



### 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	Patient Ethnicity: Hispanic or Latino	Patient race: (select all that apply) American Indian/Alaska Native	Native Hawaiian or Pacific Islander
	Male			
	Unknown	Unknown	Black or African American	Unknown

Residence: State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Works primarily: Indoors  Outdoors  Both  Unknown

#### Medical History and Current Illness

Any underlying medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	If yes, please indicate all conditions that apply: Cancer _____ Cardiovascular Disease _____ For females - pregnant _____ Other (specify): _____	Diabetes Mellitus _____ Immunocompromised _____	Pulmonary Disease _____ Renal Disease _____
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Date of initial symptom onset: ____/____/____ mm dd yyyy	Location where first seen: Emergency Department <input type="checkbox"/> Urgent Care Center <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown <input type="checkbox"/> Outpatient clinic/office <input type="checkbox"/> Other: _____
Date first seen by medical person: ____/____/____ mm dd yyyy	

Symptoms at initial presentation:	Yes	No	Unknown		Yes	No	Unknown
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	Infiltrates, bilateral	Pulmonary abscess
Hilar adenopathy	Interstitial changes	Pulmonary nodules
Infiltrates, unilateral	Pleural effusion	Unknown

**Initial blood tests:** (date: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
mm dd yyyy

WBC (x 10<sup>3</sup>): \_\_\_\_\_ Differential (indicate %) Segs: \_\_\_\_\_ Bands: \_\_\_\_\_ Lymphs: \_\_\_\_\_

Hgb (mg/dl) or Hct: \_\_\_\_\_ Platelets (x 10<sup>3</sup>): \_\_\_\_\_ 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

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / (dd) mm / dd

**Was the patient isolated?** No Respiratory Contact Unknown Date isolated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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): \_\_\_\_\_

<b>Complications :</b>	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
ARDS				Multisystem (i.e. $\geq 2$ ) 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):

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