# Tularemia

Agency:

Investigator: Phone number:

FOR STATE USE ONLY
Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case
Reviewer initials:
Referred to another state:

## CASE

Last name: ______ Date of Birth: __/__/__ Estimated? ☐ Age: ______

First and middle name: ______ Gender: ☐ Female ☐ Male ☐ Other ____

Maiden name: ______ Suffix: ______ Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: __/__/__

Address line: ______ Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed

Zip: ______ City: ______ Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian

State: ______ County: ______

Facility phone: ( )- - Type: ______ Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Long-term care resident: ☐ Yes ☐ No ☐ Unknown Parent/Guardian name: ______

Facility name: ______ Parent/Guardian phone: ( )- - Type: ______

## EVENT

**Tularemia type:** ☐ Glandular ☐ Intestinal ☐ Oculoglandular ☐ Oropharyngeal ☐ Pneumonic ☐ Typhoidal ☐ Ulceroglandular

Diagnosis date: __/__/__ Onset date: __/__/__

Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown
Date of death __/__/__

Event exception: ☐ Case could not be found ☐ Case could not be interviewed ☐ Case refused interview ☐ Other – see notes

Outbreak related: ☐ Yes ☐ No ☐ Unknown

Outbreak name: ______

Exposure setting: ______

Epi-linked: ☐ Yes ☐ No ☐ Unknown

Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown

State: ______ Country: ______

### Healthcare provider information

Last name: ______

First name: ______

Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA

Facility name: ______

Address line 1: ______

Address line 2: ______

Zip code: ______ City: ______

State: ______ County: ______

Phone : ( )- - Type: ______

## LABORATORY FINDINGS

Laboratory: ______ Accession #: ______ Collection date: __/__/__

Date received: __/__/__ Specimen source: ______ Test type: ______

Result type: ☐ Preliminary ☐ Final Result date: __/__/__ Result: ☐ Positive ☐ Negative

Organism: ***Francisella*** Type (e.g. serotype):

Laboratory: ______ Accession #: ______ Collection date: __/__/__

Date received: __/__/__ Specimen source: ______ Test type: ______

Result type: ☐ Preliminary ☐ Final Result date: __/__/__ Result: ☐ Positive ☐ Negative

Organism: ***Francisella*** Type (e.g. serotype):

Laboratory: ______ Accession #: ______ Collection date: __/__/__

Date received: __/__/__ Specimen source: ______ Test type: ______

Result type: ☐ Preliminary ☐ Final Result date: __/__/__ Result: ☐ Positive ☐ Negative

Organism: ***Francisella*** Type (e.g. serotype):

## OCCUPATIONS

**Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.**

Occupation type: ______ Job title: ______

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: ______

Date worked from: __/__/__ Address: ______

Date worked to: __/__/__ Zip code: ______

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: ______ State: ______ County: ______

Date removed: __/__/__ Phone: ( )- - Type:

Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

Occupation type: ______ Job title: ______

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: ______

Date worked from: __/__/__ Address: ______

Date worked to: __/__/__ Zip code: ______

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: ______ State: ______ County: ______

Date removed: __/__/__ Phone: ( )- - Type:

Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

## HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: ______ Admission date: __/__/__ Discharge date: __/__/__

Days hospitalized :

## CLINICAL INFO & DIAGNOSIS

**Symptoms:**

☐ Abdominal pain
☐ Chills
☐ Diarrhea
☐ Fever
☐ Headache
☐ Malaise
☐ Pneumonia
☐ Red eyes w/ discharge
☐ Sore throat
☐ Swollen lymph nodes
☐ Ulcer
☐ Vomiting

**Lesion location:** ______

## OTHER LAB FINDINGS

Biopsy performed: ☐ Yes ☐ No ☐ Unk Date: __/__/__ Site: ______ Result: ______

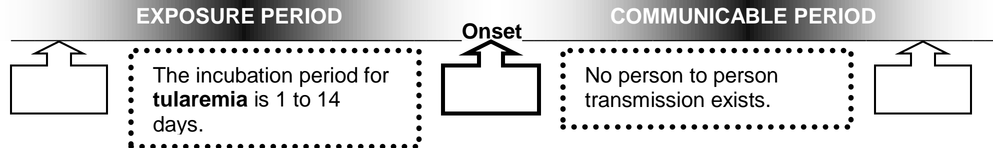
## TREATMENT

Antibiotics prescribed? ☐ Yes ☐ No ☐ Unknown

| | | |
|---|---|---|
| Antibiotic: ______ | Antibiotic: ______ | Antibiotic: ______ |
| Date started: __/__/__ | Date started: __/__/__ | Date started: __/__/__ |
| Dose: ______ | Dose: ______ | Dose: ______ |
| Unit: ☐ mg ☐ ml ☐ IU | Unit: ☐ mg ☐ ml ☐ IU | Unit: ☐ mg ☐ ml ☐ IU |
| # of days: ____ # of times a day: ____ | # of days: ____ # of times a day: ____ | # of days: ____ # of times a day: ____ |
| Route: ______ | Route: ______ | Route: ______ |

## INFECTION TIMELINE

Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.




## RISK FACTORS/TRAVEL

**Vaccinated for tularemia:** ☐ Yes ☐ No ☐ Unknown

| | | |
|---|---|---|
| Date vaccinated: __/__/__ | Date vaccinated: __/__/__ | Date vaccinated: __/__/__ |
| Lot #: ______ | Lot #: ______ | Lot #: ______ |
| Vaccine type: ______ | Vaccine type: ______ | Vaccine type: ______ |
| Manufacturer: ______ | Manufacturer: ______ | Manufacturer: ______ |

**Number of vaccinations:** ____

**Water Exposures –** ***In the 14 days prior to the onset of symptoms:***

Untreated water drank/swallowed: ☐ Yes ☐ No ☐ Unk Untreated water source: ☐ Lake ☐ Ocean ☐ Pond ☐ Stream ☐ River

Location names: ______________________________

Address: ______________ City/State/Zip: ______________ County: ______________

**Animal contact:** ☐ Beavers ☐ Cats ☐ Hares ☐ Mice ☐ Muskrats ☐ Rabbits ☐ Rats ☐ Sheep ☐ Squirrels ☐ Voles

**Bitten by fleas or other insects:** ☐ Yes ☐ No ☐ Unk

**Tick found:** ☐ Yes ☐ No ☐ Unk Date found: __/__/__

Tick species: ☐ Deer tick ☐ Dog tick ☐ Other:

Tick embedded: ☐ Yes ☐ No ☐ Unk

**Exposed to potential infection sources:** ☐ Yes ☐ No ☐ Unk

Possible tularemia sources: ☐ Laboratory ☐ Livestock handling ☐ Packing plant ☐ Unpasteurized dairy product

**NOTES:**