Washington State Department of Health

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

Tularemia

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

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	
☐	☐	☐	☐	**Diarrhea** Maximum # of stools in 24 hours: ____
☐	☐	☐	☐	**Abdominal cramps or pain**
☐	☐	☐	☐	**Vomiting**
☐	☐	☐	☐	**Fever** Highest measured temp: _____ °F
				Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐	☐	☐	☐	Headache
☐	☐	☐	☐	**Conjunctivitis**
☐	☐	☐	☐	Sore throat or pharyngitis

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	**Bacteremia**
☐	☐	☐	☐	**Sepsis syndrome**
☐	☐	☐	☐	**Pneumonia or pneumonitis**
				X-ray confirmed: ☐**Y** ☐**N** ☐**DK** ☐**NA**
☐	☐	☐	☐	**Pleural disease**
☐	☐	☐	☐	**Preauricular lymphadenopathy**
☐	☐	☐	☐	**Regional lymphadenitis**
☐	☐	☐	☐	Cervical lymphadenitis with pharyngitis, stomatitis, or tonsillitis
☐	☐	☐	☐	**Cutaneous ulcer**

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) *F. tularensis* positive by fluorescent assay (clinical specimen)**
☐	☐	☐	☐	**(Probable) Elevated serum antibody titer (< 4-fold rise) in a patient with no history of tularemia vaccination**
☐	☐	☐	☐	***F. tularensis* isolation (clinical specimen)**
☐	☐	☐	☐	**Fourfold or greater change in serum antibody titer to *F. tularensis* antigen**
☐	☐	☐	☐	Animal submitted for tularemia testing

Animal test results:
☐ Positive ☐ Negative ☐ Indeterminate
☐ Not testable ☐ Unk
Lab submitted to: _____

NOTES

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

Washington State Department of Health **Case Name:** _____

INFECTION TIMELINE

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

	Exposure period		
Days from onset:	-14	-1	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: _____
_____
_____

Y N DK NA

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
☐ ☐ ☐ ☐ Employed in laboratory
☐ ☐ ☐ ☐ Exposed to domestic or wild rabbit
☐ ☐ ☐ ☐ Hunted or skinned animals
☐ ☐ ☐ ☐ Wildlife or wild animal exposure
☐ ☐ ☐ ☐ Other exposure to animal or bird
Specify: _____
☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)

Y N DK NA

☐ ☐ ☐ ☐ Insect or tick bite
☐ Deer fly ☐ Flea ☐ Mosquito ☐ Tick
☐ Louse ☐ Other: _____ ☐ Unk
Location of insect or tick exposure
☐ WA county ☐ Other state ☐ Other country
☐ Multiple exposures ☐ Unk
Date: ___/___/___

☐ ☐ ☐ ☐ Source of home drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

☐ ☐ ☐ ☐ Inhalation of dust from soil, grain, or hay

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

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

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

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

☐ 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 _____

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