Washington State Department of Health

Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-418-5515

Brucellosis

County

LHJ Use **ID** _____
☐ **Reported to DOH** **Date** ___/___/___
LHJ Classification ☐ **Confirmed** ☐ **Probable**
By: ☐ **Lab** ☐ **Clinical** ☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ***ID*** _____
Date Received ___/___/___
DOH Classification
☐ ***Confirmed***
☐ ***Probable***
☐ ***No count; reason:***

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ___/___/___

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Fever** Highest measured temp: _____ °F Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐	☐	☐	☐	**Recurring fever** Number of attacks: _____ Days between attacks: _____
☐	☐	☐	☐	**Sweats**
☐	☐	☐	☐	**Headache**
☐	☐	☐	☐	**Fatigue**
☐	☐	☐	☐	**Arthritis or arthralgia**
☐	☐	☐	☐	**Loss of appetite (anorexia)**
☐	☐	☐	☐	**Weight loss with illness**

Predisposing Conditions

Y	N	DK	NA	
☐	☐	☐	☐	Pregnant Estimated delivery date ___/___/___ OB name, address, phone: _____ _____ _____
☐	☐	☐	☐	Miscarriage or stillbirth
☐	☐	☐	☐	Neonatal Delivery location: _____
☐	☐	☐	☐	Postpartum mother (<= 6 weeks)

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	Endocarditis
☐	☐	☐	☐	Osteomyelitis
☐	☐	☐	☐	Orchitis

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy

Laboratory

Collection date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	**(Probable) *Brucella* titer >=160 in at least 1 specimen**
☐	☐	☐	☐	***Brucella* species isolation (clinical specimen)**
☐	☐	☐	☐	***Brucella* immunofluorescence positive (clinical specimen)**
☐	☐	☐	☐	***Brucella* titer positive with < 4-fold rise**
☐	☐	☐	☐	***Brucella* titer with >=4-fold rise (serum pair >=2 wks apart)**
☐	☐	☐	☐	**Confirmed at state or federal public health laboratory**

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

	Exposure period		
Days from onset:	-60	-5	onset
Calendar dates:			

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
_____
_____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ If infant, confirmed infection in birth mother
☐ ☐ ☐ ☐ Unpasteurized milk (cow)
☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)
☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

Y N DK NA

☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy
☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Animal birthing/placentas ☐**Y** ☐**N** ☐**DK** ☐**NA**
Animal (specify): _____
☐ ☐ ☐ ☐ Wildlife or wild animal exposure
☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
Cattle, cow or calf ☐**Y** ☐**N** ☐**DK** ☐**NA**
Dog or puppy ☐**Y** ☐**N** ☐**DK** ☐**NA**
Goat ☐**Y** ☐**N** ☐**DK** ☐**NA**
Pigs or swine ☐**Y** ☐**N** ☐**DK** ☐**NA**
Sheep ☐**Y** ☐**N** ☐**DK** ☐**NA**
☐ ☐ ☐ ☐ Employed in laboratory
☐ ☐ ☐ ☐ Parenteral or mucous membrane *Brucella* vaccine exposure
☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

Most likely exposure/site: _____ **Site name/address:** _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Prophylaxis given prior to illness onset
☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: _____
Date/time antibiotic treatment began: ___/___/___ _____ AM PM # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset? Date: ___/___/___
Agency and location: _____
Specify type of donation: _____
☐ ☐ ☐ ☐ Potential bioterrorism exposure
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

☐ Investigation of raw milk dairy
☐ Notify blood or tissue bank
☐ Follow-up/prophylaxis of laboratorians exposed to specimen
☐ Other, specify: _____

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____

Brucellosis: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered