State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

Local ID Number: _____

PLAGUE (HUMAN) CASE REPORT

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐ Years ☐ Months ☐ Days

Address Number & Street – Residence	*Apartment / Unit Number*

City / Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone / Pager*	*Work / School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work / School Location	*Work / School Contact*

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male / transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 9)	*Other Describe/Specify*

Occupation (see list on page 9)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 8)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 8)*
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander *(check all that apply, see list on page 8)*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Guamanian
- ☐ Other: _____

☐ White

☐ Other: _____

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

First three letters of patient's last name: | | | |

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unknown	*Onset Date (mm/dd/yyyy)*	*Date First Sought Medical Care (mm/dd/yyyy)*

Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted	
Fever				*Onset date (mm/dd/yyyy)*	*Highest temperature (specify °F/°C)*
Headache					
Sweats, chills, or rigors					
Confusion or delirium					
Weakness, lethargy, or malaise					
Muscle or joint pains					
Shortness of breath				*Onset date (mm/dd/yyyy)*	
Nausea, vomiting, or diarrhea					
Chest pain					
Abdominal pain					
Cough				*Onset date (mm/dd/yyyy)*	
Bloody sputum				*Onset date (mm/dd/yyyy)*	
Skin lesion(s)				*Onset date (mm/dd/yyyy)*	*Description (size, color, etc.)*
Swollen tender lymph nodes				*Specify lymph node details in the "LYMPH NODE - DETAILS" section below.*	

Other symptom (specify)

LYMPH NODE - DETAILS

Lymph Node 1 ☐ Axillary ☐ Femoral ☐ Other: _____ ☐ Cervical ☐ Inguinal	*Location of Lymph Node* ☐ Right ☐ Left ☐ Bilateral	*Description (size, tenderness, erythema, etc.)*
Lymph Node 2 ☐ Axillary ☐ Femoral ☐ Other: _____ ☐ Cervical ☐ Inguinal	*Location of Lymph Node* ☐ Right ☐ Left ☐ Bilateral	*Description (size, tenderness, erythema, etc.)*

IMAGING / X-RAY

Chest x-ray done? ☐ Yes ☐ No ☐ Unknown	*If Yes, date (mm/dd/yyyy)*	*Results*		
		☐ Clear / normal	☐ Hilar adenopathy	☐ Infiltrates, unilateral
		☐ Infiltrates, bilateral	☐ Interstitial changes	☐ Pleural effusion
		☐ Pulmonary abscess	☐ Pulmonary nodules	☐ Unknown

HOSPITALIZATION

Did patient visit the emergency room for illness?
☐ Yes ☐ No ☐ Unknown

Was patient hospitalized? ☐ Yes ☐ No ☐ Unknown	*If Yes, how many total hospital nights?* ☐ Still hospitalized as of _____ (mm/dd/yyyy)

During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?
☐ Yes ☐ No ☐ Unknown

If there were any ER visits or hospital stays related to this illness, specify details in the Hospitalization – Details section on next page.

HOSPITALIZATION – RESPIRATORY ISOLATION

Was patient placed in respiratory isolation?
☐ Yes ☐ No ☐ Unknown

HOSPITALIZATION – DETAILS

Hospital Name 1	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Hospital Name 2	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

TREATMENT / MANAGEMENT

Received treatment? ☐ Yes ☐ No ☐ Unknown	If Yes, specify the treatments below.

TREATMENT / MANAGEMENT - DETAILS

Antibiotic 1 Name	Dose	Date Started (mm/dd/yyyy)	Days Prescribed
Antibiotic 2 Name	Dose	Date Started (mm/dd/yyyy)	Days Prescribed
Antibiotic 3 Name	Dose	Date Started (mm/dd/yyyy)	Days Prescribed

CLINICAL COMPLICATIONS

Clinical Complications (check all that apply)

☐ Amputation / limb ischemia ☐ Multisystem (i.e. ≥ 2) organ failure ☐ Bleeding / DIC ☐ Renal failure (Cr > 2.0 mg/dl)
☐ Cardiac arrest ☐ Secondary pneumonia ☐ Intubation ☐ Shock (SBP < 90 mmHg) ☐ Other: _____

OUTCOME

Outcome? ☐ Survived ☐ Died ☐ Unknown	If Survived, Survived as of _____(mm/dd/yyyy)	Date of Death (mm/dd/yyyy)

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type 1

☐ Whole blood
☐ Serum
☐ Blood smear
☐ Lymph node aspirate
☐ Lymph node biopsy
☐ Wound / lymph node swab
☐ Nasopharyngeal swab
☐ Sputum
☐ Tracheal wash
☐ Other:_____

Type of Test

☐ Gram's stain ☐ Direct fluorescent antibody ☐ Bacteriophage lysis
☐ Wayson stain ☐ Polymerase chain reaction ☐ Passive hemagglutination and inhibition
☐ Giemsa stain ☐ Culture ☐ Enzyme-linked immunoassay

Results	Collection Date (mm/dd/yyyy)
Interpretation	
Laboratory Name	Telephone Number

Specimen Type 2

☐ Whole blood
☐ Serum
☐ Blood smear
☐ Lymph node aspirate
☐ Lymph node biopsy
☐ Wound / lymph node swab
☐ Nasopharyngeal swab
☐ Sputum
☐ Tracheal wash
☐ Other:_____

Type of Test

☐ Gram's stain ☐ Direct fluorescent antibody ☐ Bacteriophage lysis
☐ Wayson stain ☐ Polymerase chain reaction ☐ Passive hemagglutination and inhibition
☐ Giemsa stain ☐ Culture ☐ Enzyme-linked immunoassay

Results	Collection Date (mm/dd/yyyy)
Interpretation	
Laboratory Name	Telephone Number

(continued on page 4)

LABORATORY RESULTS SUMMARY (continued)

Specimen Type 3

☐ Whole blood
☐ Serum
☐ Blood smear
☐ Lymph node aspirate
☐ Lymph node biopsy
☐ Wound / lymph node swab
☐ Nasopharyngeal swab
☐ Sputum
☐ Tracheal wash
☐ Other:_____

Type of Test

☐ Gram's stain ☐ Direct fluorescent antibody ☐ Bacteriophage lysis
☐ Wayson stain ☐ Polymerase chain reaction ☐ Passive hemagglutination and inhibition
☐ Giemsa stain ☐ Culture ☐ Enzyme-linked immunoassay

Results	*Collection Date (mm/dd/yyyy)*
Interpretation	
Laboratory Name	*Telephone Number*

LABORATORY RESULTS - INITIAL BLOOD TESTS

Date (mm/dd/yyyy)	*WBC (x10^3)*	*Differential (indicate %)*	*Segs (%)*
	Bands (%)	*Lymphs (%)*	*Hgb (mg/dl) or Hct*
	Platelets (x10^3)	*BUN (U/dl)*	*Creatinine (mg/dl)*

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD: 10 DAYS PRIOR TO ILLNESS ONSET

EXPOSURES / RISK FACTORS

DID THE PATIENT EXPERIENCE ANY OF THE FOLLOWING EVENTS DURING THE INCUBATION PERIOD?

Exposure	Yes	No	Unk	If Yes, Specify as Noted
Contact with sick or dead animals				*Location* / *Date of contact (mm/dd/yyyy)*; *Nature of contact*
Contact with known plague patient				*Location* / *Date of contact (mm/dd/yyyy)*; *Nature of contact*
Flea or other insect bites				*Location* / *Date of contact (mm/dd/yyyy)*; *Nature of contact*
Contact with any pet cats				*Location* / *Date of contact (mm/dd/yyyy)*; *Nature of contact*
Contact with someone ill or who has died				*Location* / *Date of contact (mm/dd/yyyy)*; *Nature of contact*
Other contact or exposure				*Type of exposure* / *Location*; *Date of contact (mm/dd/yyyy)* / *Nature of contact*
Any there any pets in the patient's home				*Animal(s)* ☐ Dog(s) ☐ Cat(s) ☐ Other (specify): _____; *Are any ill or have any died during the incubation period?* ☐ Yes ☐ No ☐ Unknown; *Have they brought home dead animals?* ☐ Yes ☐ No ☐ Unknown

First three letters of patient's last name: | | | |

EXPOSURES / RISK FACTORS (continued)

List details below regarding the environmental and epidemiologic investigation (including exposures during the incubation period; contact tracing of household, school / work, and community close contacts for pneumonic cases; and / or explanations from above).

TRAVEL HISTORY (incubation period 10 days prior to illness onset)

*Did patient travel **outside of county of residence** during the incubation period?*	*Has the patient traveled **outside the U.S.** during the incubation period?*
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

If Yes for either of these questions, specify all locations and dates below.

TRAVEL HISTORY – DETAILS

Travel Type	State	Country	Other location details (city, resort, etc.)	Date Travel Started *(mm/dd/yyyy)*	Date Travel Ended *(mm/dd/yyyy)*
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					

CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness?	*If Yes, specify details below.*
☐ Yes ☐ No ☐ Unknown	

ILL CONTACTS - DETAILS

Name 1	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*		
	Street Address			*Date of Contact (mm/dd/yyyy)*	*Illness Onset Date (mm/dd/yyyy)*	
	City		*State*	*Zip Code*	*Date First Reported to Public Health (mm/dd/yyyy)*	
Name 2	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*		
	Street Address			*Date of Contact (mm/dd/yyyy)*	*Illness Onset Date (mm/dd/yyyy)*	
	City		*State*	*Zip Code*	*Date First Reported to Public Health (mm/dd/yyyy)*	

NOTES / REMARKS

First three letters of patient's last name: | | | |

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date (mm/dd/yyyy)*

First Reported By

☐ Clinician ☐ Laboratory ☐ Other (specify):_____

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case?	*Contact Name / Case Number*
☐ Yes ☐ No ☐ Unknown	

DISEASE CASE CLASSIFICATION

Case Classification (see case definition on next page)

☐ Confirmed ☐ Probable ☐ Suspect

Primary Disease Classification	*Secondary Disease Classification*
☐ Classification unknown	☐ No secondary classification
☐ Bubonic ☐ Septicemic ☐ Meningitic	☐ Bubonic ☐ Septicemic ☐ Meningitic
☐ Pneumonic ☐ Pharyngeal ☐ Other: _____	☐ Pneumonic ☐ Pharyngeal ☐ Other: _____

OUTBREAK

Part of known outbreak?	*If Yes, extent of outbreak:*
☐ Yes ☐ No ☐ Unknown	☐ One CA jurisdiction ☐ Multiple CA jurisdictions ☐ Multistate ☐ International ☐ Unknown ☐ Other: _____

Mode of Transmission

☐ Point source ☐ Person-to-person ☐ Unknown ☐Other:_____

STATE USE ONLY

Case Classification

☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Need additional information

First three letters of patient's last name: | | | |

CASE DEFINITION

PLAGUE (HUMAN) (2020)

BACKGROUND

The plague bacterium (*Yersinia pestis*) exists in enzootic cycles of rodents and their fleas in the western United States. People are infected with the plague bacterium through flea bites and direct contact with infected animal tissues or fluids. People are also infected by inhalation of droplets coughed by an infected human or animal. Plague is a febrile illness that typically manifests into one or more clinical syndromes, often reflecting the route of exposure to the bacterium. These clinical syndromes include bubonic, septicemic, and pneumonic plague. Several classes of antibiotics are effective against plague. Plague can be rapidly fatal if appropriate antimicrobial therapy is not initiated early in illness.

CLINICAL CRITERIA

An illness characterized by acute onset of fever as reported by the patient or healthcare provider with or without one or more of the following specific clinical manifestations:

- Regional lymphadenitis (bubonic plague)
- Septicemia (septicemic plague)
- Pneumonia (pneumonic plague)
- Pharyngitis and cervical lymphadenitis (pharyngeal plague)

LABORATORY CRITERIA

Confirmatory

- Isolation of *Y. pestis* from a clinical specimen with culture identification validated by a secondary assay (e.g., bacteriophage lysis assay, direct fluorescent antibody assay) as performed by a CDC or Laboratory Response Network (LRN) laboratory, **OR**
- Fourfold or greater change in paired serum antibody titer to *Y. pestis* F1 antigen

Presumptive*

- Elevated serum antibody titer(s) to *Y. pestis* fraction 1 (F1) antigen (without documented fourfold or greater change) in a patient with no history of plague vaccination, **OR**
- Detection of *Y. pestis* specific DNA or antigens, including F1 antigen, in a clinical specimen by direct fluorescent antibody assay (DFA), immunohistochemical assay (IHC), or polymerase chain reaction (PCR)

* Other laboratory tests, including rapid bedside tests, are in use in some low resourced international settings but are not recommended as laboratory evidence of plague infection in the United States.

EPIDEMIOLOGIC LINKAGE

- Person that is epidemiologically linked to a person or animals with confirmatory laboratory evidence within the prior two weeks;
- Close contact with a confirmed pneumonic plague case, including but not limited to presence within two meters of a person with active cough due to pneumonic plague; **OR**
- A person that lives in, or has traveled within two weeks of illness onset to a geographically-localized area with confirmed plague epizootic activity in fleas or animals as determined by the relevant local authorities

CRITERIA TO DISTINGUISH A NEW CASE FROM AN EXISTING CASE

Serial or subsequent plague infections in one individual should only be counted if there is a new epidemiologically-compatible exposure and new onset of symptoms.

CASE CLASSIFICATION

Suspect

- A clinically-compatible case with epidemiologic linkage without laboratory evidence, **OR**
- Confirmed or presumptive laboratory evidence without any associated clinical information.

Probable

- A clinically-compatible case with presumptive laboratory evidence without epidemiologic linkage in absence of an alternative diagnosis.

Confirmed

- A clinically-compatible case with confirmatory laboratory evidence, **OR**
- A clinically-compatible case with presumptive laboratory evidence **AND** epidemiologic linkage.

First three letters of patient's last name: | | | |

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown