Washington State Department of Health

Brucellosis

County

LHJ Use ID _____
☐ Reported to DOH Date ___/___/___
LHJ Classification ☐ Confirmed ☐ Probable
By: ☐ Lab ☐ Clinical ☐ Epi Link: _____

☐ Outbreak-related
*LHJ Cluster#*_____
LHJ Cluster Name: _____
DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___
Reporter (check all that apply) ☐ Lab ☐ Hospital ☐ HCP ☐ Public health agency ☐ Other

OK to talk to case? ☐Yes ☐No ☐DK Date of interview ___/___/___

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Zip code (school or occupation): _____ Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unk

Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other ☐ Unk

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Fever** Highest measured temp: _____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐ ☐ ☐ ☐ **Recurring fever:** Number of attacks: _____
Days between attacks: _____
☐ ☐ ☐ ☐ **Sweats**
☐ ☐ ☐ ☐ **Headache**
☐ ☐ ☐ ☐ **Fatigue**
☐ ☐ ☐ ☐ **Arthralgia**
☐ ☐ ☐ ☐ **Loss of appetite (anorexia)**
☐ ☐ ☐ ☐ **Weight loss with illness**
☐ ☐ ☐ ☐ **Muscle aches (myalgia)**

Predisposing Conditions

Y N DK NA
☐ ☐ ☐ ☐ Pregnant, estimated delivery date: ___/___/___
OB name, address, phone: _____
_____
_____
☐ ☐ ☐ ☐ Miscarriage or stillbirth
☐ ☐ ☐ ☐ Neonatal
Delivery location: _____
☐ ☐ ☐ ☐ Postpartum mother (≤ 6 weeks)

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Endocarditis**
☐ ☐ ☐ ☐ **Osteomyelitis**
☐ ☐ ☐ ☐ **Arthritis or spondylitis**
☐ ☐ ☐ ☐ **Orchitis or epididymitis**
☐ ☐ ☐ ☐ **Meningitis**

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ Hospitalized at least overnight for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y N DK NA
☐ ☐ ☐ ☐ Died from illness Death date ___/___/___
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ___/___/___
Source _____

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT
☐ ☐ ☐ ☐ ☐ ***Brucella* antibodies ≥ 160 by SAT or BMAT without 4-fold rise (in 1 or more serum specimens) [*Probable* case]**
☐ ☐ ☐ ☐ ☐ ***Brucella* DNA detected by PCR (clinical specimen) [*Probable* case]**
☐ ☐ ☐ ☐ ☐ ***Brucella* culture and identification (clinical specimen)**
☐ ☐ ☐ ☐ ☐ ***Brucella* antibodies with ≥ 4-fold rise (serum pair ≥ 2 wks apart)**
☐ ☐ ☐ ☐ ☐ Confirmed at state or federal public health lab

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

	Exposure period		
Days from onset:	-60	-5	onset
Calendar dates:			

EXPOSURE (Refer to dates above)

Y	N	DK	NA	
☐	☐	☐	☐	Travel out of the state, out of the country, or outside of usual routine Out of: ☐ County ☐ State ☐ Country Dates/Locations: _____
☐	☐	☐	☐	Case knows anyone with similar symptoms
☐	☐	☐	☐	**Epidemiologic link to a confirmed human or animal case**
☐	☐	☐	☐	If infant, confirmed infection in birth mother
☐	☐	☐	☐	Unpasteurized milk (cow)
☐	☐	☐	☐	Other unpasteurized milk (e.g. sheep, goat)
☐	☐	☐	☐	Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
☐	☐	☐	☐	Case or household member lives or works on farm or dairy

Y	N	DK	NA	
☐	☐	☐	☐	Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse) Animal birthing/placentas ☐Y ☐N ☐DK ☐NA Animal (specify): _____
☐	☐	☐	☐	Wildlife or wild animal exposure
☐	☐	☐	☐	Any contact with animals at home or elsewhere
☐	☐	☐	☐	Cattle, cow or calf
☐	☐	☐	☐	Dog or puppy
☐	☐	☐	☐	Goat
☐	☐	☐	☐	Pigs or swine
☐	☐	☐	☐	Sheep
☐	☐	☐	☐	Employed in laboratory
☐	☐	☐	☐	Parenteral or mucous membrane *Brucella* vaccine exposure
☐	☐	☐	☐	Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ **No risk factors or exposures could be identified**

☐ **Patient could not be interviewed**

PATIENT PROPHYLAXIS / TREATMENT

Y	N	DK	NA	
☐	☐	☐	☐	Prophylaxis given prior to illness onset
☐	☐	☐	☐	Antibiotics prescribed for this illness Name: _____ Date antibiotic treatment began: ___/___/___ # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y	N	DK	NA	
☐	☐	☐	☐	Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset? Date: ___/___/___ Agency and location: _____ Specify type of donation: _____
☐	☐	☐	☐	Potential bioterrorism exposure

PUBLIC HEALTH ACTIONS

- ☐ Investigation of raw milk dairy
- ☐ Notify blood or tissue bank
- ☐ Follow-up/prophylaxis of laboratorians exposed to specimen
- ☐ Other, specify: _____

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____ **Record complete date** ___/___/___