DRAFT - Plague Case Report Form **Patient ID:**

1. Patient Information	Last Name:		First Name:	
City of residence:	County of residence:	State of Residence:	ZIP:	Country:
Phone 1: ( )	☐ Patient ☐ Other	Phone 2: ( )	☐ Patient ☐ Other	
Date of Birth: MM DD YYYY	Age _____	☐ Years ☐ Months	Sex	☐ Male ☐ Female
Race: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other: _____		Ethnicity: ☐ Hispanic ☐ Non-Hispanic Nationality: _____		

2.Reporting Source	Date Reported: MM DD YYYY	Reported by: _____ Phone: ( )
	Date of Case Interview: MM DD YYYY	Form Initiated by: _____ Phone: ( )

3. Signs and Symptoms	Date of symptom onset:	MM DD YYYY
	Date of fever onset:	MM DD YYYY

Check all signs and symptoms that apply

☐ Fever	Highest Temperature _____	☐°C ☐°F	☐ Cough	☐ Shortness of breath/difficulty breathing
☐ Chills	☐ Bloody Sputum	☐ Swollen/tender lymph nodes; Location: _____		

☐ Radiographic findings of pneumonia (specify)
☐ Lobar consolidation ☐ Interstitial infiltrate ☐ Pleural effusion ☐ARDS ☐ Other: _____

☐ Nausea	☐ Sore throat	☐ Headache	☐ Septicemia	☐ Shock

☐ Other symptoms or relevant findings, List:

4. Clinical status	☐ Outpatient ☐ Emergency Room ☐ Inpatient ☐ Died

Was patient hospitalized ? ☐ Yes ☐ No ☐ Unknown

Was patient isolated upon entry to the hospital?	☐ Yes ☐ No ☐ Unknown	Is patient currently isolated?	☐ Yes ☐ No ☐ Unknown

Date of Hospitalization: MM DD YY	**Date of Discharge or Death** MM DD YY

Name of Hospital:	**City:**	**State:**	**Phone number:**

***If transferred,* Date of transfer:** MM DD YY	**Date of Discharge or Death from receiving hospital** MM DD YY

Name of Receiving Hospital:	**City:**	**State:**	**Phone number:**

Patient Name: _____

5. Diagnostic evaluation:

Please fill in results of any tests that have been performed:

□ Blood serology for *Yesinia pestis* □ Elevated serum antibody to Y. pestis fraction 1 (F1) antigen
1st specimen titer/date : _____ **2nd specimen titer/date:** _____

□ Detection of F1 antigen in a clinical specimen by fluorescent assay **Specimen type:** _____

□ Blood culture(s) □ Positive □ Negative □ Pending **Comment/Result:** _____

□ Sputum gram stain □ Positive □ Negative □ Pending **Comment/Result:** _____

Other pertinent diagnostic tests:

□ Test _____ **Comment/Result:** _____

□ Test _____ **Comment/Result:** _____

□ Test _____ **Comment/Result:** _____

6. Epidemiology:

Travel outside West Virginia during the 7 days prior to illness onset □ Yes □ No

Location:_____ Date arrived:____/ ____/_____ Date Departed:____/____/_____

Location:_____ Date arrived:____/ ____/_____ Date Departed:____/____/_____

Location:_____ Date arrived:____/ ____/_____ Date Departed:____/____/_____

Contact with imported (outside WV) animals or their fleas during the 7 days prior to onset □ Yes □ No

Species:_____ Imported from:_____ Current location: _____ Contact date:___/___/____

Species:_____ Imported from:_____ Current location:_____ Contact date:___/___/____

Contact with a Suspect, Probable or Confirmed case of Plague □ Yes □ No

Name of Case:_____ city/state:_____ Contact dates:___/___/____ to ___/___/____

Exposure Location □ Known, specify:_____ □ Unknown

Other Epidemiology Notes:

7. Case Classification:

□ Suspect □ Probable □ Confirmed