# Anthrax

## West Virginia Electronic Disease Surveillance System


Division of Surveillance and Disease Control
Infectious Disease Epidemiology Program
Phone: 304-558-5358 or 800-423-1271 in West Virginia
Fax: 304-558-8736


### Investigation Information

* indicates required fields

**Investigation Status***
○ *Closed* ○ *Open* ○ *Regional Review* ○ *State Review* ○ *Superceded* ○ *Unassigned*

**Case Status***
○ *Confirmed* ○ *Not a Case* ○ *Probable* ○ *Suspect* ○ *Unknown*

### Patient Information

* indicates required fields

| Last Name* | First Name* | Middle Initial |
|---|---|---|
| | | |

**Street Address**

| City | County | State | Zip |
|---|---|---|---|
| | | West Virginia | |

**Is the patient's residence a:**
○ *Correctional Facility (Specify)*________________ ○ *Long Term Care Facility (Specify)*________________
○ *Shelter or Group Home (Specify)*________________ ○ *None of the above*

| Home Phone ###-###-#### | Ext. | Other Phone ###-###-#### | Ext. | Report Date mm/dd/yyyy |
|---|---|---|---|---|
| | | | | |

### Parent / Guardian Information

| Last Name | First Name | Middle Initial | Relationship to Patient |
|---|---|---|---|
| | | | |

○ *Check if address is same as above; otherwise complete guardian contact information below*

**Guardian Street Address**

| City | County | State | Zip |
|---|---|---|---|
| | | West Virginia | |

| Home Phone ###-###-#### | Ext. | Other Phone ###-###-#### | Ext. |
|---|---|---|---|
| | | | |

# Patient Demographic Information

* indicates required fields

**Sex**

○ *Male* ○ *Female* ○ *Transsexual* ○ *Unknown* ○ *Failure to report sex/missing sex* ○ *Other (Specify)* ____________________

| **Date of Birth*** mm/dd/yyyy | **Age** | **Age Units** ○ *Days* ○ *Weeks* ○ *Months* ○ *Years* |
|---|---|---|

**Ethnicity**

○ *Hispanic or Latino* ○ *Not Hispanic or Latino* ○ *Unknown* ○ *Failure to report ethnicity/missing ethnicity*

**Race**
(Check all that apply)

☐ *American Indian or Alaska Native* ☐ *Asian*
☐ *Black or African American* ☐ *Native Hawaiian or Other Pacific Islander* ____________________
☐ *White* ☐ *Unknown*
☐ *Failure to report race/missing race* ☐ *Some Other Race* ____________________

# Outcome and Clinical Information

**Date of onset of symptoms**
mm/dd/yyyy

**Date of diagnosis**
mm/dd/yyyy

**Was the patient hospitalized for the disease?**

○ *Yes* ○ *No* ○ *Unknown*

**Name of Hospital**

**Date of Admission**
mm/dd/yyyy

**Patient outcome from this disease:**

○ *Died* ○ *Survived* ○ *Unknown*

**Date of Death**
mm/dd/yyyy

**Signs and Symptoms**
(Check all that apply)

- ☐ *Abdominal pain*
- ☐ *Chest Pain*
- ☐ *Depressed black eschar, Date of onset:*
- ☐ *Edema*
- ☐ *Headache*
- ☐ *Macular, papular or vesicular rash, Date of onset:*
- ☐ *Mucosal lesion in the oral cavity or oropharynx*
- ☐ *Septicema*
- ☐ *Vomiting*
- ☐ *Cervical adenopathy*
- ☐ *Cough*
- ☐ *Dyspnea*
- ☐ *Fever*
- ☐ *Hypoxia*
- ☐ *Malaise*
- ☐ *Radiographic evidence of mediastinal widening or other chest x-ray abnormalities (e.g. lymphadenopathy, pulmonary infiltrates, or pleural effusion)*
- ☐ *Severe abdominal distress*
- ☐ *List other symptoms or relevant findings*

**Clinical form of anthrax**
(Check all that apply)

☐ *Cutaneous* ☐ *Inhalational* ☐ *Gastrointestinal* ☐ *Oral-pharyngeal*

## Laboratory

| Specimen | Test Name | Collection Date | Result | Comments |
|---|---|---|---|---|
| LNB=Lymph node biopsy VES=Vesicular/eschar swab STL=Stool BLD=Blood OTH=Other (Specify below) | GS=Gram stain BAC=B. anthracis culture EITB=Anthrax electrophoretic immunotransblot LGP=Lysis by gamma phage DFA=Direct fuorescence-antibody TRF=Time-resolved fluorescence PCR=PCR | mm/dd/yyyy | P=Positive N=Negative X=Not Done | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Additional Information | Report Date | Lab Name |
|---|---|---|
| | mm/dd/yyyy | |

| Address | Telephone Number | Fax Number |
|---|---|---|
| | | |

## Reporting Source

| Last Name | First Name | Phone | Ext. | Fax |
|---|---|---|---|---|
| | | ###-###-#### | | ###-###-#### |

| Facility | Address |
|---|---|
| | |

| City | State | Zip | E-mail |
|---|---|---|---|
| | West Virginia | | |

## Provider with Further Patient Information

| Last Name | First Name | Phone | Ext. | Fax |
|---|---|---|---|---|
| | | ###-###-#### | | ###-###-#### |

| Address | City | State | Zip |
|---|---|---|---|
| | | West Virginia | |

## Public Health Investigation

| Name of Person Interviewed | Relationship to Patient | Date reported to public health<br>mm/dd/yyyy |
|---|---|---|

| Investigator | Date public health investigation began<br>mm/dd/yyyy | Health Department | Phone<br>###-###-#### |
|---|---|---|---|

**Ext.**

| Investigation ID | Part of an Outbreak? | Outbreak Name | Lost to follow-up? |
|---|---|---|---|
| | ○ *Yes* ○ *No* ○ *Unknown* | | ○ *Yes* ○ *No* |

## Epidemiological Information

**Travel history during the 2 months prior to illness onset**
If YES, complete the table below
○ *Yes* ○ *No*

| Location | Date of Arrival | Date of Departure |
|---|---|---|
| | mm/dd/yyyy | mm/dd/yyyy |
| | | |
| | | |
| | | |

**Contact with animal hides, wool, hair, flesh, blood, excretia during the 2 months prior to symptom onset**
○ *Yes* ○ *No*

**If Yes, describe exposure**

| Animal | Exposure Type | Location of Exposure | Contact Date |
|---|---|---|---|
| | H=Hide W=Wool HR=Hair F=Flesh BLD=Blood E=Excretia | | mm/dd/yyyy |
| | | | |
| | | | |
| | | | |

**Other suspicious exposures during the 2 months prior to symptom onset**
○ *Known* ○ *Unknown*

**Other Epidemiology Notes**