ANTHRAX INVESTIGATION FORM

STOP: PRIOR TO CREATING THIS INVESTIGATION, YOU MUST NOTIFY & CONSULT WITH CENTRAL OFFICE (800) 338-8374 (24-HOUR COVERAGE)

BASIC DEMOGRAPHIC DATA

Last Name:_____ First Name:_____ Middle Name:_____

DOB: __ __ / __ __ /__ __ __ __ Age: _____ ☐ years ☐ months Current Sex: ☐ Female ☐ Male ☐ Unknown

Is the patient deceased? ☐ No ☐ Unknown ☐ Yes Date of Death: __ __ / __ __ /__ __ __ __

Street Address 1:_____ Street Address 2:_____

City:_____ State:_____ Zip Code:_____ County:_____

Home Phone: (__ __ __) - __ __ __ - __ __ __ __ Cell Phone: (__ __ __) - __ __ __ - __ __ __ __ Work Phone: (__ __ __) - __ __ __ - __ __ __ __ Ext. _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unknown

INVESTIGATION SUMMARY

Investigation Start Date: __ __ / __ __ /__ __ __ __ Investigation Status: ☐ Open ☐ Closed Investigator:_____

REPORTING SOURCE

Date of Report: __ __ / __ __ /__ __ __ __ Reporting Source:_____

CLINICAL

Physician's Name:_____ Phone Number: (__ __ __) - __ __ __ - __ __ __ __ Ext. _____

Was patient hospitalized for this illness? ☐ No ☐ Unknown ☐ Yes If yes: Hospital Name:_____

Admission Date: __ __ / __ __ /__ __ __ __ Discharge Date: __ __ / __ __ /__ __ __ __ Duration of Stay _____ day(s)

Diagnosis Date: __ __ / __ __ /__ __ __ __ Illness Onset Date: __ __ / __ __ /__ __ __ __ Illness End Date: __ __ / __ __ /__ __ __ __

Age at Onset: _____ ☐ days ☐ hours ☐ minutes ☐ months ☐ unknown ☐ weeks ☐ years

Did the patient die from this illness? ☐ No ☐ Unknown ☐ Yes Date of Death: __ __ / __ __ /__ __ __ __

EPIDEMIOLOGIC

Is this patient associated with a day care facility? ☐ No ☐ Unknown ☐ Yes Is this patient a food handler? ☐ No ☐ Unknown ☐ Yes

Is this case part of an outbreak? ☐ No ☐ Unknown ☐ Yes If yes, outbreak name:_____

Case Status: ☐ Confirmed ☐ Not a Case ☐ Probable ☐ Suspect ☐ Unknown MMWR Week: _____ MMWR Year:_____

ADMINISTRATIVE

General Comments:_____

_____

PHA4 SUPERVISOR REVIEW

Date Due: __ __ / __ __ /__ __ __ __ Investigation ready for supervisor review: ☐ Reviewed (Complete) ☐ Reviewed (Incomplete)

Date investigation ready for supervisor review: __ __ / __ __ /__ __ __ __ ☐ Reviewed (Not a case) ☐ Yes

Review comments (completed by supervisor):_____

CONTACT ATTEMPTS

Physician Contact Date(s):

1st Attempt: __ __ / __ __ /__ __ __ __ 2nd Attempt: __ __ / __ __ /__ __ __ __ 3rd Attempt: __ __ / __ __ /__ __ __ __

Patient Contact Date(s):

1st Attempt: __ __ / __ __ /__ __ __ __ Time: _____ ☐ AM ☐ PM 2nd Attempt: __ __ / __ __ /__ __ __ __ Time: _____ ☐ AM ☐ PM

3rd Attempt: __ __ / __ __ /__ __ __ __ Time: _____ ☐ AM ☐ PM

Regular Letter Mailed: __ __ / __ __ /__ __ __ __ Certified Letter Mailed: __ __ / __ __ /__ __ __ __

Was clinical information obtained from the physician or patient? ☐ Yes ☐ No

SIGNS AND SYMPTOMS

Did the patient have a fever (≥100.4°F)? ☐ No ☐ Unknown ☐ Yes Was the patient septic? ☐ No ☐ Unknown ☐ Yes

Cutaneous Anthrax:

☐ Eschar, location: _____ ☐ Lymphadenopathy ☐ Malaise ☐ Papule that became vesicular

Inhalation Anthrax:

☐ Acute respiratory distress ☐ Dypsnea (short of breath) ☐ Mediastinal widening ☐ Shock
☐ Cyanosis ☐ Hypoxia ☐ Pleural effusion ☐ Viral respiratory-like illness

Intestinal Anthrax:

☐ Abdominal swelling ☐ Bloody Diarrhea ☐ Nausea ☐ Vomiting
☐ Anorexia ☐ Hematemesis (bloody vomit) ☐ Severe abdominal pain

Oropharyngeal Anthrax:

☐ Cervical adenopathy ☐ Edema ☐ Painless oral mucosal lesion ☐ Pharyngitis

Meningeal Anthrax:

☐ Coma ☐ Convulsions ☐ Meningeal signs (e.g., meningitis)

EXPOSURES

What is the patient's primary occupation? _____ Name and location of employer: _____

In the 7 days prior to onset of symptoms did patient have exposure to or contact with any of the following?

Livestock: ☐ No ☐ Unknown ☐ Yes Date: __ __ / __ __ /__ __ __ __ Location: _____

Animal skins, fur, or hair: ☐ No ☐ Unknown ☐ Yes Date: __ __ / __ __ /__ __ __ __ Location: _____

CASE CLASSIFICATION

1	Did the patient have an acute illness, or post-mortem examination, revealing a form of clinical anthrax? ☐ Cutaneous - a skin lesion evolving over 2-6 days from a papule, to vesicular stage, to depressed black eschar; ☐ Inhalation - a viral respiratory-like illness followed by hypoxia, dypsnea, or acute respiratory distress resulting in cyanosis and shock; ☐ Gastrointestinal - severe abdominal pain with swelling, nausea, vomiting, hematemesis, bloody diarrhea, anorexia, fever, and septicemia; ☐ Oropharyngeal - a painless mucosal lesion in the oral cavity or oropharynx, fever, edema, pharyngitis, cervical adenopathy, and possibly septicemia; **or** ☐ Meningeal - fever, convulsions, coma, or meningeal signs (often occurs secondary to other forms of anthrax).	☐ No ☐ Unknown ☐ Yes
2	Was a confirmatory laboratory result demonstrated? ☐ Culture and identification of *B.anthracis* by the Laboratory Response Network (LRN); ☐ Antigen detected by immunohistochemical staining using both cell wall **and** capsule monoclonal antibodies; ☐ 4-fold antibody titer increase between acute and convalescent serum or between paired convalescent sera using CDC quantitative anti-PA IgG ELISA testing; **or** ☐ DNA from an affected tissue lesion or normally sterile site **with** a documented environmental exposure.	☐ No ☐ Unknown ☐ Yes
3	Was a probable laboratory result demonstrated? ☐ DNA from an affected tissue lesion or normally sterile site; ☐ Positive serum specimen using Quick ELISA Anthrax-PA kit; ☐ Lethal Factor (LF) detected in a serum specimen by LF mass spectrometry; **or** ☐ Positive RedLine Alert test.	☐ No ☐ Unknown ☐ Yes
4	Is the patient epidemiologically linked to a documented anthrax environmental exposure?	☐ No ☐ Unknown ☐ Yes

Confirmed: 1 & 2	Probable: 1 & 3 or 1 & 4	Suspect: 1