



Tularemia

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___ Reporter name _____
 Reporter (check all that apply) Lab Hospital HCP Reporter phone _____
 Public health agency Other Primary HCP name _____
 OK to talk to case? Yes No DK Date of interview ___/___/___ Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____ Birth date ___/___/___ Age _____
 Address _____ Homeless Gender F M Other Unk
 City/State/Zip _____ Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Phone(s)/Email _____ Race (check all that apply)
 Alt. contact Parent/guardian Spouse Other Name: _____
 Amer Ind/AK Native Asian
 Zip code (school or occupation): _____ Phone: _____
 Native HI/other PI Black/Afr Amer
 Occupation/grade _____ White Other Unk
 Employer/worksite _____ School/child care name _____

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
 X-ray result: P N I O NT
 Pleural disease
 Preauricular lymphadenopathy
 Regional lymphadenitis
 Cervical lymphadenitis with pharyngitis, stomatitis,
 or tonsillitis
 Cutaneous ulcer

P = Positive
 N = Negative
 I = Indeterminate
 O = Other
 NT = Not Tested

Laboratory

Collection date ___/___/___
 Source _____
P N I O NT
 ***F. tularensis* fluorescent assay in a clinical specimen (indicates presumptive infection)**
 ***F. tularensis* antibodies elevated but < 4-fold rise and no prior tularemia vaccination (indicates presumptive infection)**
 ***F. tularensis* culture (clinical specimen)**
 ***F. tularensis* antibodies with ≥ 4-fold rise (serum pair)**
 ***F. tularensis* nucleic acid detection (PCR)**
 Animal submitted for tularemia testing
 Animal test results:
 Positive Negative Indeterminate
 Not testable Unk
 Lab submitted to: _____

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness
 Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___
Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy Place of death _____

NOTES

INFECTIOIN TIMELINE

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

Exposure period

Days from onset: -14 -1

Calendar dates:

o
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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)
 Specify animal: _____

Y N DK NA

Insect or tick bite
 Deer fly Mosquito Tick Unk
 Location of insect or tick exposure
 WA county Other state Other country
 Multiple exposures Unk
 Date: __/__/__
 Source of 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

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

Exposure details: _____

- No risk factors or exposures could be identified
- Patient could not be interviewed

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

PUBLIC HEALTH ACTIONS

Notify blood or tissue bank
 Follow-up to assess exposure of laboratorians to specimen
 Date initiated __/__/__
 Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date __/__/__
 Local health jurisdiction _____ Record complete date __/__/__