



Send completed forms to DOH Communicable Disease Epidemiology
 Fax: 206-418-5515

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Other: _____
 Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
 Date Received ___/___/___
 DOH Classification
 Confirmed
 Probable
 No count; reason: _____

Anthrax (skin, lung, GI)

County _____

REPORT SOURCE

Initial report date ___/___/___
 Reporter (check all that apply)
 Lab Hospital HCP
 Public health agency Other
 OK to talk to case? Yes No Don't know
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Birth date ___/___/___ Age _____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other
 Alt. contact Parent/guardian Spouse Other Name: _____
 Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

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
 Flu-like symptoms
 Cough Onset date ___/___/___
 Chest pain
 Difficulty breathing
 Diarrhea Maximum # of stools in 24 hours: _____
 Bloody diarrhea
 Abdominal cramps or pain
 Coal-black scab surrounded by non-tender, swollen rim

Hospitalization

Y N DK NA
 Hospitalized for this illness
 Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___
Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy

Vaccinations

Y N DK NA
 Anthrax vaccine in past
 Date of last vaccination (mm/yyyy): ___/___/___

Clinical Findings

Y N DK NA
 Respiratory distress
 Mediastinal widening on chest x-ray
 Regional lymphadenopathy
 Location: _____
 Cutaneous ulcer with edema and black eschar
 Oropharyngeal mucosal lesion
 Sepsis syndrome
 Admitted to intensive care unit
 Cutaneous anthrax
 Inhalation anthrax
 Gastrointestinal anthrax

Laboratory

Collection date ___/___/___
Y N DK NA
 Bacillus anthracis isolation (clinical specimen)
 Anthrax electrophoretic immunotransblot reaction to the protective antigen and/or lethal factor bands in one or more serum samples obtained after symptoms onset
 B. anthracis positive by fluorescent assay (clinical specimen)

NOTES

INFECTION TIMELINE

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

Exposure period* Days from onset:

o
n
s
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t

Calendar dates:

* This may extend up to 60 days in unusual cases.

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 case**
- Attended social gatherings or crowded setting
- Hunted or skinned animals
- Contact with animal carcass Date: ___/___
- Contact with unprocessed animal product
 Hair Wool Hide Bones Raw meat
Date: ___/___
- Any contact with animals at home or elsewhere
Cattle, cow or calf Y N DK NA
Goat Y N DK NA
Sheep Y N DK NA
Other: _____
- Wildlife or wild animal exposure
Specify: _____

Y N DK NA

- Other animal exposure
Specify animal: _____
- Consumed raw or undercooked meat
Date: ___/___
- Outdoor or recreational activities (e.g. gardening, hunting, camping, yard work)
- Inhalation of dust from soil, grain, or hay
- Employed in laboratory
- Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
- Works handling/opening mail, packages, shipments Location: _____
Handled suspicious mail Y N DK NA
Date: ___/___
In room with suspicious mail Y N DK NA
Date: ___/___
Nearby when suspicious mail opened
 Y N DK NA
Date: ___/___
- Other occupational exposure
 Veterinarian Agricultural worker
 Wildlife worker Other: _____

- Patient could not be interviewed
- No risk factors or exposures could be identified

Most likely exposure/site: _____ Site name/address: _____

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

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

- Antibiotics prescribed for this illness Antibiotic name: _____
Date/time antibiotic treatment began: ___/___/___ AM PM # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- Potential bioterrorism exposure
- Biohazard issues
- Outbreak related

PUBLIC HEALTH ACTIONS

- Notify blood or tissue bank
- Initiate trace-back investigation
- Educate on proper disposal of animal carcass (no necropsy)
- Biohazard protocol
- Report to agriculture department
- Follow-up/prophylaxis of laboratorians exposed to specimen
- Other, specify: _____

NOTES

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

Local health jurisdiction _____