



Anthrax

County _____

Case name (last, first) _____

Birth date ___/___/___ Age at symptom onset _____ Years Months

Alternate name _____

Phone _____ Email _____

Address type Home Mailing Other Temporary Work

Street address _____

City/State/Zip/County _____

Residence type (incl. Homeless) _____ WA resident Yes No

ADMINISTRATIVE

Investigator _____ LHJ Case ID (optional) _____

LHJ notification date ___/___/___

Classification

Classification pending Confirmed Investigation in progress Not reportable Probable Ruled out Suspect

Investigation status

Complete Complete – not reportable to DOH Unable to complete Reason _____ In progress

Dates: **Investigation start** ___/___/___ Investigation complete ___/___/___ Record complete ___/___/___ **Case complete** ___/___/___

REPORT SOURCE

Initial report source _____ LHJ _____

Reporter organization _____

Reporter name _____ Reporter phone _____

All reporting sources (list all that apply) _____

DEMOGRAPHICS

Sex at birth: Female Male Other Unknown

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

Ethnicity Hispanic, Latino/a, Latinx Non-Hispanic, Latino/a, Latinx Patient declined to respond Unknown

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

Race Amer Ind/AK Native (*specify:* Amer Ind *and/or* AK Native) Asian Black or African American Native HI/Pacific Islander (*specify:* Native HI *and/or* Pacific Islander) White Patient declined to respond Unk

Additional race information:

Afghan Afro-Caribbean Arab Asian Indian Bamar/Burman/Burmese Bangladeshi Bhutanese

Central American Cham Chicano/a or Chicanx Chinese Congolese Cuban Dominican Egyptian

Eritrean Ethiopian Fijian Filipino First Nations Guamanian or Chamorro Hmong/Mong

Indigenous-Latino/a or Indigenous-Latinx Indonesian Iranian Iraqi Japanese Jordanian Karen

Kenyan Khmer/Cambodian Korean Kuwaiti Lao Lebanese Malaysian Marshallese Mestizo

Mexican/Mexican American Middle Eastern Mien Moroccan Nepalese North African Oromo

Pakistani Puerto Rican Romanian/Rumanian Russian Samoan Saudi Arabian Somali

South African South American Syrian Taiwanese Thai Tongan Ugandan Ukrainian

Vietnamese Yemeni Other: _____

What is your (your child's) preferred language? Check one:

Amharic Arabic Balochi/Baluchi Burmese Cantonese Chinese (unspecified) Chamorro Chuukese

Dari English Farsi/Persian Fijian Filipino/Pilipino French German Hindi Hmong Japanese

Karen Khmer/Cambodian Kinyarwanda Korean Kosraean Lao Mandarin Marshallese Mixteco

Nepali Oromo Panjabi/Punjabi Pashto Portuguese Romanian/Rumanian Russian Samoan

Sign languages Somali Spanish/Castilian Swahili/Kiswahili Tagalog Tamil Telugu Thai Tigrinya

Ukrainian Urdu Vietnamese Other language: _____ Patient declined to respond Unknown

Interpreter needed Yes No Unk

EMPLOYMENT AND SCHOOL

Employed Yes No Unk Occupation _____ Industry _____
 Employer _____ Work site _____ City _____

Student/Day care Yes No Unk
 Type of school Preschool/day care K-12 College Graduate School Vocational Online Other
 School name _____ School address _____
 City/State/County _____ Zip _____ Phone number _____ Teacher's name _____

COMMUNICATIONS

Primary HCP name _____ Phone _____
 OK to talk to patient (if Later, provide date) Yes Later ___/___/___ Never
 Date of interview attempt ___/___/___ Complete Partial Unable to reach Patient could not be interviewed
 Alternate contact: Parent/Guardian Spouse/Partner Friend Other _____
 Name _____ Phone _____

Outbreak related Yes No LHJ Cluster ID _____ Cluster Name _____

CLINICAL INFORMATION

Complainant ill Yes No Unk Symptom Onset ___/___/___ Derived Diagnosis date ___/___/___
 Illness duration _____ Days Weeks Months Years Illness is still ongoing Yes No Unk

Clinical Features

Y N Unk

- Any fever, subjective or measured** Temp measured? Yes No Highest measured temp _____°F
- Prodrome resembling a viral respiratory illness**
- Diarrhea (3 or more loose stools within a 24 hour period)**
- Bloody diarrhea**
- Vomiting**
- Anorexia (loss of appetite)**
- Abdominal pain or cramps
- Severe abdominal pain or tenderness**
- Hematemesis (vomiting blood)**
- Pharyngitis (sore throat)**
- Cough Onset date ___/___/___
- Difficulty breathing

Y N Unk

- Dyspnea (shortness of breath)**
- Chest pain
- Cyanosis**
- Hypoxia
- Acute respiratory distress**
- Radiological evidence of mediastinal widening**
- Radiological evidence of pleural effusion**
- Meningitis/meningoencephalitis**
- Coma**
- Lymphadenopathy Location **Postauricular** **Other cervical** Generalized Unk
 Other _____
- Cervical edema**
- Painless skin lesion developing papular through vesicular to black eschar with non-tender swollen rim**
- Painless mucosal lesion in the oropharynx**
- Shock**
- Signs of septicemia**

Type of Anthrax

- Cutaneous anthrax**
- Inhalation anthrax**
- Oropharyngeal anthrax**
- Gastrointestinal anthrax**

Vaccination

Y N Unk

Anthrax vaccine in past

Vaccine information available Yes No

Date of vaccine administration ___/___/___ Vaccine administered (Type) _____

Vaccine lot number _____ Administering provider _____

Physician Reporting/Patient Health Care

Date first seen by health care provider ___/___/___ Location where first seen _____

Hospitalization

Y N Unk

Hospitalized at least overnight for this illness Facility name _____

Hospital admission date ___/___/___ Discharge ___/___/___ HRN _____

Disposition Another acute care hospital Facility name _____

Died in hospital

Long term acute care facility Facility name _____

Long term care facility Facility name _____

Non-healthcare (home) Unk Other _____

Admitted to ICU Date admitted to ICU ___/___/___ Date discharged from ICU ___/___/___

Mechanical ventilation or intubation required

Still hospitalized As of ___/___/___

Y N Unk

Died of this illness Death date ___/___/___ *Please fill in the death date information on the Person Screen*

Autopsy performed

Death certificate lists disease as a cause of death or a significant contributing condition

Location of death Outside of hospital (e.g., home or in transit to the hospital) Emergency department (ED)

Inpatient ward ICU Other _____

RISK AND RESPONSE (Ask about exposures [1-60 days for inhalation, 1-12 days for cutaneous, and 1-7 days for gastrointestinal or oropharyngeal] before symptom onset)

Travel

	Setting 1	Setting 2	Setting 3
Travel out of	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name	_____	_____	_____
Start and end dates	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ to ___/___/___

Risk and Exposure Information

Y N Unk

Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor) Country _____

Does the case know anyone else with similar symptoms or illness Ill contact's onset date ___/___/___

Contact setting/relationship to case Common Event Common meal Day care Female sexual partner

Male sexual partner Friend Household contact Workplace

Travel contact Other _____

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

Activity Outdoor recreation Cabin Hunting Lawn mowing Other _____

Consumed raw or undercooked meat Date ___/___/___

Wildlife or wild animal exposure

Hunted or skinned animals

Contact with animal carcass Date ___/___/___

Contact with unprocessed animal products (e.g., hide, hair, will, meat) Date ___/___/___

Bone

Hair

Hide

Raw meat

Wool

Any contact with animals at home or elsewhere

Cattle, cow or calf

Goat

Sheep

Other _____

Inhalation of dust from soil, grain, or hay

Injected drugs not prescribed by a doctor, even if only once or a few times Describe _____

(Potential) Occupational exposure

Y N Unk

- Lab worker
- Agricultural worker
- Work with animals or animal products (e.g., research, veterinary medicine, slaughterhouse)
Animal _____
- Wildlife worker
- Veterinarian
- Other _____
- Works handling/opening mail, packages, shipments Location _____
Date handled suspicious mail ___/___/___ Date in room with suspicious mail ___/___/___
- Nearby when suspicious mail opened Date ___/___/___

Exposure and Transmission Summary

Y N Unk

- Epi-linked to a documented anthrax environmental exposure**
- Epidemiologic link to a confirmed human case
- Epidemiologic link to a documented exposure

Likely geographic region of exposure In Washington – county _____ Other state _____
 Not in US - country _____ Unk

International travel related During entire exposure period During part of exposure period No international travel

Suspected exposure type Foodborne Animal related Person to person Unk
 Other _____
Describe _____

Suspected exposure setting Day care/Childcare School (not college) Home Work College Military
 Correctional facility Place of worship Laboratory Long term care facility Homeless/shelter
 International travel Out of state travel Transit Social event Large public gathering Restaurant
 Hotel/motel/hostel Other _____
Describe _____

Exposure summary

Suspected transmission type Person to person Unk Other _____
Suspected transmission setting (check all that apply) Day care/Childcare School (not college) Doctor's office
 Hospital ward Hospital ER Hospital outpatient facility Home Work College Military
 Correctional facility Place of worship Laboratory Long term care facility Homeless/shelter
 International travel Out of state travel Transit Social event Large public gathering Restaurant
 Hotel/motel/hostel Other _____
Describe _____

Public Health Issues

Y N Unk

- Follow-up to assess exposure of laboratorians to specimen
- Attended social gatherings or crowded settings
- Potential bioterrorism exposure
- Notify FBI or public safety

Public Health Interventions/Actions

Y N Unk

- Notified blood or tissue bank (if recent donation)
- Notified Department of Agriculture or Department of Wildlife
- Educate on proper disposal of animal carcass
- Biohazard issue identified
- Biohazard protocol followed
- Follow-up on prophylaxis of exposed lab workers
- Letter sent Date ___/___/___ Batch date ___/___/___
- Any other public health action

TREATMENT

Y N Unk

Did patient receive prophylaxis/treatment
Specify antibiotic _____ Number of days actually taken _____
Treatment start date ___/___/___ Treatment end date ___/___/___
Prescribed dose _____ g mg ml Duration _____ Days Weeks Months
Indication PEP Treatment for disease Incidental Other _____
Did patient take medication as prescribed Yes No - Why not _____ Unk
Prescribing provider _____

NOTES**LAB RESULTS**Lab report information**Lab report reviewed – LHJ**

WDRS user-entered lab report note _____

Submitter _____

Performing lab for entire report _____

Referring lab _____

Specimen**Specimen identifier/accession number** _____**Specimen collection date** ___/___/___ **Specimen received date** ___/___/___**WDRS specimen type** _____

WDRS specimen source site _____

WDRS specimen reject reason _____

Test performed and result**WDRS test performed** _____**WDRS test result, coded** _____

WDRS test result, comparator _____

WDRS result, numeric only (enter only if given, including as necessary **Comparator** and **Unit of measure**) _____

WDRS unit of measure _____

Test method _____

WDRS interpretation code _____

Test result – Other, specify _____

WDRS result summary Positive Negative Indeterminate Equivocal Test not performed PendingTest result status Final results; Can only be changed with a corrected result Preliminary results Record coming over is a correction and thus replaces a final result Results cannot be obtained for this observation Specimen in lab; results pending

Result date ___/___/___

Upload documentOrdering Provider

WDRS ordering provider _____

Ordering facility

WDRS ordering facility name _____

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