

Tularemia

West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control

Infectious Disease Epidemiology Program

Phone: 304-558-5358 or 800-423-1271 in West Virginia

Fax: 304-558-8736

Investigation Information

*indicates required fields

Investigation Status*

Closed Open Regional Review State Review Superseded Unassigned

Case Status*

Confirmed Not a Case Probable Suspect Unknown

Patient Information

* indicates required fields

Last Name*	First Name*	Middle Initial
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Street Address

City	County	State West Virginia	Zip
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Is the patient's residence a: <input type="radio"/> Correctional Facility (Specify) _____ <input type="radio"/> Shelter or Group Home (Specify) _____	<input type="radio"/> Long Term Care Facility (Specify) _____ <input type="radio"/> None of the above
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Home Phone ###-###-####	Ext.	Other Phone ###-###-####	Ext.	Report Date mm/dd/yyyy
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Parent / Guardian Information

Last Name	First Name	Middle Initial	Relationship to Patient
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Check if address is same as above; otherwise complete guardian contact information below

Guardian Street Address

City	County	State West Virginia	Zip
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Home Phone ###-###-####	Ext.	Other Phone ###-###-####	Ext.
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Patient Demographic Information

* indicates required fields

Sex
 Male Female Transsexual Unknown Failure to report sex/missing sex Other (Specify) _____
Date of Birth*

mm/dd/yyyy

Age**Age Units**
 Days Weeks Months Years
Ethnicity
 Hispanic or Latino Not Hispanic or Latino Unknown Failure to report ethnicity/missing ethnicity
Race

(Check all that apply)

 American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander _____
 White Unknown
 Failure to report race/missing race Some Other Race _____

Outcome and Clinical Information

Date of onset of symptoms

mm/dd/yyyy

Date of diagnosis

mm/dd/yyyy

Was the patient hospitalized for the disease?
 Yes No Unknown
Name of Hospital**Date of Admission**

mm/dd/yyyy

Patient outcome from this disease:
 Died Survived Unknown
Date of Death

mm/dd/yyyy

Check all signs and symptoms that apply:

(Check all that apply)

 Abdominal Pain Chest pain Chest tightness Chills
 Conjunctivitis Cough; Describe: _____ Diarrhea Fever: Deg. F _____
 Headache Lower back pain Malaise Muscle aches
 Pneumonia Pulse-temperature dissociation Sepsis Skin Ulcer; Location/Describe: _____
 Sore Throat Swollen glands; Location/Describe: _____ Vomiting Other (specify): _____

Laboratory

 Elevated serum antibody titer to *F. tularensis* antigen Normal/Negative serology Pending Not done

If elevated serum antibody complete results below:

Specimen Source	Date of Collection	Test Name	Result	Normal Range/Comments
	mm/dd/yyyy			
Serum 1				
Serum 2				

Test for *F. tularensis* in a clinical specimen by fluorescent assay**Specimen Source****Date of Collection**

mm/dd/yyyy

 Positive Negative Pending Not Done
Isolation of *F. tularensis* from a clinical specimen**Specimen Source****Date of Collection**

mm/dd/yyyy

 Positive Negative Pending Not Done

Laboratory cont.

Gram stain from a clinical specimen

Specimen Source

Date of Collection

mm/dd/yyyy

Consistent with *F. tularensis* Not consistent with *F. tularensis* Pending Not Done

Other pertinent diagnostic tests:

Specimen Source	Date of Collection	Test Name	Result	Normal Range/Comments
	mm/dd/yyyy			

Laboratory Name

Phone

###-###-####

Ext.

Fax Number

###-###-####

Address

State:

West Virginia

Zip:

Reporting Source

Last Name

First Name

Phone

###-###-####

Ext.

Fax

###-###-####

Facility

Address

City

State

West Virginia

Zip

E-mail

Provider with Further Patient Information

Last Name		First Name	
Phone ###-###-####	Ext.	Fax ###-###-####	
Address			
City	State West Virginia	Zip	

Public Health Investigation

Name of Person Interviewed		Relationship to Patient		Date of Interview mm/dd/yyyy	
Investigator	Date mm/dd/yyyy	Health Department	Phone ###-###-####	Ext.	
Investigation ID	Part of an Outbreak? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Outbreak Name		Lost to follow-up? <input type="radio"/> Yes <input type="radio"/> No
Clinical form of Tularemia (Check all that apply): (Check all that apply)					
<input type="checkbox"/> <i>Ulceroglandular</i> <input type="checkbox"/> <i>Oculoglandular</i> <input type="checkbox"/> <i>Pneumonic</i> <input type="checkbox"/> <i>Intestinal</i> <input type="checkbox"/> <i>Glandular</i> <input type="checkbox"/> <i>Typhoidal</i> <input type="checkbox"/> <i>Oropharyngeal</i>					

Epidemiological Information

History of an arthropod (tick, mosquito, fly) bite in the 14 days prior to illness onset <input type="radio"/> Yes <input type="radio"/> No		
Type of arthropod:	Bite location:	Date of bite: mm/dd/yyyy
History of a bite or scratch from an animal during the 14 days prior to onset <input type="radio"/> Yes <input type="radio"/> No		
Species:	Wound location:	Date of bite or scratch: mm/dd/yyyy
Contact with tissue from a wild animal during food preparation or other activities during the 14 days prior to illness onset <input type="radio"/> Yes <input type="radio"/> No		
Species:	Date of contact: mm/dd/yyyy	
Ingestion of wild game during the 14 days prior to illness onset <input type="radio"/> Yes <input type="radio"/> No		
Species:	How cooked (i.e., rare):	Date of ingestion: mm/dd/yyyy
Other Suspicious exposures during the 14 days prior symptom onset <input type="radio"/> Known <input type="radio"/> Unknown		
If known, describe exposure and location:		

Epidemiological Information cont.

Other Epidemiology Notes: