

# Anthrax

**Immediately notify WV Bureau for Public Health, Division of Infectious Disease Epidemiology 1-800-423-1271**

## PATIENT DEMOGRAPHICS

Name (last, first): \_\_\_\_\_  
 Address (mailing): \_\_\_\_\_  
 Address (physical): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_  
 Alternate contact:  Parent/Guardian  Spouse  Other  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_  
 Sex:  Male  Female  Unk  
 Ethnicity:  Not Hispanic or Latino  
 Hispanic or Latino  Unk  
 Race:  White  Black/Afr. Amer.  
 Asian  Am. Ind/AK Native  
 (Mark all that apply)  Native HI/Other PI  Unk

## INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): \_\_\_\_\_  
 Investigation Start Date: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to LHD: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to DIDE: \_\_/\_\_/\_\_\_\_

Entered in WVEDSS?  Yes  No  Unk  
 Case Classification:  
 Confirmed  Probable  Suspect  
 Not a case  Unknown

## REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source:  Laboratory  Hospital  HCP  Public Health Agency  Other  
 Reporter Name: \_\_\_\_\_ Reporter Phone: \_\_\_\_\_  
 Primary HCP Name: \_\_\_\_\_ Primary HCP Phone: \_\_\_\_\_

## CLINICAL

Onset date: \_\_/\_\_/\_\_\_\_ Diagnosis date: \_\_/\_\_/\_\_\_\_ Recovery date: \_\_/\_\_/\_\_\_\_

### Clinical Findings

Y N U  
   Fever (Highest measured temperature: \_\_\_\_\_ °F)  
   Cutaneous ulcer with edema and black eschar  
   Lymphadenopathy  
   Malaise  
   Hypoxia  
   Dyspnea  
   Cyanosis  
   Radiological evidence of mediastinal widening  
   Radiological evidence of pleural effusion  
   Abdominal pain or swelling  
   Nausea or vomiting  
   Hematemesis  
   Bloody diarrhea  
   Anorexia

### Clinical Findings (continued)

Y N U  
   Sepsis syndrome  
   Painless mucosal lesion  
   Cervical adenopathy  
   Pharyngitis  
   Convulsions  
   Meningeal signs

### Hospitalization

Y N U  
   Patient hospitalized for this illness  
 If yes, hospital name: \_\_\_\_\_  
 Admit date: \_\_/\_\_/\_\_\_\_ Discharge date: \_\_/\_\_/\_\_\_\_

### Death

Y N U  
   Patient died due to this illness If yes, date of death: \_\_/\_\_/\_\_\_\_

## VACCINATION HISTORY

Y N U  
   Previously received anthrax vaccine  
 If yes, date: \_\_/\_\_/\_\_\_\_

## TREATMENT

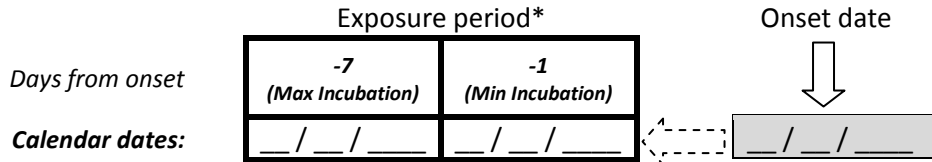
Y N U  
   Patient received antibiotic therapy for this illness  
 If yes, type: \_\_\_\_\_ and duration: \_\_\_\_\_

## LABORATORY (Please submit copies of all labs to DIDE)

Y N U  
   Culture and identification of *B. anthracis* from clinical specimens  
   Demonstration of *B. anthracis* antigens in tissues by IHC staining using both *B. anthracis* cell wall and capsule monoclonal antibodies  
   Four-fold rise in antibodies to protective antigen between acute and convalescent sera or a fourfold change in antibodies to protective antigen in paired convalescent sera using quantitative anti-PA IgG ELISA testing  
   Evidence of *B. anthracis* DNA (for example, by PCR) in clinical specimens collected from a normally sterile site (such as blood or CSF) or lesion of other affected tissue (skin, pulmonary, reticuloendothelial, or gastrointestinal)  
   Positive result on testing of clinical serum specimens using the Quick ELISA Anthrax-PA kit  
   Detection of Lethal Factor (LF) in clinical serum specimens by LF mass spectrometry  
   Positive result on testing of culture from clinical specimens with the RedLine Alert test

**INFECTION TIMELINE**

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



**EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)**

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

Y N U

- Attended social gatherings or crowded setting  
If yes, date/location: \_\_\_\_\_
- Hunting or skinning wild animals
- Contact with sick or dead animals  
If yes, date/location/species: \_\_\_\_\_
- Any exposure to wildlife  
Specify: \_\_\_\_\_
- Exposure to suspicious powder
- Exposure to suspicious mail
- Possible occupational exposure
  - Employed in laboratory
  - Veterinarian
  - Agricultural worker
  - Wildlife worker
  - Postal worker
  - Other: \_\_\_\_\_

Y N U

- Inhalation of dust from soil, grain, or hay
- Contact with unprocessed animal product  
If yes:  Wool  Hair  Hide  Bones  Raw meat  
Date (most recent): \_\_/\_\_/\_\_\_\_
- Any contact with animals at home or elsewhere  
If yes:  Cattle/cow/calf  Goat  Sheep  
 Other: \_\_\_\_\_
- Consumed raw or undercooked meat  
If yes, date: \_\_/\_\_/\_\_\_\_
- Work with animals or animal products  
Specify animal: \_\_\_\_\_
- Outdoor or recreational activities
- Foreign arrival (e.g. immigrant, adoptee, etc)  
If yes, country: \_\_\_\_\_

Where did exposure most likely occur? County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N U

- Case knows someone who had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Epi link to a documented exposure
- Case is part of an outbreak
- Other:

**PUBLIC HEALTH ACTIONS**

Y N U

- Disease education and prevention information provided to patient and/or family/guardian
- Laboratory isolates forwarded to OLS
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Follow up of laboratory personnel exposed to specimen
- Outreach provided to employer to reduce employee risk
- Patient is lost to follow up
- Other:

**WVEDSS**

Y N U

Entered into WVEDSS (Entry date: \_\_/\_\_/\_\_\_\_) Case Status:  Confirmed  Probable  Suspect  Not a case  Unknown

**NOTES**