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

Tularemia

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:______ºF)
☐ ☐ ☐ Cutaneous ulcer
☐ ☐ ☐ Regional lymphadenopathy
☐ ☐ ☐ Preauricular lymphadenopathy
☐ ☐ ☐ Cervical lymphadenopathy
☐ ☐ ☐ Hilar lymphadenopathy
☐ ☐ ☐ Pharyngitis
☐ ☐ ☐ Tonsillitis
☐ ☐ ☐ Stomatitis
☐ ☐ ☐ Conjunctivitis
☐ ☐ ☐ Pleuropneumonitis
☐ ☐ ☐ Diarrhea
☐ ☐ ☐ Vomiting
☐ ☐ ☐ Intestinal pain

Clinical Risk Factors

Y N U
☐ ☐ ☐ Underlying medical condition (specify:______________)

Complications

Y N U
☐ ☐ ☐ Acute respiratory distress syndrome (ARDS)
☐ ☐ ☐ Amputation/limb ischemia
☐ ☐ ☐ Bleeding/DIC
☐ ☐ ☐ Cardiac arrest
☐ ☐ ☐ Multi-system organ failure
☐ ☐ ☐ Renal failure
☐ ☐ ☐ Secondary pneumonia
☐ ☐ ☐ Shock

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 tularemia vaccine
If yes, date:/_/________

TREATMENT

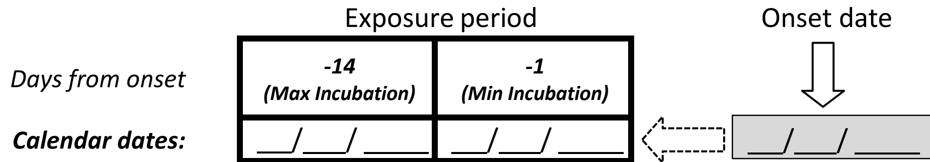
Y N U
☐ ☐ ☐ Patient received antibiotic therapy due to this infection?
If yes, specify:
Type:________________ Duration:__________days

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

Y N U
☐ ☐ ☐ Fourfold or greater change in serum antibody titer to *F. tularensis* antigen
☐ ☐ ☐ Elevated serum antibody titer(s) to *F. tularensis* antigen (without documented fourfold or greater change)
☐ ☐ ☐ Detection of *F. tularensis* in a clinical specimen by fluorescent assay
☐ ☐ ☐ Isolation of *F. tularensis* from a clinical specimen

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
☐ ☐ ☐ History of tick bite
If yes, date/location:____________________
☐ ☐ ☐ History of deer fly bite
If yes, date/location:____________________
☐ ☐ ☐ Hunting, including contact with wild animals
☐ ☐ ☐ Contact with sick or dead animals
If yes, date/location/species:_________________________
☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, hiking, etc)
If yes, date/location: ______________________
☐ ☐ ☐ Contact or ingestion of soil or untreated water
If yes, date/location: ______________________

Y N U
☐ ☐ ☐ Contact or ingestion of uncooked meat
If yes, date/species: ______________________
☐ ☐ ☐ Pets in the home
Specify: ☐ Dogs ☐ Cats ☐Other:_______________
If yes, are any ill or have any died? ☐ Y ☐ N ☐ U
If yes, brought in dead animals? ☐ Y ☐ N ☐ U
☐ ☐ ☐ Foreign arrival (e.g. immigrant, adoptee, etc)
If yes, country: ______________________
☐ ☐ ☐ Possible 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 donated blood products, organs or tissue in the 30 days prior to symptom onset
Date:_/_/_______
Agency/location:____________________
Type of donation:____________________
☐ ☐ ☐ 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
☐ ☐ ☐ Notify blood or tissue bank or other facility where organs donated
☐ ☐ ☐ Disease education and prevention information provided to patient and/or family/guardian
☐ ☐ ☐ 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:
☐ ☐ ☐ If yes to any public health actions above, indicate date / /________ when first action was done.

WVEDSS

Y N U
☐ ☐ ☐ Entered into WVEDSS (**Entry date**: __ / __ /_____)

Case Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

NOTES