Plague

Agency: _____

Investigator: _____

Phone number: _____

FOR STATE USE ONLY
Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case
Reviewer initials:
Referred to another state:

CASE

Last name: _____
First and middle name: _____
Maiden name: _____ Suffix: _____
Address line: _____
Zip: _____ City: _____
State: _____ County: _____
Phone: (___)-___-___ Type: _____
Long-term care resident: ☐ Yes ☐ No ☐ Unknown
Facility name: _____

Date of Birth: ___/___/___ Estimated? ☐ Age: _____
Gender: ☐ Female ☐ Male ☐ Other ____
Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: ___/___/___
Marital status: ☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Parent with partner ☐ Widowed
Race: ☐ American Indian or Alaskan Native ☐ Unknown
☐ Black or African American ☐ White
☐ Hawaiian or Pacific Islander ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
Parent/Guardian name: _____
Parent/Guardian phone: (___)-___-___ Type: _____

EVENT

Diagnosis date: ___/___/___
Onset date: ___/___/___
Event outcome: ☐ Survived this illness ☐ Died from this illness
☐ Died unrelated to this illness ☐ Unknown
Outbreak related: ☐ Yes ☐ No ☐ Unknown
Outbreak name: _____
Exposure setting: _____
Epi-linked: ☐ Yes ☐ No ☐ Unk To whom: _____
Location acquired: ☐ In USA, in reporting state
☐ In USA, outside reporting state
☐ Outside USA
☐ Unknown
State: _____ Country: _____

Healthcare provider information

Last name: _____
First name: _____
Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA
Facility name: _____
Address line 1: _____
Address line 2: _____
Zip code: _____ City: _____
State: _____ County: _____
Phone: (___)-___-___ Type: _____

LABORATORY FINDINGS

Laboratory: _____
Date received: ___/___/___
Result type: ☐ Preliminary ☐ Final
Organism: *Yersinia pestis*
Accession #: _____
Specimen source: _____
Test type: _____
Antigen: _____
Collection date: ___/___/___
Result date: ___/___/___
Result: ☐ Positive ☐ Negative

Laboratory: _____
Date received: ___/___/___
Result type: ☐ Preliminary ☐ Final
Organism: *Yersinia pestis*
Accession #: _____
Specimen source: _____
Test type: _____
Antigen: _____
Collection date: ___/___/___
Result date: ___/___/___
Result: ☐ Negative ☐ Positive

Laboratory: _____
Date received: ___/___/___
Result type: ☐ Preliminary ☐ Final
Organism: *Yersinia pestis*
Accession #: _____
Specimen source: _____
Test type: _____
Antigen: _____
Collection date: ___/___/___
Result date: ___/___/___
Result: ☐ Negative ☐ Positive

OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.

Occupation type: _____   Job title: _____

Worked after
symptom onset: ☐ Yes ☐ No ☐ Unknown   Facility name: _____

Date worked from: ___/___/___   Address: _____

Date worked to: ___/___/___   Zip code: _____

Removed from
duties: ☐ Yes ☐ No ☐ Unknown   City: _____ State: _____ County: _____

Date removed: ___/___/___   Phone: (___)-___-___ Type: _____

Handle food: ☐ Yes ☐ No ☐ Unknown   Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown   Direct patient care duties in
Attend school: ☐ Yes ☐ No ☐ Unknown   lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown   Health care worker type:

Occupation type: _____   Job title: _____

Worked after
symptom onset: ☐ Yes ☐ No ☐ Unknown   Facility name: _____

Date worked from: ___/___/___   Address: _____

Date worked to: ___/___/___   Zip code: _____

Removed from
duties: ☐ Yes ☐ No ☐ Unknown   City: _____ State: _____ County: _____

Date removed: ___/___/___   Phone: (___)-___-___ Type: _____

Handle food: ☐ Yes ☐ No ☐ Unknown   Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown   Direct patient care duties in
Attend school: ☐ Yes ☐ No ☐ Unknown   lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown   Health care worker type:

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: _____   Isolated at entry: ☐ Yes ☐ No ☐ Unk   Isolation type (entry): _____

Admission date: ___/___/___   Discharge date: ___/___/___   Days hospitalized: _____

Currently isolated: ☐ Yes ☐ No ☐ Unk   Current isolation type:

CLINICAL INFO & DIAGNOSIS

Type: Bubonic ☐ Yes ☐ No ☐ Unk   Pneumonic ☐ Yes ☐ No ☐ Unk
      Pharangeal ☐ Yes ☐ No ☐ Unk   Septicemic ☐ Yes ☐ No ☐ Unk

Fever: ☐ Yes ☐ No ☐ Unk   Onset date: ___/___/___   Highest known fever: _____ ☐ Celsius ☐ Fahrenheit

Cough: ☐ Yes ☐ No ☐ Unk   Onset date: ___/___/___   **Productive cough:** ☐ Yes ☐ No ☐ Unk   Onset date: ___/___/___

Bubo: ☐ Yes ☐ No ☐ Unk   Bubo: Cervical ☐ Left ☐ Right   Femoral ☐ Left ☐ Right
      Auxillary ☐ Left ☐ Right   Inguinal ☐ Left ☐ Right

Bubo size: _____ ☐ inches ☐ cent   Tender: ☐ Yes ☐ No ☐ Unk

Chest x-ray: ☐ Yes ☐ No ☐ Unk   Date: ___/___/___   Result: _____

TREATMENT

Antibiotics prescribed: ☐ Yes ☐ No ☐ Unknown

Antibiotic: _____	Antibiotic: _____	Antibiotic: _____
Date started: ___/___/___	Date started: ___/___/___	Date started: ___/___/___
Dose: _____	Dose: _____	Dose: _____
Unit: ☐ mg ☐ ml ☐ IU # of days: _____	Unit: ☐ mg ☐ ml ☐ IU # of days: _____	Unit: ☐ mg ☐ ml ☐ IU # of days: _____
# of times a day: _____ Route: _____	# of times a day: _____ Route: _____	# of times a day: _____ Route: _____

INFECTION TIMELINE

Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.

EXPOSURE PERIOD   **Onset**   **COMMUNICABLE PERIOD**

The incubation period for **Plague** is 1-7 days.

Plague is typically spread by infected fleas. Plague may be spread person to person if there is contact with pus from suppurating buboes.
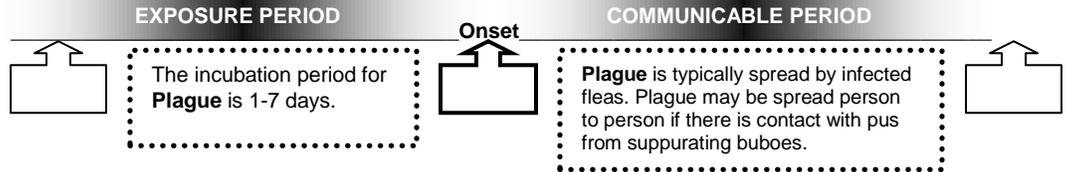
RISK FACTORS/TRAVEL

Traveled within Iowa?
☐ Yes ☐ No ☐ Unk   City in Iowa: _____   Departure date: __/__/__   Return date: __/__/__

Traveled within U.S.?
☐ Yes ☐ No ☐ Unk   State: _____ City: _____   Departure date: __/__/__   Return date: __/__/__

Traveled outside U.S.?
☐ Yes ☐ No ☐ Unk   Country: _____   Departure date: __/__/__   Return date: __/__/__

Worked with a Case: ☐ Yes ☐ No ☐ Unk   From date: __/__/__   To date: __/__/__

Lived with another Case: ☐ Yes ☐ No ☐ Unk   From date: __/__/__   To date: __/__/__

CONTACTS

Number of people living in case's household: _____

Others in contact or with the same exposures

Name	DOB	Gender	Address/Phone
	__/__/__	☐ Male ☐ Female	
		Zip code:	Phone: __-__-__

Relationship to case	List symptoms	Symptom onset date	Is contact a case?
☐ Spouse ☐ Sexual contact ☐ Child ☐ Family member (non-household) ☐ Sibling ☐ Friend/acquaintance ☐ Roommate ☐ Contact- work/school/etc ☐ Parent/ guardian ☐ Unknown/Other		__/__/__	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

Name	DOB	Gender	Address/Phone
	__/__/__	☐ Male ☐ Female	
		Zip code:	Phone: __-__-__

Relationship to case	List symptoms	Symptom onset date	Is contact a case?
☐ Spouse ☐ Sexual contact ☐ Child ☐ Family member (non-household) ☐ Sibling ☐ Friend/acquaintance ☐ Roommate ☐ Contact- work/school/etc ☐ Parent/ guardian ☐ Unknown/Other		__/__/__	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

Name	DOB	Gender	Address/Phone
	__/__/__	☐ Male ☐ Female	
		Zip code:	Phone: __-__-__

Relationship to case	List symptoms	Symptom onset date	Is contact a case?
☐ Spouse ☐ Sexual contact ☐ Child ☐ Family member (non-household) ☐ Sibling ☐ Friend/acquaintance ☐ Roommate ☐ Contact- work/school/etc ☐ Parent/ guardian ☐ Unknown/Other		__/__/__	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

NOTES: