

Anthrax

COUNTY

for state use only

#

Pulmonary Cutaneous Intestinal

Date investigation initiated: ___/___/___
time: ___ am pm

___/___/___ case report

confirmed

presumptive

___/___/___ interstate

suspect

CASE IDENTIFICATION

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City Zip

e-mail address _____

ALTERNATIVE CONTACT: Parent Spouse Household Member Friend _____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip

SOURCES OF REPORT (check all that apply)

Lab Infection Control Practitioner

Physician _____

Name _____

Phone _____

Date ___/___/___ Time ___:___
(first report)

Primary M.D. _____
(if different)

Phone _____ OK to talk to patient?

DEMOGRAPHICS

SEX
 female male

HISPANIC yes no unknown

RACE

White American Indian
 Black Asian/Pacific Islander
 unknown refused to answer
 other _____

DATE OF BIRTH ___/___/___
m d y

or, if unknown, AGE _____

Worksites/school/day care/ _____

(name, address) _____

Occupations/grade _____

Media organization? yes no

BASIS OF DIAGNOSIS

EPI-LINKAGE

During the exposure period, did the patient...

live or work with a confirmed or probable case? yes no unk

visit a specific place where a **confirmed** or **presumptive** case lived or worked? yes no unk

Where? _____

Specify nature of contact:

household work site _____

if yes to any question, specify relevant names, dates, places, etc:

CLINICAL DATA

Date of first symptoms ___/___/___
m d y

Hospitalized: yes no unk

name of hospital _____

date of admission ___/___/___

date of discharge ___/___/___

Transferred to/from another hospital:
 yes no unk to: _____

Outcome: survived died unk

date of death ___/___/___

Generalized symptoms none

fever yes no unk

chills yes no unk

myalgia yes no unk

joint pain yes no unk

fatigue yes no unk

Cutaneous symptoms none

pre-existing wound yes no unk

edema yes no unk

erythema yes no unk

regional lymphadenopathy yes no unk

location _____

Pulmonary symptoms none

cough yes no unk

dyspnea yes no unk

chest pain yes no unk

Gastrointestinal symptoms none

nausea yes no unk

vomiting yes no unk

pain yes no unk

diarrhea yes no unk

Neurologic symptoms none

headache yes no unk

photophobia yes no unk

neck pain/stiffness yes no unk



BASIS OF DIAGNOSIS

LABORATORY DATA

CPK: date ^m ___/ ^d ___/ ^y ___ not done
 results: _____

CBC: date ___/___/___ not done
 WBCs _____ Hbg _____ Hcf _____ Plt _____
 Differential
 segs _____ bands _____ lymphs _____ monos _____
 results: _____

CSF: date ___/___/___ not done
 WBCs _____ RBCs _____ glucose _____ protein _____
 Differential
 segs _____ bands _____ lymphs _____ monos _____
 results: _____

Blood, gram stain: ^{collection date} date ^m ___/ ^d ___/ ^y ___ pos. neg. not done PHL # _____
 results: _____

Blood, culture: date ___/___/___ _____
 results: _____

Nasal swab, gram stain: date ___/___/___ _____
 results: _____

Nasal swab, culture: date ___/___/___ _____
 results: _____

Sputum, gram stain: date ___/___/___ _____
 results: _____

Sputum, culture: date ___/___/___ _____
 results: _____

Cerebrospinal fluid, gram stain: date ___/___/___ _____
 results: _____

Cerebrospinal fluid, culture: date ___/___/___ _____
 results: _____

Wound culture: date ___/___/___ not done
 site: _____
 results: _____

Skin/wound biopsy gram stain: date ___/___/___ not done
 site: _____
 results: _____

Skin/wound biopsy culture: date ___/___/___ not done
 site: _____
 results: _____

Immunochemistry of biopsy specimen: date ___/___/___ not done
 site: _____
 results: _____

Serum antibody titres not done
 date ___/___/___ results: _____
 date ___/___/___ results: _____
 date ___/___/___ results: _____

Histopathology of biopsy not done
 date ___/___/___ results: _____
 site: _____
 date ___/___/___ results: _____
 site: _____

PCR for anthrax:
 Serum date ___/___/___ not done
 results: _____

Biopsy date ___/___/___ not done
 site: _____
 results: _____

Surgical specimen date ___/___/___ not done
 site: _____
 results: _____

Other date ___/___/___ not done
 site: _____
 results: _____

RADIOLOGY STUDIES

Chest x-ray: date ___/___/___ not done
 results: _____

Other x-ray: date ___/___/___ not done
 results: _____

CT scan: date ___/___/___ not done
 results: _____

MRI: date ___/___/___ not done
 results: _____

Notes:



