

# Plague

## 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Closed  Open  Regional Review  State Review  Superseded  Unassigned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

<b>Last Name*</b>	<b>First Name*</b>	<b>Middle Initial</b>
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**Street Address**

<b>City</b>	<b>County</b>	<b>State</b> West Virginia	<b>Zip</b>
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**Is the patient's residence a:**

Correctional Facility (Specify) \_\_\_\_\_  Long Term Care Facility (Specify) \_\_\_\_\_  
 Shelter or Group Home (Specify) \_\_\_\_\_  None of the above

<b>Home Phone</b> ###-###-####	<b>Ext.</b>	<b>Other Phone</b> ###-###-####	<b>Ext.</b>	<b>Report Date</b> mm/dd/yyyy
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### Parent / Guardian Information

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

**Guardian Street Address**

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

\* indicates required fields

**Sex**

Male  Female  Transsexual  Unknown  Failure to report sex/missing sex  Other (Specify) \_\_\_\_\_

<b>Date of Birth*</b> mm/dd/yyyy	<b>Age</b>	<b>Age Units</b> <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
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## Patient Demographic Information cont.

**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 patient hospitalized for this 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

**Was patient isolated?**

*Yes*    *No*    *Unknown*

**If Yes, Date Isolated**

mm/dd/yyyy

**Is patient still isolated?**

*Yes*    *No*    *Unknown*

**If No, Date Taken Out of Isolation**

mm/dd/yyyy

**Symptoms:**

(Check all that apply)

*Fever (Specify Highest)*    *Cough*    *Sore throat*    *Shortness of breath/difficulty breathing*  
 *Chills*    *Headache*    *Bloody Sputum*    *Nausea*  
 *Septicemia*    *Bloody Sputum*    *Shock*    *Swollen/tender lymph nodes; Location:*

**Radiographic findings**

(Check all that apply)

*ARDS*    *Interstitial infiltrate*    *Lobar consolidation*    *Pleural effusion*    *None*    *Other:* \_\_\_\_\_

**Other symptoms or relevant findings, list:**

Please fill in the table for the initial antibiotic Rx:

Antibiotic	Route	Date Started	Time Started	AM or PM
	(PO, IM, IV)	mm/dd/yyyy		AM=AM PM=PM

**Date of first signs of clinical improvement:**

mm/dd/yyyy

**Time of first signs of clinical improvement:**

**AM or PM**

*AM*    *PM*

## Laboratory

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

## Laboratory cont.

Elevated serum antibody to *Yersinia pestis* fraction 1 (F1) antigen

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

<b>Test for F1 antigen in a clinical specimen by fluorescent assay</b> <input type="radio"/> <i>F1</i> antigen present <input type="radio"/> <i>F1</i> antigen absent <input type="radio"/> Pending <input type="radio"/> Not Done	<b>Specimen type:</b>	<b>Date of Collection:</b> mm/dd/yyyy
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<b>Culture(s)</b> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Pending <input type="radio"/> Not Done	<b>Specimen type:</b>	<b>Date of Collection:</b> mm/dd/yyyy
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<b>Sputum gram stain</b> <input type="radio"/> Consistent with <i>Y. pestis</i> <input type="radio"/> Not consistent with <i>Y. pestis</i> <input type="radio"/> Pending <input type="radio"/> Not Done	<b>Specimen Source</b>	<b>Date of Collection</b> mm/dd/yyyy
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Other pertinent diagnostic tests:

Specimen Source	Date of Collection	Test Name	Comment/Result
	mm/dd/yyyy		

<b>Laboratory Name</b>	<b>Phone</b> ###-###-####	<b>Ext.</b>	<b>Fax Number</b> ###-###-####
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Address

<b>State:</b> West Virginia	<b>Zip:</b>
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## Reporting Source

<b>Last Name</b>	<b>First Name</b>	
<b>Phone</b> ###-###-####	<b>Ext.</b>	<b>Fax</b> ###-###-####

Facility

Address

<b>City</b>	<b>State</b> West Virginia	<b>Zip</b>
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E-mail

## Provider with Further Patient Information

<b>Last Name</b>	<b>First Name</b>
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### Provider with Further Patient Information cont.

<b>Phone</b> ###-###-####	<b>Ext.</b>	<b>Fax</b> ###-###-####
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<b>Address</b>
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<b>City</b>	<b>State</b> West Virginia	<b>Zip</b>
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### Public Health Investigation

<b>Name of Person Interviewed</b>	<b>Relationship to Patient</b>	<b>Date reported to public health</b> mm/dd/yyyy
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<b>Investigator</b>	<b>Date public health investigation began</b> mm/dd/yyyy	<b>Health Department</b>	<b>Phone</b> ###-###-####
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<b>Ext.</b>			
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<b>Investigation ID</b>	<b>Part of an Outbreak?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<b>Outbreak Name</b>	<b>Lost to follow-up?</b> <input type="radio"/> Yes <input type="radio"/> No
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<b>Type of Plague</b> (Check all that apply)			
<input type="checkbox"/> Bubonic	<input type="checkbox"/> Pneumonic	<input type="checkbox"/> Septicemic	<input type="checkbox"/> Pharyngeal <input type="checkbox"/> Meningeal

### Epidemiological Information

<b>Travel outside West Virginia during the 7 days prior to illness onset</b> If Yes, complete the table below		
<input type="radio"/> Yes <input type="radio"/> No		

Location	Date arrived	Date departed
	mm/dd/yyyy	mm/dd/yyyy

<b>Contact with animals outside West Virginia during the 7 days prior to onset</b> If Yes, complete the table below			
<input type="radio"/> Yes <input type="radio"/> No			

Species	Location of Contact	Current Location of Animal	Contact Date
			mm/dd/yyyy

<b>Did patient recall flea or other insect bites?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<b>If Yes, geographic location</b>
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<b>Did patient have wild animal contact, including hunting?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<b>If Yes, geographic location</b>
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<b>Does the patient have pets?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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<b>If Yes, species and number of each</b>
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Epidemiological Information cont.

<b>Have the patient's pets been ill?</b> <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>	<b>If Yes, describe</b>
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**Are the patient's pets free roaming?**  
 *Yes*    *No*    *Unknown*

**Patient's whereabouts during 10 days before onset (dates) (Include all outdoor activity)**

**Were other persons ill after the same exposure?**  
 *Yes*    *No*    *Unknown*

**If Yes, names and whereabouts**

**Contact with a Suspect, Probable or Confirmed case of Bubonic Plague**  
 *Yes*    *No*

Name of Case	City/State	Date Contact Began	Date Contact Ended
		mm/dd/yyyy	mm/dd/yyyy

**Exposure Location**  
 *Known, specify:*    *Unknown*

**Other Epidemiology Notes**