

NJDOH BRUCELLOSIS INVESTIGATION WORKSHEET

MR #: _____ CDRSS #: _____

DEMOGRAPHICS			
Patient Last Name		First Name	
DOB:		Phone number	
Address		City	
Municipality		Race	
White		Black	
Asian		Pacific Islander/Native Hawaiian	
American Indian or Alaskan Native		Other _____	
Ethnicity		Country of Birth	
Hispanic			
Non-Hispanic			
Unknown			
Pregnancy status		Occupation	
Pregnant		Animal research	
Due Date: ___ / ___ / ___		Medical research	
Not Pregnant		Rancher	
Unknown		Lives with person of above occupation	
N/A		Dairy	
		Laboratory	
		Wildlife	
		Tannery/rendering	
		Veterinarian/Vet Tech	
		Other _____	

CLINICAL INFORMATION AND TREATMENT			
Treating physician		Facility (if hospitalized)	
Name:		Name of facility:	
Address:		Date of admission: ___ / ___ / ___	
Phone:		Date of discharge: ___ / ___ / ___	
Fax:			
Email:			
Disease Presentation			Onset Date
Acute (0 - <8 weeks)			___ / ___ / ___
Subacute (8 weeks - <1 year)			
Chronic (1 year+)			
Unknown			

Select a response for each sign or symptom below and include onset date					
Sign/Symptom	Response			Onset Date	Additional Information
Anorexia	Yes	No	Unk	___ / ___ / ___	
Arthralgia	Yes	No	Unk	___ / ___ / ___	
Arthritis	Yes	No	Unk	___ / ___ / ___	
Endocarditis	Yes	No	Unk	___ / ___ / ___	Describe:
Epididymitis	Yes	No	Unk	___ / ___ / ___	Describe:
Fatigue	Yes	No	Unk	___ / ___ / ___	
Fever	Yes	No	Unk	___ / ___ / ___	Tmax: _____ F
Headache	Yes	No	Unk	___ / ___ / ___	
Liver enlargement	Yes	No	Unk	___ / ___ / ___	Describe:
Meningitis	Yes	No	Unk	___ / ___ / ___	Describe:
Myalgia	Yes	No	Unk	___ / ___ / ___	
Orchitis	Yes	No	Unk	___ / ___ / ___	Describe:
Spleen enlargement	Yes	No	Unk	___ / ___ / ___	Describe:
Spondylitis	Yes	No	Unk	___ / ___ / ___	Describe:
Sweats (night)	Yes	No	Unk	___ / ___ / ___	
Weight loss	Yes	No	Unk	___ / ___ / ___	Amount:

Other:	Yes	No	Unk	___/___/___												
Was patient hospitalized because of this illness?					Did the patient die because of this illness?											
No Unknown Yes, <i>specify location and date(s)</i> Hospital name: _____ Admission: ___/___/___ Discharge: ___/___/___					Yes, <i>specify date</i> ___/___/___ No Unknown											
Treatment		Dosage			Dates											
Doxycycline					___/___/___ to ___/___/___											
Streptomycin					___/___/___ to ___/___/___											
Rifampin					___/___/___ to ___/___/___											
Other:					___/___/___ to ___/___/___											
Other:					___/___/___ to ___/___/___											
Not treated																
RISK FACTORS - SIX MONTH HISTORY FROM ILLNESS ONSET																
Did the patient travel outside of the state? Yes No Unk																
If yes, where?																
Dates of travel ___/___/___ to ___/___/___																
Did the patient have contact with animals? Yes No Unk Who owns the animal(s)?																
Type of contact	Cattle	Pig	Goat	Sheep	Dog	Deer	Bison	Elk	Other		Case	Private	Wild	Commercial	Unk.	
Birthing/animal products																
Skinning/slaughter																
Hunting																
Other: _____																
Consume unpasteurized dairy or undercooked meat? Yes No Unk In what country was the product acquired?																
Type of food product	Cattle	Pig	Goat	Sheep	Dog	Deer	Bison	Elk	Other		U.S.	Other	Other			
Milk																
Yogurt																
Fresh/soft cheese																
Undercooked meat																
Other: _____																
Have a link to a confirmed case? Yes No Unknown					Who?											
					Household			Neighbor								
					Coworker			Other _____								
Know of similar illness in case? Yes No Unknown																
Have an exposure to <i>Brucella</i>?					Where did the exposure occur?											
Clinical specimen Isolate Vaccine Unknown																
LABORATORY DATA																
Was a <i>Brucella</i> agglutination test conducted?																
Yes Result: _____ Acute titer: ___:_____ Convalescent titer: _____:_____ Reference range: _____																
No																
Unknown																
If not, was the recommendation for a <i>Brucella</i> agglutination test provided?								Yes		No		Unk				
Additional case notes:																