State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

Local ID Number _____

(*Please use the same ID Number on the preliminary and final reports to allow linkage to the same case.)*

Report Status (check one)

☐Preliminary ☐Final

PLAGUE (HUMAN)
CASE REPORT

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐*Years* ☐*Months* ☐*Days*

Address Number & Street - Residence	*Apartment/Unit Number*

City/Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone/Pager*	*Work/School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work/School Location	*Work/School Contact*

Gender
☐Male ☐Female ☐Other: _____

Pregnant? ☐Yes ☐No ☐Unk	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 8)	*Other Describe/Specify*

Occupation (see list on page 8)	*Other Describe/Specify*

Primary Language
☐English
☐Spanish
☐Other:_____

Ethnicity (check one)
☐Hispanic/Latino
☐Non-Hispanic/Non-Latino
☐Unk

*Race**
(check all that apply, race descriptions on page 8)
☐African-American/Black
☐American Indian or Alaska Native
☐Asian *(check all that apply)*
- ☐Asian Indian ☐Japanese
- ☐Cambodian ☐Korean
- ☐Chinese ☐Laotian
- ☐Filipino ☐Thai
- ☐Hmong ☐Vietnamese
- ☐Other:_____

☐Pacific Islander *(check all that apply)*
- ☐Native Hawaiian ☐Samoan
- ☐Guamanian
- ☐Other:_____

☐White
☐Other:_____
☐Unk

*Comment: self-identity or self-reporting
The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

First three letters of patient's last name: | | | |

SIGNS AND SYMPTOMS

Symptomatic? ☐Yes ☐No ☐Unk	*Onset Date (mm/dd/yyyy)*	*Date First Sought Medical Care (mm/dd/yyyy)*

Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted	
Fever				*Onset date (mm/dd/yyyy)*	*Highest temperature (specify °F/°C)*
Headache					
Sweats, chills, or rigors					
Confusion or delirium					
Weakness, lethargy, or malaise					
Muscle or joint pains					
Shortness of breath				*Onset date (mm/dd/yyyy)*	
Nausea, vomiting, or diarrhea					
Chest pain					
Abdominal pain					
Cough				*Onset date (mm/dd/yyyy)*	
Bloody sputum				*Onset date (mm/dd/yyyy)*	
Skin lesion(s)				*Onset date (mm/dd/yyyy)*	*Description (size, color, etc.)*
Swollen tender lymph nodes				*Specify lymph node details in the "LYMPHADENITIS - DETAILS" section below.*	

Other symptom (specify)

LYMPHADENITIS - DETAILS

Lymph Node 1	*Location of Lymph Node*	*Description (size, tenderness, erythema, etc.)*
☐Axillary ☐Cervical ☐Femoral ☐Inguinal ☐Other:_____	☐Right ☐Left ☐Bilateral	
Lymph Node 2	*Location of Lymph Node*	*Description (size, tenderness, erythema, etc.)*
☐Axillary ☐Cervical ☐Femoral ☐Inguinal ☐Other:_____	☐Right ☐Left ☐Bilateral	

IMAGING / X-RAY

Chest x-ray done? ☐Yes ☐No ☐Unk	*If Yes, date (mm/dd/yyyy)*	*Results* ☐Clear / normal ☐Hilar adenopathy ☐Infiltrates, bilateral ☐Infiltrates, unilateral ☐Lobar consolidation ☐Pleural effusion ☐Pulmonary abscess ☐Pulmonary nodules ☐Unk

First three letters of patient's last name: | | | |

HOSPITALIZATION

Did patient visit emergency room for illness? ☐Yes ☐No ☐Unk	Was patient hospitalized? ☐Yes ☐No ☐Unk	If Yes, how many total hospital nights?
Was patient placed in respiratory isolation? ☐Yes ☐No ☐Unk	If there were any ER or hospital stays related to this illness, specify details below.	

HOSPITALIZATION - DETAILS

Hospital Name 1	Street Address			Admission Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Hospital Name 2	Street Address			Admission Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

TREATMENT / MANAGEMENT

Received treatment? ☐Yes ☐No ☐Unk	If Yes, specify the treatments below.

TREATMENT / MANAGEMENT - DETAILS

Antibiotic 1	Dose	Date Started (mm/dd/yyyy)	Days Prescribed
Antibiotic 2	Dose	Date Started (mm/dd/yyyy)	Days Prescribed
Antibiotic 3	Dose	Date Started (mm/dd/yyyy)	Days Prescribed

CLINICAL COMPLICATIONS

Clinical Complications

☐Amputation / limb ischemia ☐Multisystem (i.e. ≥ 2) organ failure ☐Bleeding / DIC ☐Renal failure (Cr > 2.0 mg/dl)
☐Cardiac arrest ☐Secondary pneumonia ☐Intubation ☐Shock (SBP < 90 mmHg)
☐Other (specify):_____

OUTCOME

Outcome? ☐Survived ☐Died ☐Unk	If Survived, Survived as of _____(mm/dd/yyyy)	Date of Death (mm/dd/yyyy)

First three letters of patient's last name: | | | |

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type 1

☐Whole blood
☐Serum
☐Blood smear
☐Lymph node aspirate
☐Lymph node biopsy
☐Wound / lymph node swab
☐Nasopharyngeal swab
☐Sputum
☐Tracheal wash
☐Other:_____

Type of Test

☐Gram's stain ☐Direct fluorescent antibody ☐Bacteriophage lysis
☐Wayson stain ☐Polymerase chain reaction ☐Passive hemagglutination and inhibition
☐Giemsa stain ☐Culture ☐Enzyme-linked immunoassay

Results

Collection Date (mm/dd/yyyy)

Interpretation

Laboratory Name

Telephone Number

Specimen Type 2

☐Whole blood
☐Serum
☐Blood smear
☐Lymph node aspirate
☐Lymph node biopsy
☐Wound / lymph node swab
☐Nasopharyngeal swab
☐Sputum
☐Tracheal wash
☐Other:_____

Type of Test

☐Gram's stain ☐Direct fluorescent antibody ☐Bacteriophage lysis
☐Wayson stain ☐Polymerase chain reaction ☐Passive hemagglutination and inhibition
☐Giemsa stain ☐Culture ☐Enzyme-linked immunoassay

Results

Collection Date (mm/dd/yyyy)

Interpretation

Laboratory Name

Telephone Number

Specimen Type 3

☐Whole blood
☐Serum
☐Blood smear
☐Lymph node aspirate
☐Lymph node biopsy
☐Wound / lymph node swab
☐Nasopharyngeal swab
☐Sputum
☐Tracheal wash
☐Other:_____

Type of Test

☐Gram's stain ☐Direct fluorescent antibody ☐Bacteriophage lysis
☐Wayson stain ☐Polymerase chain reaction ☐Passive hemagglutination and inhibition
☐Giemsa stain ☐Culture ☐Enzyme-linked immunoassay

Results

Collection Date (mm/dd/yyyy)

Interpretation

Laboratory Name

Telephone Number

LABORATORY RESULTS - INITIAL BLOOD TESTS

Date (mm/dd/yyyy)	*WBC ($x10^3$)*	*Segs (%)*	*Bands (%)*	*Lymphs (%)*
	Hgb (mg/dl) or Hct	*Platelets ($x10^3$)*	*BUN (U/dl)*	*Creatinine (mg/dl)*

First three letters of patient's last name: | | | |

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD: 10 DAYS PRIOR TO ILLNESS ONSET

EXPOSURES / RISK FACTORS

DID THE PATIENT EXPERIENCE ANY OF THE FOLLOWING EVENTS DURING THE INCUBATION PERIOD?

Exposure	Yes	No	Unk	If Yes, Specify as Noted	
Contact with sick or dead animals				*Location*	*Date of contact (mm/dd/yyyy)*
				Nature of contact	
Contact with known plague patient				*Location*	*Date of contact (mm/dd/yyyy)*
				Nature of contact	
Flea or other insect bites				*Location*	*Date of contact (mm/dd/yyyy)*
				Nature of contact	
Contact with pets				*Animal(s)* ☐Dog(s) ☐Cat(s) ☐Other:_____	
				Are any ill or have any died during the incubation period? ☐Yes ☐No ☐Unk	*Have pets had recent contact with wild animals?* ☐Yes ☐No ☐Unk
Contact with someone ill or who has died				*Location*	*Date of contact (mm/dd/yyyy)*
				Nature of contact	
Other contact or exposure (specify):_____				*Location*	*Date of contact (mm/dd/yyyy)*
				Nature of contact	

List details below regarding the environmental and epidemiologic investigation (including exposures during the incubation period; contact tracing of household, school / work, and community close contacts for pneumonic cases; and / or explanations from above).

First three letters of patient's last name: | | | |

TRAVEL HISTORY (incubation period 10 days prior to illness onset)

*Did patient travel **outside of county of residence** during the incubation period?* ☐Yes ☐No ☐Unk	*Has the patient traveled outside the U.S. during the incubation period?* ☐Yes ☐No ☐Unk
If Yes for either of these questions, specify all locations and dates below.	

TRAVEL HISTORY - DETAILS

Location (city, county, state, country)	Date Travel Started (mm/dd/yyyy)	Date Travel Ended (mm/dd/yyyy)

CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness? ☐Yes ☐No ☐Unk	*If Yes, specify details below.*

ILL CONTACTS - DETAILS

Name 1	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*		
	Street Address			*Date of Contact (mm/dd/yyyy)*	*Illness Onset Date (mm/dd/yyyy)*	
	City	*State*	*Zip Code*	*Date First Reported to Public Health (mm/dd/yyyy)*		
Name 2	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*		
	Street Address			*Date of Contact (mm/dd/yyyy)*	*Illness Onset Date (mm/dd/yyyy)*	
	City	*State*	*Zip Code*	*Date First Reported to Public Health (mm/dd/yyyy)*		

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date (mm/dd/yyyy)*
First Reported By ☐Clinician ☐Laboratory ☐Other (specify):_____			

First three letters of patient's last name: | | | |

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? ☐Yes ☐No ☐Unk	*Contact Name / Case Number*

DISEASE CASE CLASSIFICATION

Case Classification (see case definition below)
☐Confirmed ☐Probable ☐Suspected

Primary Disease Classification	*Secondary Disease Classification*
☐Classification unknown ☐Bubonic ☐Pneumonic ☐Septicemic ☐Pharyngeal ☐Meningitic ☐Other:_____	☐No secondary classification ☐Bubonic ☐Pneumonic ☐Septicemic ☐Pharyngeal ☐Meningitic ☐Other:_____

OUTBREAK

Part of known outbreak? ☐Yes ☐No ☐Unk	*If Yes, extent of outbreak:* ☐One CA jurisdiction ☐Multiple CA jurisdictions ☐Multistate ☐International ☐Unk ☐Other (specify):_____

Mode of Transmission
☐Point source ☐Person-to-person ☐Unk ☐Other:_____

STATE USE ONLY

Case Classification
☐Confirmed ☐Probable ☐Suspect ☐Not a case ☐Need additional information

CASE DEFINITION

PLAGUE (HUMAN) (2010)

CLINICAL DESCRIPTION

Plague is transmitted to humans by fleas or by direct exposure to infected tissues or respiratory droplets; the disease is characterized by fever, chills, headache, malaise, prostration, and leukocytosis that manifests in one or more of the following principal clinical forms:

- Regional lymphadenitis (bubonic plague)
- Septicemia without an evident bubo (septicemic plague)
- Plague pneumonia, resulting from hematogenous spread in bubonic or septicemic cases (secondary pneumonic plague) or inhalation of infectious droplets (primary pneumonic plague)
- Pharyngitis and cervical lymphadenitis resulting from exposure to larger infectious droplets or ingestion of infected tissues (pharyngeal plague)

LABORATORY CRITERIA FOR DIAGNOSIS

Presumptive[1]

- Elevated serum antibody titer(s) to *Yersinia pestis* fraction 1 (F1) antigen (without documented fourfold or greater change) in a patient with no history of plague vaccination or
- Detection of F1 antigen in a clinical specimen by fluorescent assay

Confirmatory

- Isolation of *Y. pestis* from a clinical specimen or
- Fourfold or greater change in serum antibody titer to *Y. pestis* F1 antigen

CASE CLASSIFICATION

- **Suspected**: a clinically compatible case without presumptive or confirmatory laboratory results
- **Probable**:[2] a clinically compatible case with presumptive laboratory results
- **Confirmed**: a clinically compatible case with confirmatory laboratory results

[1] **Note:** Per the Interim Plague Response Plan, presumptive laboratory criteria can also include positive PCR evidence.
[2] **Note:** In addition to the above definitions, and in the context of an outbreak, health officials may want to consider as "probable" cases persons with clinically compatible illness and an epidemiological link to a confirmed case.

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Adult film actor/actress
- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - server
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - nurse
- Medical - other/unknown
- Military
- Police officer
- Professional, technical, or related profession
- Retired
- Sex worker
- Stay at home parent/guardian
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Volunteer
- Other
- Refused
- Unknown