



Tularemia Case Investigation Report

Date of report: _____

Case ID #: _____

Reporting and Basic Contact Information

Person reporting the case: _____	Person taking the report: _____
Agency/affiliation: _____	Agency/affiliation: _____
Phone number/Email: _____	Phone number/Email: _____

Has the local health department been notified? Yes No If yes, provide name, phone number and/or email of contact person:

Treating Physician(s) _____	Phone number and/or email of contact person: _____
Hospital: _____	City/State: _____
_____	Phone: _____

Patient Demographics

Age: _____	Sex: Female Male Unknown	Patient Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown	Patient race: (select all that apply) American Indian/Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White Unknown
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Residence: State: _____ County: _____ Zip: _____

Occupation: _____ Works primarily: Indoors Outdoors Both Unknown

Medical History and Current Illness

Any underlying medical conditions? Yes No Unknown	If yes, please indicate all conditions that apply: Cancer Cardiovascular Disease For females - pregnant Other (specify): _____		
	Diabetes Mellitus Immunocompromised	Pulmonary Disease Renal Disease	

Date of initial symptom onset: _____ / _____ / _____ mm dd yyyy	Location where first seen: Emergency Department Hospital Outpatient clinic/office	Urgent Care Center Unknown Other: _____
Date first seen by medical person: _____ / _____ / _____ mm dd yyyy		

Symptoms at initial presentation:	<u>Yes</u> <u>No</u> <u>Unknown</u>	<u>Yes</u> <u>No</u> <u>Unknown</u>
Fever		Skin lesions (e.g. papules, ulcer)
Sweats/chills/rigors		Swollen/tender lymph nodes
Headache		Conjunctival irritation/discharge
Cough		Sore throat
Myalgias		Weakness/lethargy/malaise
Chest pain		Nausea, vomiting, and/or diarrhea
Shortness of breath		Abdominal pain
Other(s): _____		

CDC 56.50 (E), CDC Adobe Acrobat 9.4, S508 Electronic Version, February 2011
Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0009).

Medical History and Current Illness (continued)

If known, vital signs at initial presentation: (if unknown, check here) Date: ____/____/____

Temperature: _____ Blood pressure: ____/____ Heart rate: _____ Respiratory rate: _____
mm dd yyyy

Physical findings: Yes No Unk Description (e.g. location, size, tenderness, erythema, etc...):

Skin ulcer _____

Adenopathy _____

Pharyngitis/tonsillitis _____

Conjunctivitis _____

Other: _____

Radiographic and Laboratory Findings

Chest X-ray:

Yes (date: ____/____/____)

No mm dd yyyy

Unknown

Results:

Clear/normal

Hilar adenopathy

Infiltrates, unilateral

Infiltrates, bilateral

Interstitial changes

Pleural effusion

Pulmonary abscess

Pulmonary nodules

Unknown

Initial blood tests: (date: ____/____/____)

WBC (x 10³): _____ Differential (indicate %) Segs: _____ Bands: _____ Lymphs: _____
mm dd yyyy

Hgb (mg/dl) or Hct: _____ Platelets (x 10³): _____ BUN (U/dl): _____ Creatinine (mg/dl): _____

Tularemia testing: Yes No Unk Date specimen collected Test(s) performed - Results

(mm / dd / yyyy)

(e.g. culture - positive, DFA - positive, PCR - negative)

Blood culture (1) _____

Blood culture (2) _____

Ulcer/wound swab _____

Lymph node aspirate _____

Sputum sample _____

Serology: **S1:** Date drawn ____/____/____ Titer: _____ **S2:** Date drawn ____/____/____ Titer: _____
mm dd yyyy mm dd yyyy

Francisella tularensis subspecies identified: Type A (i.e. *tularensis*) Type B (i.e. *holartica*)

Other (specify: _____) Unknown

Clinical Course and Treatment

Was the patient hospitalized? Yes No Unknown Admit date: ____/____/____ Discharge date: ____/____/____

Was the patient isolated? No Respiratory Contact Unknown Date isolated: ____/____/____
mm / (dd) mm / dd

Did the patient receive antibiotics? Yes No Unknown
 If yes, please list all antibiotics: Date started Date stopped Dosage and schedule

1. _____ /____/____ /____/____ _____

2. _____ /____/____ /____/____ _____

3. _____ /____/____ /____/____ _____
mm / dd mm / dd

Clinical Course and Treatment (continued)

If hospitalized, what was the maximum temperature noted within first 72 hours of hospitalization: _____
 How many days elapsed from symptom onset until symptoms improved (i.e. afebrile for 24 hours): _____

Complications:	<u>Yes</u>	<u>No</u>	<u>Unknown</u>		<u>Yes</u>	<u>No</u>	<u>Unknown</u>
ARDS				Multisystem (i.e. ≥ 2) organ failure			
Amputation/limb ischemia				Renal failure (Cr >2.0 mg/dl)			
Bleeding/DIC				Secondary pneumonia			
Cardiac arrest				Shock (SBP <90 mmHg)			
Other(s): _____							

Initial diagnosis given: _____

Number of days from initial diagnosis until tularemia diagnosis given: _____

Classification of clinical syndrome: (please check here if unknown)

Pneumonic Ulceroglandular Glandular Oculoglandular Oropharyngeal Intestinal Typhoidal

Primary (select one)

Secondary (select all that apply)

Outcome: Recovered, no complications
 Recovered, complications (please specify): _____
 Recovered, unknown complications
 Died (please specify cause and date of death): _____
 Unknown

Epidemiologic and Environmental Investigation

Possible exposure source and location: (please check all that apply)
Yes (specify location below) No Unknown

Contact with sick or dead animals
 Hunting, including contact with wild animals
 Lawnmowing or landscaping
 Tick, deerfly, or other biting fly bite
 Laboratory worker
 Contact or ingestion of uncooked meat
 Contact or ingestion of soil or untreated water
 Other (specify): _____

Pets: Are there pets in the home? No Dog(s) Cat(s) Pocket pet(s) (e.g. hamster) Other (specify below)
 If have pets, are any ill or have any died? No Yes Unknown
 If have pets, have they brought home dead animals? No Yes Unknown

Is this patient's illness associated with any other human tularemia cases? No Yes (specify below) Unknown

Comments regarding the environmental and epidemiologic investigation (including exposures during 10 days preceding illness onset; any travel within or outside of the United States; and/or explanations from above):
