

# Plague Case Investigation

**Case Classification:**  Confirmed  Probable  Suspect  Not a Case

|  |  |                      |                          |                        |
|--|--|----------------------|--------------------------|------------------------|
| <b>P<br/>A<br/>T<br/>I<br/>E<br/>N<br/>T</b> | Last Name _____ First Name _____ MI _____ (_____) _____ Patient's Phone Number _____ |                      |                          |                        |
|  | Street Address _____   |                      | City _____               | County _____ Zip _____ |
|  | Age: _____   | Date of Birth: _____ | Sex: M F                 |                        |
|  | Race: White Black Asian Native American Other _____                                  |                      | Hispanic: Yes No Unknown |                        |

|  |  |  |  |
|--|--|--|--|
| <b>C<br/>O<br/>U<br/>R<br/>S<br/>E</b> | Date of Onset: _____ Date hospitalized? _____ Hospital? _____  |  |  |
|  | Presenting Symptoms: _____   |  |  |
|  | Temp _____ BP: ____/____ Pulse: _____ Respiration Rate: _____  |  |  |
|  | Outcome (Circle): Recovered Died Date of Discharge or Death: _____ Discharge Diagnosis: _____  |  |  |
|  | Clinical Presentation (Circle all that apply)<br>Bubonic Plague Pharyngeal Plague Pneumonic Plague Septicemic Plague Other: _____        |  |  |
|  | Attending Physician: _____ (_____) _____ (_____) _____ (_____) _____<br>(Name) (Phone) (Fax)<br>_____ Address _____ City _____ ZIP _____ |  |  |

|  |   |  |  |  |
|--|---|--|--|--|
| <b>M<br/>E<br/>D<br/>I<br/>C<br/>A<br/>L</b> | <b>Circle Response (Yes, No, Unknown):</b>                        |  | <b>Insect Bites:</b> Y N U Location: _____ |  |
|  | Fever: Y N U Date of fever onset: _____                           |  | Cough: Y N U If yes, productive? Y N U     |  |
|  | Max temp: _____ ° F   |  | Date of Onset of Cough: _____              |  |
|  | Pulse at time of max temp: _____                                  |  | Pneumonia: Y N U                           |  |
|  | Bubo: Y N U   |  | Other (describe): _____                    |  |
|  | If yes, location: Inguinal Femoral Cervical L Axillary R Axillary |  |  |  |
| Other: _____                                 |   |  |  |  |
| Size _____ cm Tender Y N U Erythema Y N U    |   |  |  |  |
| Skin Ulcer: Y N U Location: _____            |   |  |  |  |

| <b>T<br/>R<br/>E<br/>A<br/>T<br/>M<br/>E<br/>N<br/>T</b> | Antibiotic | Dosage/Schedule | Date Started | Date Stopped |
|--|------------|-----------------|--------------|--------------|
|  |            |                 |              |              |
|  |            |                 |              |              |
|  |            |                 |              |              |
|  |            |                 |              |              |

| <b>X<br/>R<br/>A<br/>Y</b> | Type | Date | Results |
|----------------------------|------|------|---------|
|                            |      |      |         |
|                            |      |      |         |

Patient's Name: \_\_\_\_\_

| LABORATORY DATA | Serology Date         | Type of test  | Results | Laboratory Name |
|-----------------|-----------------------|---------------|---------|-----------------|
|                 |                       |               |         |                 |
|                 |                       |               |         |                 |
|                 |                       |               |         |                 |
|                 | Culture date          | Specimen type | Results | Laboratory Name |
|                 |                       |               |         |                 |
|                 |                       |               |         |                 |
|                 |                       |               |         |                 |
|                 | Other Tests (specify) | Specimen Type | Results | Laboratory Name |
|                 |                       |               |         |                 |
|                 |                       |               |         |                 |
|                 |                       |               |         |                 |

Does the patient reside within Texas' plague enzootic area (shaded area)? Y N U



Occupation: \_\_\_\_\_  
(Give exact job, type of business or industry, and location)

Does the patient work with or around livestock, wildlife, or exotic animals? Y N U If yes, describe completely species involved and activities.

Did patient handle sick or dead rodents, rabbits, or other animals in the two weeks prior to onset of symptoms? Y N U  
If yes, describe.

Wild animal contact (including hunting activities) Y N U If yes, describe.

Does the patient recall flea or other insect bites? Y N U If yes, describe.

Does the patient have any pets? Y N U If yes, list species and number.

Are these pets free-roaming? Y N U

Is there any illness among these pets? Y N U If yes, describe.

Describe whereabouts during 10 days prior to onset of symptoms. (Be specific about outdoor activities)

Investigated by: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

