U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
AND PREVENTION
ATLANTA, GA 30333

Tularemia Case Investigation Report

Case ID #: ______________________

OMB No. 0920-0728

Patient History

Age: ______

Sex:
☐ Female
☐ Male
☐ Unknown

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

Patient Race: (select all that apply)
☐ American Indian/Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Unknown/other

Residence:
State: ______________________
County: ______________________

Concurrent conditions:
☐ Pregnant
☐ Immunocompromised *(please specify):* ______________________

Course of Current Illness

Date of initial symptom onset: ______________ mm/dd/yyyy

Date first seen by a medical person: ______________ mm/dd/yyyy

Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown

Admit date: ______________ mm/dd/yyyy *Discharge date:* ______________ mm/dd/yyyy

Symptoms at presentation:

Symptom			
Fever/sweats/chills	☐ Yes	☐ No	☐ Unknown
Confusion/delirium	☐ Yes	☐ No	☐ Unknown
Vomiting/diarrhea/abdominal pain	☐ Yes	☐ No	☐ Unknown
Sore throat	☐ Yes	☐ No	☐ Unknown
Cough	☐ Yes	☐ No	☐ Unknown
Chest Pain	☐ Yes	☐ No	☐ Unknown
Shortness of breath	☐ Yes	☐ No	☐ Unknown

Other: ______________________

Localized signs:

Lymphadenopathy ☐ Yes ☐ No ☐ Unknown
Location/description: ______________________

Conjunctivitis ☐ Yes ☐ No ☐ Unknown

Skin lesions (e.g., ulcer, papules) ☐ Yes ☐ No ☐ Unknown
Location/description: ______________________

Pharyngitis/tonsillitis ☐ Yes ☐ No ☐ Unknown

Chest X-ray: ☐ Not Done ☐ Unknown ☐ Infiltrates or nodules ☐ Pleural effusion

Treatment:
Receipt of effective antibiotics (check all that were administered):

☐ Aminoglycosides (e.g., streptomycin, gentamicin) *start date:* ______________ mm/dd/yyyy

☐ Tetracyclines (e.g., doxycycline) *start date:* ______________ mm/dd/yyyy

☐ Fluoroquinolones (e.g., ciprofloxacin, levofloxacin) *start date:* ______________ mm/dd/yyyy

Illness outcome:
☐ Recovered, no complications
☐ Recovered, complications (please specify): ______________________
☐ Recovered, unknown complications
☐ Died (please specify cause and date of death): ______________________
☐ Unknown

Primary clinical syndrome:
☐ Ulceroglandular ☐ Oculoglandular ☐ Typhoidal ☐ Meningitic
☐ Glandular ☐ Oropharyngeal ☐ Pneumonic ☐ Unknown

CDC 56.50 (E), Revised April 2015, CDC Adobe Acrobat 10.1, S508 Electronic Version, May 2015

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Laboratory Evidence of Infection

Detection or Isolation

F. tularensis cultured? ☐ Yes ☐ No ☐ Unknown

Specimen source (e.g., blood, wound swab) ____________ Date specimen collected ____________ mm/dd/yyyy

If not cultured, presence of *F. tularensis* detected?

☐ Yes ☐ No ☐ Unknown

Specimen source ____________ Date specimen collected ____________ mm/dd/yyyy

Test performed (e.g., DFA or PCR) ____________

F. tularensis subspecies:

☐ Type A (i.e., *tularensis*) ☐ Type B (i.e., *holarctica*) ☐ Unknown

Serology:

☐ None ☐ Single positive titer ☐ ≥4-fold change in titer

Serum 1:

Date drawn ____________ mm/dd/yyyy

Titer: ____________

Serum 2:

Date drawn ____________ mm/dd/yyyy

Titer: ____________

Tularemia Case Status

☐ **Confirmed** A clinically-compatible case with either *F. tularensis* cultured from a clinical specimen or ≥4-fold change in serum antibody titer

☐ **Probable** A clinically-compatible case with either detection (not isolation) of *F. tularensis* in a clinical specimen or a single positive antibody titer (or <4-fold change in titer)

☐ **Not a case**

Epidemiologic Investigation

Was this illness epi-linked to any other tularemia cases? ☐ Yes ☐ No ☐ Unknown Specify: ____________

Was this illness associated with travel? ☐ Yes ☐ No ☐ Unknown Specify: ____________

Possible routes of exposure: In the 2 weeks preceding illness, did the patient report:

Animal contact? ☐ Yes ☐ No ☐ Unknown

If yes, type of animal ☐ Wild (specify: ____________) ☐ Domestic pet (specify: ____________)

What was the nature of the contact? ☐ Bitten ☐ Scratched ☐ Disposed/handled deceased animal ☐ Cleaned carcass ☐ Consumed hunted game meat

Tick or deerfly bite? ☐ Tick ☐ Deerfly ☐ No ☐ Unknown insect type

Contact with or ingestion of untreated water? ☐ Yes ☐ No ☐ Unknown

Environmental aerosol-generating activities (e.g., brush-cutting, lawnmowing, high-pressure spraying)?

☐ Yes ☐ No ☐ Unknown (If yes, specify: ____________)

Other exposure: specify ____________

Additional comments: