

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control
Atlanta, Georgia 30333

Reported to State Health Dept
Month _____ Day _____ Year _____

PERSONAL DATA

State _____
Case No. _____
BRUCELLOSIS CASE SURVEILLANCE REPORT
FIRST FOUR LETTERS OF PATIENT'S NAME
[] [] [] []
AGE _____ SEX _____
ADDRESS (County/State) _____

CLINICAL ILLNESS AND THERAPY

Date of Current Onset: _____ This Onset was:
1 Acute
2 Insidious
9 Not Stated
Duration of Current Illness: _____ Weeks
Date of Original Onset if Recurrence: _____ This Onset was:
1 Acute
2 Insidious
9 Not Stated

SYMPTOMS	DURATION OR SEVERITY	THERAPY
<input type="checkbox"/> Fever, Intermittent _____		<input type="checkbox"/> Tetracycline _____
<input type="checkbox"/> Fever, Constant _____		<input type="checkbox"/> Streptomycin _____
<input type="checkbox"/> Chills _____		<input type="checkbox"/> Sulfonamides _____
<input type="checkbox"/> Weight Loss _____		<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Sweating _____		<input type="checkbox"/> Bed Rest (Duration) _____
<input type="checkbox"/> Body Ache _____		
<input type="checkbox"/> Weakness _____		
<input type="checkbox"/> Headache _____		
<input type="checkbox"/> Malaise _____		
<input type="checkbox"/> Anorexia _____		
<input type="checkbox"/> Abscess (Bone, Joint, Muscle) _____		
<input type="checkbox"/> Other (specify) _____		
REMARKS: _____		REMARKS: _____

DIAGNOSTIC TESTS

Culture	Blood	Other Specimens (specify)	Date Collected	Date Examined	Isolation Results			Species Isolated	Culture Media	Laboratory
					Pos.	Neg.	Unsat.			
1)										
2)										
3)										
4)										
Serology	Std. Tube Aggl.	Other Tests (specify)	Date Collected	Date Examined	Results (Titer, etc.)	Producer of Test Antigen	Laboratory			
1)										
2)										
3)										
4)										
Skin	Date Performed	Results		Degree of Reaction	Producer of Test Antigen	Laboratory				
		Pos.	Neg.							

*Sera positive by tube agglutination may be sent to the CDC for mercaptoethanol-resistant agglutinins test.

Type of Work or Activity at Onset:

Animal Contact within 6 Months Prior to Onset: 1 Yes 2 No 9 Unknown

If Yes, Place:

Dates, From: _____ To: _____

Brucellosis Status in Animal Contacts	Commercial Establishments*				Family Owned Animals			
	Cattle		Swine	Other (specify)	Cattle		Swine	Other (Specify)
	Beef	Dairy			Beef	Dairy		
Brucellosis: Present								
Not Present								
Status Unknown								
Under Investigation								
Abortions Noted								

*Includes stockyards, slaughterhouses, packinghouses, dairies, meathandlers, etc.

USE OF MILK OR MILK PRODUCTS

Type Of Product	Pasteurized			Date of Last Consumption Prior to Onset	Source of Milk
	Yes	No	Unk.		

Exposure to Brucella Vaccine: 1 Yes 2 No If Yes, Date and Type of Exposure: _____

County Under Control Program 1 Yes 2 No If Yes, check Modified Certified (Bovine) Certified Free (Bovine) Validated (Swine)

Additional information about recrudescence cases or those with insidious onset: type of work or activity, contact with animals, species and frequency, place of contact, dates:

Signature

Title