BRUCELLOSIS INVESTIGATION FORM

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

IF NO CLINICAL INFORMATION AVAILABLE, STOP HERE. OTHERWISE CONTINUE INVESTIGATION.

SIGNS AND SYMPTOMS

Onset type: ☐ Acute ☐ Insidious ☐ Not Stated

Fever: ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Chills: ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Weight Loss: ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Sweating: ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Body Ache: ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Weakness: ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Headache: ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Malaise: ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Anorexia: ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Abscess (Bone, Joint, Muscle): ☐ No ☐ Unknown ☐ Yes Duration / Severity: _____

Other Symptoms: _____

OTHER CLINICAL

Was *Brucella* species isolated from a clinical specimen? ☐ No ☐ Unknown ☐ Yes

What species was identified? _____

ANIMAL CONTACT

Did patient come in contact with an animal? ☐ No ☐ Unknown ☐ Yes Applicable incubation period for this illness is : **7 – 21 days**

If yes, select type of animal: ☐ Cat ☐ Cattle ☐ Chicken ☐ Dog ☐ Goats ☐ Lizard ☐ Rodent ☐ Sheep ☐ Turkey ☐ Turtle ☐ Domestic pig ☐ Wild boar/feral pig ☐ Unknown ☐ Other, specify: _____

Did the patient acquire a pet prior to onset of illness? ☐ No ☐ Unknown ☐ Yes

UNDERLYING CONDITIONS

Did the patient have any of the following underlying conditions?

☐ CSF leak
☐ Alcohol abuse
☐ Burns
☐ Cirrhosis/liver failure
☐ Deaf/profound hearing loss
☐ Gastric surgery (type): _____
☐ Immunodeficiency (type): _____
☐ Leukemia
☐ None
☐ Other malignancy (type): _____
☐ Peptic ulcer
☐ Splenectomy/asplenia
☐ Hodgkin's disease
☐ Asthma
☐ Cerebral vascular accident (CVA) stroke
☐ Cochlear implant
☐ Diabetes mellitus (insulin): ☐ No ☐ Unk ☐ Yes
☐ Heart failure
☐ Immunoglobulin deficiency
☐ Multiple myeloma
☐ Organ transplant (organ): _____
☐ Other prior illness (type): _____
☐ Renal failure/dialysis
☐ Systemic lupus erythematosus (SLE)
☐ IVDU
☐ Atherosclerotic cardiovascular disease (ASCVD)/CAD
☐ Chronic GI illness/diarrhea
☐ Current smoker
☐ Emphysema/COPD
☐ Hematologic disease (type): _____
☐ Immunosuppressive therapy (steroids, chemotherapy)
☐ Nephrotic Syndrome
☐ Other liver disease (type): _____
☐ Other renal disease (type): _____
☐ Sickle cell anemia
☐ Unknown

RELATED CASES

Does the patient know of any similarly ill persons? ☐ No ☐ Unknown ☐ Yes

If Yes, did the health department collect contact information about other similarly ill persons and investigate further?
☐ No ☐ Unknown ☐ Yes

Are there other cases related to this one? ☐ No ☐ Unknown ☐ Yes

Is patient epidemiologically linked to a confirmed human or animal case of Brucellosis? ☐ No ☐ Unknown ☐ Yes

CASE CLASSIFICATION

1	Did the patient acute or insidious onset of fever and one of the following: night sweats, arthralgia, headache, fatigue, anorexia, myalgia, weight loss, arthritis/spondylitis, meningitis, or focal organ involvement (endocarditis, orchitis/epididymitis, hepatomegaly, splenomegaly)?	☐ No ☐ Unknown ☐ Yes
2	Was *Brucella* species isolated from a clinical specimen?	☐ No ☐ Unknown ☐ Yes
3	Was there a fourfold rise in agglutination titer against *Brucella* between acute and convalescent samples?	☐ No ☐ Unknown ☐ Yes
4	Was Brucella DNA detected in a clinical specimen by PCR assay?	☐ No ☐ Unknown ☐ Yes
5	Was a single agglutination titer greater than or equal to 160 by standard tube agglutination test (SAT) or *Brucella* microagglutination test (BMAT) in one or more serum specimens obtained after onset of symptoms?	☐ No ☐ Unknown ☐ Yes
6	Is patient epidemiologically linked to a confirmed human or animal case of *Brucellosis*?	☐ No ☐ Unknown ☐ Yes
Confirmed: 1 & 2 or 1 & 3	**Probable: 1 & 4 or 1 & 5 or 1 & 6**	