U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
AND PREVENTION
ATLANTA, GA 30329-4027

Plague Case Investigation Report

Case ID #: _____

OMB No. 0920-0728

Reset Form

Patient History

Age: _____ years

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/other

Residence:

State: _____

County: _____

Concurrent conditions:
- ☐ Pregnant
- ☐ Immunocompromised *(please specify):* _____

Course of Current Illness

Date of initial symptom onset: _____ mm/dd/yyyy

Date first seen by a medical person: _____ mm/dd/yyyy

Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown

Admit date: _____ mm/dd/yyyy *Discharge date:* _____ mm/dd/yyyy

Symptoms at presentation:

Fever/sweats/chills	☐ Yes ☐ No ☐ Unknown	Cough	☐ Yes ☐ No ☐ Unknown
Confusion/delirium	☐ Yes ☐ No ☐ Unknown	Chest Pain	☐ Yes ☐ No ☐ Unknown
Vomiting/diarrhea/abdominal pain	☐ Yes ☐ No ☐ Unknown	Shortness of breath	☐ Yes ☐ No ☐ Unknown
Sore throat	☐ Yes ☐ No ☐ Unknown	Other:	_____

Localized signs:

Bubo ☐ Yes ☐ No ☐ Unknown *If yes, specify:* ☐ Axillary ☐ Cervical ☐ Inguinal/Femoral ☐ Other

Insect bites/skin ulcer ☐ Yes ☐ No ☐ Unknown Location/description: _____

Chest X-ray: ☐ Not Done ☐ Unknown ☐ Infiltrates or nodules ☐ Pleural effusion ☐ Clear/normal

Treatment:

Receipt of effective antibiotics (check all that were administered):

- ☐ Aminoglycosides (e.g., streptomycin, gentamicin) *start date:* _____ mm/dd/yyyy
- ☐ Tetracyclines (e.g., doxycycline) *start date:* _____ mm/dd/yyyy
- ☐ Fluoroquinolones (e.g., ciprofloxacin, levofloxacin) *start date:* _____ mm/dd/yyyy

Illness outcome:
- ☐ Recovered, no complications
- ☐ Recovered, complications (please specify): _____
- ☐ Recovered, unknown complications
- ☐ Died (please specify cause and date of death): _____
- ☐ Unknown

Primary clinical syndrome:
- ☐ Bubonic
- ☐ Septicemic
- ☐ Pneumonic
- ☐ Unknown
- ☐ Pharyngeal
- ☐ Meningitic
- ☐ Gastrointestinal

Secondary pneumonic plague:
☐ Yes ☐ No ☐ Unknown

CDC 56.37 (E), Revised May 2016, CDC Adobe Acrobat 10.1, S508 Electronic Version, May 2016

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Laboratory Evidence of Infection

Detection or Isolation

Yersinia pestis cultured? ☐ Yes ☐ No ☐ Unknown

Specimen source (e.g., blood, bubo aspirate) _____ Date specimen collected _____ mm/dd/yyyy

If not cultured, presence of *Y. pestis* detected?

☐ Yes ☐ No ☐ Unknown

Specimen source _____ Date specimen collected _____ mm/dd/yyyy

Test performed (e.g., DFA or PCR) _____

Serology:

☐ None ☐ Single positive titer ☐ ≥4-fold change in titer

Serum 1:

Date drawn _____ mm/dd/yyyy

Titer: _____

Serum 2:

Date drawn _____ mm/dd/yyyy

Titer: _____

Plague Case Status

☐ **Confirmed** A clinically-compatible case with either *Y. pestis* cultured from a clinical specimen or ≥4-fold change in serum antibody titer

☐ **Probable** A clinically-compatible case with either detection (not isolation) of *Y. pestis* in a clinical specimen or a single positive antibody titer (or <4-fold change in titer)

☐ **Not a case**

Epidemiologic Investigation

Was this illness epi-linked to any other plague cases? ☐ Yes ☐ No ☐ Unknown Specify: _____

Most likely location of exposure: State: _____ County: _____

Likely exposure setting: ☐ Around the person's home ☐ Recreational (away from home)

Possible routes of exposure: In the 2 weeks preceding illness, did the patient report:

Flea or insect bites? ☐ Yes ☐ No ☐ Unknown

Animal contact? ☐ Yes ☐ No ☐ Unknown

If yes, type of animal ☐ Wild (specify: _____) ☐ Domestic pet (specify: _____)

What was the nature of the contact? ☐ Bitten ☐ Scratched ☐ Disposed/handled deceased animal ☐ Cleaned carcass ☐ Consumed hunted game meat

Person-to-person transmission from a known plague patient ☐ Yes ☐ No ☐ Unknown

Other possible exposure type: specify _____

Evidence of *Yersinia pestis* infected animals or fleas in the likely exposure location?

☐ Yes ☐ No ☐ Unknown (If yes, specify: _____)

Additional comments: