

Anthrax Case Report Form

Case is: Confirmed Probable Suspect

Patient Information

Name _____ Date of Birth ___/___/___ Sex _____

Parent's Name (if child<18) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Alternate Telephone _____

Hispanic: Yes No Unknown

Race: White Black Asian/Pacific Islander Native American Other Unknown

Pregnant: Yes No Underlying Immunodeficiency: Yes No If yes, specify _____

Worksites/school/daycare center _____ Address _____

Occupation/grade _____ Employer _____

Source of Report

Lab Infection Control Practitioner Physician Other _____

Name _____ Phone _____ Date ___/___/___

Primary M.D. _____ Phone _____

Present Illness

Onset date ___/___/___ Attending or consulting physician _____ Telephone _____

Hospitalized? Yes No Hospital name _____ Telephone _____

Admission date ___/___/___ Discharge date ___/___/___

Type of anthrax: Cutaneous lesions (site: _____) Pulmonary Intestinal

Specific antibiotic therapy _____ First dose ___/___/___ Last dose ___/___/___

Outcome of case: Recovered? Yes No Died? Yes No if yes, Date of death: ___/___/___

Symptoms

Generalized	Cutaneous	Pulmonary	Gastrointestinal
Fever Y N	Pre-existing wound Y N	Shortness of breath Y N	Nausea Y N
Chills Y N	Edema Y N	Cough Y N	Vomiting Y N
Headache Y N	Eschar Y N	Chest pain Y N	Diarrhea Y N
Myalgia Y N	Reg. lymphadenopathy Y N		Abdominal pain Y N
Fatigue Y N			

Laboratory Testing

Type of test	Type of Specimen	Date Collected	Results	Name and Address of Lab
Direct smear				
Culture				
PCR				
Serologic				
Other (specify):				

Possible Sources of Infection During Exposure Period (*Exposure Period is within 21 days of illness onset*)

1. Does the patient work in a livestock industry? Yes No

If yes, give occupation/duties _____

2. Was the patient exposed to any living or dead animals? Yes No

If yes, Which of the following?

Cattle Yes No

If yes: Condition of animal(s) _____

Veterinary diagnosis _____

Place of exposure _____ Date _____

Owner name and phone _____

Sheep Yes No

If yes: Condition of animal(s) _____

Veterinary diagnosis _____

Place of exposure _____ Date _____

Owner name and phone _____

Goats Yes No

If yes: Condition of animal(s) _____

Veterinary diagnosis _____

Place of exposure _____ Date _____

Owner name and phone _____

Other Yes No If yes, specify species: _____

If yes: Condition of animal(s) _____

Veterinary diagnosis _____

Place of exposure _____ Date _____

Owner name and phone _____

3. Was the patient exposed to any of the following animal products? Yes No

If yes, Which of the following?

Hides Yes No If yes, specify type _____

Place of exposure _____ Date _____

Hair Yes No If yes, specify type _____

Place of exposure _____ Date _____

Wool Yes No If yes, specify type _____

Place of exposure _____ Date _____

Undercooked meat Yes No If yes, specify type _____

Place of exposure _____ Date _____

Other Yes No If yes, specify type _____

Place of exposure _____ Date _____

4. Has the patient traveled outside of Wyoming? Yes No

If yes, Where? _____ Dates: _____

5. Does the patient work in mail handling? Yes No

If yes, Where? _____

6. Has the patient handled suspicious powders/substances or letters/packages? Yes No

If yes, Result of testing: *B. anthracis* confirmed Negative Not done

Additional Information

Similar Illness in Household Member or Close Contact? Yes No Unknown

If yes, complete below:

Name	Relationship	Phone Number	Onset date

Additional Remarks:

Case Definition: Anthrax

CDC/MMWR, May2, 1997/Vol. 46/No. RR-10, “Case Definitions for Public Health Surveillance”

Clinical Description

An illness with acute onset characterized by several distinct clinical forms, including the following:

- Cutaneous: skin lesion evolving over a period of 2–6 days from a papule, to a vesicle, to a depressed black eschar
- Inhalation: a brief prodrome resembling a viral respiratory illness, followed by development of hypoxia and dyspnea, with radiographic evidence of mediastinal widening
- Intestinal: severe abdominal distress followed by fever and signs of septicemia
- Oropharyngeal: mucosal lesion in the oral cavity or oropharynx, cervical adenopathy and edema, and fever

Laboratory criteria for diagnosis

- Isolation of *Bacillus anthracis* from a clinical specimen, or
- Anthrax electrophoretic immunotransblot (EITB) reaction to the protective antigen and/or lethal factor bands in one or more serum samples obtained after onset of symptoms, or
- Demonstration of *B. anthracis* in a clinical specimen by immunofluorescence

Case classification

Confirmed: a clinically compatible case that is laboratory confirmed