

Plague

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: _____
 Gender: Male Female Unk
 Ethnicity: Not Hispanic or Latino
 Hispanic or Latino Unk
 Race: White Black/Afr. Amer.
 Asian Am. Ind/AK Native
 (Mark all that apply) 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 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
 Renal failure
 Secondary pneumonia
 Shock (SBP <90 mmHg)
 Multisystem organ failure (≥2)
 Clinical Risk Factors
 Y N U
 Cardiovascular disease
 Immunocompromised
 Pulmonary disease
 Pregnant (females only)
 Y N U
 Cardiac arrest
 Bleeding/DIC
 Cardiac arrest
 Intubation
 Cancer
 Renal disease
 Diabetes mellitus
 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

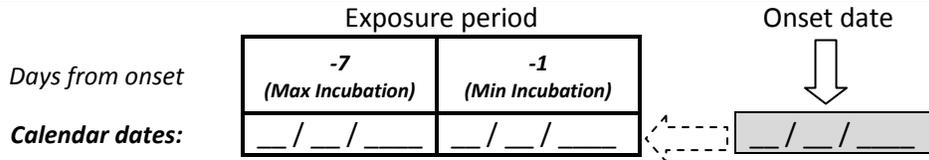
LABORATORY (Please submit copies of all labs to DIDE)

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

