

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: 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 measured temperature: _____ °F)
 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

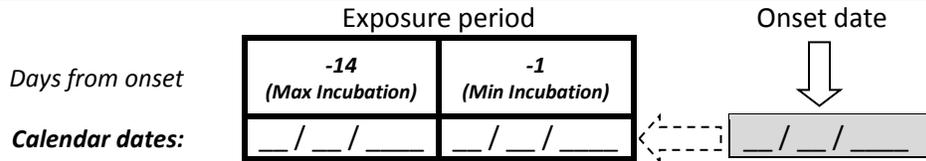
- Y N U
 Patient received antibiotic therapy due to this infection?
 If yes, specify:
 Type: _____ Duration: _____ days

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
- 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