

**North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch**



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

Durham County Health Department
Communicable Disease Control
414 East Main Street
Durham, NC 27701

Telephone: (919) 560-7600
Fax: (919) 560-7716

PLAGUE
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 29

**ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease.
Enter all information from this form into the NC EDSS question packages.**

If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

| | | | | | | |
|---------------------|-------|--------|--------|--------------|-------|-------------------------------|
| Patient's Last Name | First | Middle | Suffix | Maiden/Other | Alias | Birthdate (mm/dd/yyyy) / / |
| | | | | | | SSN / / |

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

| Specimen Date | Specimen # | Specimen Source | Type of Test | Test Result(s) | Description (comments) | Result Date | Lab Name—City/State |
|---------------|------------|-----------------|--------------|----------------|------------------------|-------------|---------------------|
| / / | | | | | | / / | |
| / / | | | | | | / / | |
| / / | | | | | | / / | |

CLINICAL FINDINGS

Is/was patient symptomatic for this disease? Y N U

If yes, symptom onset date (mm/dd/yyyy): / /

Fever Y N U

Yes, subjective No
 Yes, measured Unknown

Highest measured temperature _____

Fever onset date (mm/dd/yyyy): / /

Fatigue or malaise or weakness Y N U

Chills or rigors Y N U

Shock Y N U

Was systolic BP <90mm Hg Y N U

Shock was Septic Hypovolemic

Swollen lymph nodes (lymphadenopathy or lymphadenitis) Y N U

Distribution Regional Unilateral Bilateral Unknown

Location Preauricular Inguinal Cervical Femoral Axillary

Tenderness: Tender Non-tender

Color: Red/erythematous Blue/purple (Bubo)

Headache Y N U

Stiff neck Y N U

Meningitis Y N U

Elevated CSF protein Y N U

Elevated CSF cell count Y N U

Muscle aches / pains (myalgias) Y N U

Cutaneous ulcer Y N U

Sore throat Y N U

Pharyngitis Y N U

Cough Y N U

Onset date (mm/dd/yyyy): / /

Productive Y N U

Describe (check all that apply)
 Clear Purulent Bloody (hemoptysis)

Shortness of breath/difficulty breathing/ respiratory distress Y N U

Acute Respiratory Distress Syndrome (ARDS) Y N U

Pneumonia Y N U

Did the patient have a chest x-ray? Y N U

If yes, describe (check all that apply):
 Normal Mediastinal widening
 Infiltrate Pleural effusion
 Diffuse infiltrates/findings suggestive of ARDS Hilar adenopathy Other

Chest CT scan performed Y N U

If yes, describe (check all that apply)
 Normal Infiltrate Pleural effusion Other

Bacteremia Y N U

Date of positive blood culture (mm/dd/yyyy) / /

Septicemia/sepsis Y N U

Disseminated intravascular coagulation (DIC) Y N U

Other symptoms, signs, clinical findings, or complications consistent with this illness Y N U

Please specify: _____

Clinical classification
 Bubonic Pneumonic
 Meningeal Septicemic
 Pharyngeal Unknown

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours? Y N U

Hospital name: _____

City, State: _____

Hospital contact name: _____

Telephone: (____) _____ - _____

Admit date (mm/dd/yyyy): / /

Discharge date (mm/dd/yyyy): / /

TREATMENT

Did the patient take an antibiotic as treatment for this illness? Y N U

If yes, specify and give details: _____

Did the patient take an antibiotic as prophylaxis secondary to being a contact of a confirmed case? Y N U

Antibiotic name _____

Were antibiotics taken before culture specimen collected? Y N U

Specify culture site(s) _____

Were antibiotics given in the 24 hours before culture? Y N U

Was antibiotic prophylaxis given prior to illness onset? Y N U

PREDISPOSING CONDITIONS

Any immunosuppressive conditions? Y N U

Specify _____

| | | | | | | |
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CLINICAL OUTCOMES

Survived? Y N U

Status at time of report:

Fully recovered

Survived but experiencing sequelae (residual deficit from illness) at time of report

Died? Y N U

If yes, died from this illness? Y N U

Patient died in North Carolina? Y N U

County of death: _____

Died outside NC? Y N U

Specify where: _____

Autopsy performed? Y N U

Facility where autopsy was performed _____

Patient autopsied in NC? Y N U

County of autopsy: _____

Autopsied outside NC, specify where: _____

Cause of death: _____

Date of death (mm/dd/yyyy): _____

TRAVEL/IMMIGRATION

The patient is:

Resident of NC

Resident of another state or US territory

Foreign Visitor

Refugee

Recent Immigrant

Foreign Adoptee

None of the above

Did patient travel during 14 days prior to onset of symptoms? Y N U

List travel dates and destinations:
From ____/____/____ to ____/____/____

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? Y N U

List persons and contact information:

Additional travel/residency information:

BEHAVIORAL RISK & CONGREGATE LIVING

During the 14 days prior to onset of symptoms, did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? Y N U

Name of facility: _____

Dates of contact: from ____/____/____ until ____/____/____

During the 14 days prior to onset of symptoms, did the patient attend social gatherings or crowded settings? Y N U

If yes, specify: _____

ISOLATION/QUARANTINE/CONTROL MEASURES

Restrictions to movement or freedom of action? Y N

If yes, specify and give details:

Date control measures issued: ____/____/____

Date control measures ended: ____/____/____

Was patient compliant with control measures? Y N

Did local health director or designee implement additional control measures? Y N

If yes, specify: _____

Were written isolation orders issued? Y N U

If yes, where was the patient isolated? _____

Date isolation started: ____/____/____

Date isolation ended: ____/____/____

Was the patient compliant with isolation? Y N U

Were written quarantine orders issued? Y N

If yes, where was the patient quarantined?

Date quarantine started: ____/____/____

Date quarantine ended: ____/____/____

Was the patient compliant with quarantine? Y N

Notes:

CHILD CARE/SCHOOL/COLLEGE

Patient in child care? Y N U

Patient a child care worker or volunteer in child care? Y N U

Patient a parent or primary caregiver of a child in child care? Y N U

Is patient a student? Y N U

Type of school: _____

Is patient a school WORKER / VOLUNTEER in NC school setting? Y N U

Give details: _____

OUTDOOR EXPOSURE

During the 14 days prior to onset of symptoms, did the patient participate in any outdoor activities? Y N U

If yes, specify and give details:

Was patient exposed to wild animals? Y N U

If yes, specify animal(s) _____

Did patient handle the animal? Y N U

Animal was:
 Alive Dead Unknown

Was animal sick? Y N U

Exposed on (date) (mm/dd/yyyy): ____/____/____

Until (date) (mm/dd/yyyy): ____/____/____

HEALTH CARE FACILITY AND BLOOD & BODY FLUID EXPOSURE RISKS

During the 14 days prior to onset of symptoms, did the patient work in a laboratory? Y N U

If yes, specify and give details:

VECTOR EXPOSURE

During the 14 days prior to onset of symptoms, did the patient have an opportunity for exposure to fleas? Y N U

If yes, specify _____

Exposed on (date) (mm/dd/yyyy): ____/____/____

Until (date) (mm/dd/yyyy): ____/____/____

Frequency:
 Once
 Multiple times within this time period
 Daily

Exposure setting _____

City/county of exposure _____

State of exposure _____

Country of exposure _____

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? Y N U

If yes, specify: _____

Has the patient ever served in the U.S. military? Y N U

| | | | | | | |
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ANIMAL EXPOSURE

During the 14 days prior to onset of symptoms, did the patient have exposure to animals (includes animal tissues, animal products, or animal excreta)? Y N U
If yes, specify and give details:

Household pets (especially cats)? Y N U
If yes, specify and give details:

Did patient own, work at, or visit a pet store, animal shelter, and/or animal breeder/wholesaler/distributor? Y N U
If yes, specify and give details:

Did the patient handle any animals? Y N U
Did it/they appear sick? Y N U

Did patient / household contact work at, live on, or visit a farm, ranch, or dairy? Y N U
If yes, specify and give details:

Was patient exposed to animals associated with agriculture or aviculture (domestic/semi-domestic animals)? Y N U
If yes, specify and give details:

Did the patient work at or visit a fair with livestock or a petting zoo? Y N U
If yes, specify and give details:

Did the patient work at or visit a zoo, zoological park, or aquarium? Y N U
If yes, specify and give details:

Did patient work in a veterinary practice or animal laboratory, animal research setting, biomedical laboratory, or an animal diagnostic laboratory? Y N U
If yes, specify and give details:

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? Y N U
Date of interview (mm/dd/yyyy): ____/____/____

Were interviews conducted with others? Y N U
Who was interviewed?

Were health care providers consulted? Y N U
Who was consulted?

Medical records reviewed (including telephone reviews with provider/office staff)? Y N U
Specify reason if medical records were not reviewed:

Notes on medical record verification:

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?
Specify location:

In NC
City _____
County _____

Outside NC, but within US
City _____
State _____
County _____

Outside US
City _____
Country _____

Unknown

Is the patient part of an outbreak of this disease? Y N

Notes:

VACCINE

Has patient/contact ever received plague vaccine? Y N U
If yes, provide the vaccine name, source of vaccine, date of vaccination, and source of vaccine information:

Plague (*Yersinia pestis*)

1996 CDC Case Definition

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

- 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: a clinically compatible case with presumptive laboratory results

Confirmed: a clinically compatible case with confirmatory laboratory results