Date Departure Date Reason for travel □ Initiation (City, County, State and Country) Arrival Date Departure Date Reason for travel VNU □ Initiation (City, County, State and Country) □ □ Hunting, including contact with wild animals If yes, ater/species: Initiation (City, Country, C	probable exposure perio		_/_/_	/	/					
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