



Anthrax

County _____

Case name (last, first) _____
 Birth date ___/___/___ Sex at birth F M Other 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
 Not reportable Probable Ruled out Suspect
 Investigation status
 In progress
 Complete
 Complete – not reportable to DOH
 Unable to complete Reason _____
 Investigation start date ___/___/___
 Investigation complete date ___/___/___
 Case complete date ___/___/___
 Outbreak related Yes No
 LHJ Cluster ID _____ Cluster Name _____

DEMOGRAPHICS

Age at symptom onset _____ Years Months
 Ethnicity Hispanic or Latino Not Hispanic or Latino Unk
 Race (check all that apply) Unk Amer Ind/AK Native
 Asian Black/African Amer Native HI/other PI
 White Other _____
 Primary language _____
 Interpreter needed Yes No Unk
 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 _____

REPORT SOURCE

Initial report source _____
 LHJ _____
 Reporter organization _____
 Reporter name _____
 Reporter phone _____
 All reporting sources (list all that apply)

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 _____

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
- 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 Pending

Test 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 document

Ordering Provider _____ Ordering facility _____
WDRS ordering provider _____ WDRS ordering facility name _____