# Plague Case Investigation Form

**Local record ID:** _____

**State of patient residence:** _____

**County of patient residence:** _____

**Case classification:**

Current case definition can be found at https://ndc.services.cdc.gov/case-definitions/plague-2020/

◯ Confirmed ◯ Probable ◯ Suspect ◯ Not a case

**Sex:**

◯ Female ◯ Male ◯ Unknown

**Birth date:** _____

**Age:** *(specify units if not years)* _____

**Ethnic group:**

◯ Hispanic or Latino ◯ Not Hispanic or Latino ◯ Other ◯ Unknown

**Current occupation:** _____

**Race:** *(select all that apply)*

◯ White ◯ Black or African American
◯ Asian ◯ American Indian or Alaska Native
◯ Native Hawaiian or Other Pacific Islander ◯ Unknown
◯ Other, specify: _____

## Onset and Hospitalization Information

**Date of illness onset:** _____

**Date first seen by a medical professional:** _____

**Date reported:** _____

**Patient pregnant?**

◯ Yes ◯ No ◯ Unknown

**Patient hospitalized?**

◯ Yes ◯ No ◯ Unknown

**Admission date:** _____

**Discharge date:** _____

**Patient died?**

◯ Yes ◯ No ◯ Unknown

**Deceased date:** _____

## Underlying Health Conditions

| Condition | Yes/No/Unknown | Additional Comments |
|---|---|---|
| Cancer | ◯ Yes ◯ No ◯ Unknown | |
| Chronic kidney disease | ◯ Yes ◯ No ◯ Unknown | |
| Chronic liver disease | ◯ Yes ◯ No ◯ Unknown | |
| Diabetes | ◯ Yes ◯ No ◯ Unknown | |
| History of transplant | ◯ Yes ◯ No ◯ Unknown | |
| Immunosuppression | ◯ Yes ◯ No ◯ Unknown | |
| Other, specify: _____ | ◯ Yes ◯ No ◯ Unknown | |

## Clinical Findings

**Primary clinical form:**

◯ Bubonic ◯ Pharyngeal ◯ Pneumonic ◯ Septicemic
◯ Other, specify: _____

**Secondary clinical form:** *(if relevant)*

◯ Pneumonic ◯ Meningitic
◯ Other, specify: _____

| Signs and Symptoms | Yes/No/Unknown | Additional Comments |
|---|---|---|
| Abdominal pain | ◯ Yes ◯ No ◯ Unknown | |
| Altered mental status | ◯ Yes ◯ No ◯ Unknown | |
| Bubo/lymphadenopathy | ◯ Yes ◯ No ◯ Unknown | |
| Chest pain | ◯ Yes ◯ No ◯ Unknown | |
| Cough | ◯ Yes ◯ No ◯ Unknown | |
| Diarrhea | ◯ Yes ◯ No ◯ Unknown | |
| Fever | ◯ Yes ◯ No ◯ Unknown | |
| Lesion or wound | ◯ Yes ◯ No ◯ Unknown | |
| Pharyngitis | ◯ Yes ◯ No ◯ Unknown | |

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| Signs and Symptoms | Yes/No/Unknown | Additional Comments |
|---|---|---|
| Shortness of breath | ◯ Yes ◯ No ◯ Unknown | |
| Vomiting | ◯ Yes ◯ No ◯ Unknown | |
| Other, specify: _____ | ◯ Yes ◯ No ◯ Unknown | |

## Relevant Antimicrobial Treatment

| Medications | Yes/No/Unknown | Date Started | Additional Comments |
|---|---|---|---|
| Amikacin | ◯ Yes ◯ No ◯ Unknown | | |
| Ciprofloxacin | ◯ Yes ◯ No ◯ Unknown | | |
| Doxycycline | ◯ Yes ◯ No ◯ Unknown | | |
| Eravacycline | ◯ Yes ◯ No ◯ Unknown | | |
| Gemifloxacin | ◯ Yes ◯ No ◯ Unknown | | |
| Gentamicin | ◯ Yes ◯ No ◯ Unknown | | |
| Levofloxacin | ◯ Yes ◯ No ◯ Unknown | | |
| Minocycline | ◯ Yes ◯ No ◯ Unknown | | |
| Moxifloxacin | ◯ Yes ◯ No ◯ Unknown | | |
| Ofloxacin | ◯ Yes ◯ No ◯ Unknown | | |
| Omadacycline | ◯ Yes ◯ No ◯ Unknown | | |
| Plazomicin | ◯ Yes ◯ No ◯ Unknown | | |
| Tetracycline | ◯ Yes ◯ No ◯ Unknown | | |
| Tobramycin | ◯ Yes ◯ No ◯ Unknown | | |
| Trimethoprim-sulfamethoxazole | ◯ Yes ◯ No ◯ Unknown | | |
| Other, specify: _____ | ◯ Yes ◯ No ◯ Unknown | | |

## Exposures

**Exposure state:** _____

**Exposure county:** _____

**Exposure associated with occupation?**
◯ Yes ◯ No ◯ Unknown

**Known or presumed flea bite?**
◯ Yes ◯ Suspected ◯ No ◯ Unknown

**Contact with a plague patient?**
◯ Yes ◯ Suspected ◯ No ◯ Unknown

**Direct animal contact?** ◯ Yes ◯ Suspected ◯ No ◯ Unknown

| **Type of animal:** *(select from dropdown)* | **Type of contact:** *(select from dropdown)* |
|---|---|
| | |
| | |
| | |
| | |

**Consumption of wild game meat?**
◯ Yes ◯ Suspected ◯ No ◯ Unknown

**Other?**
◯ Yes ◯ Suspected ◯ No ◯ Unknown
**Specify:** _____

**Any other details associated with exposure:**

## Imaging and Laboratory Testing

**Imaging conducted?** ◯ Yes ◯ No ◯ Unknown **Imaging date:** _____

**Imaging result:** *(select all that apply)*

☐ Normal ☐ Abnormal; not otherwise specified ☐ Hilar adenopathy ☐ Lobar consolidation ☐ Pleural effusion ☐ Pulmonary infiltrates/bilateral
☐ Pulmonary infiltrates/unilateral ☐ Pulmonary nodules ☐ Unknown ☐ Other, specify: _____

### Laboratory Test 1

**Test type:** *(select only one)*

◯ Culture ◯ IHC ◯ PCR ◯ Sequencing ◯ Serology
◯ Other, specify: _____

**Date of specimen collection:** _____

**Specimen type:** *(select only one)*

◯ Blood ◯ Bubo aspirate ◯ CSF ◯ Serum
◯ Sputum ◯ Tissue ◯ Wound swab
◯ Other, specify: _____

**Test result:** ◯ Positive ◯ Negative ◯ Unknown

**Test result comments:**

### Laboratory Test 2

**Test type:** *(select only one)*

◯ Culture ◯ IHC ◯ PCR ◯ Sequencing ◯ Serology
◯ Other, specify: _____

**Date of specimen collection:** _____

**Specimen type:** *(select only one)*

◯ Blood ◯ Bubo aspirate ◯ CSF ◯ Serum
◯ Sputum ◯ Tissue ◯ Wound swab
◯ Other, specify: _____

**Test result:** ◯ Positive ◯ Negative ◯ Unknown

**Test result comments:**

### Laboratory Test 3

**Test type:** *(select only one)*

◯ Culture ◯ IHC ◯ PCR ◯ Sequencing ◯ Serology
◯ Other, specify: _____

**Date of specimen collection:** _____

**Specimen type:** *(select only one)*

◯ Blood ◯ Bubo aspirate ◯ CSF ◯ Serum
◯ Sputum ◯ Tissue ◯ Wound swab
◯ Other, specify: _____

**Test result:** ◯ Positive ◯ Negative ◯ Unknown

**Test result comments:**

### Laboratory Test 4

**Test type:** *(select only one)*

◯ Culture ◯ IHC ◯ PCR ◯ Sequencing ◯ Serology
◯ Other, specify: _____

**Date of specimen collection:** _____

**Specimen type:** *(select only one)*

◯ Blood ◯ Bubo aspirate ◯ CSF ◯ Serum
◯ Sputum ◯ Tissue ◯ Wound swab
◯ Other, specify: _____

**Test result:** ◯ Positive ◯ Negative ◯ Unknown

**Test result comments:**

## Comments

*Use this field, if needed, to communicate anything unusual about this case which is not already covered in other sections. Do not include any personally identifiable information (PII).*

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