NJDOH TULAREMIA INVESTIGATION WORKSHEET

CDRSS #: _____

DEMOGRAPHICS

Race
☐ White ☐ Black ☐ American Indian or Alaskan Native
☐ Asian ☐ Pacific Islander ☐ Unknown

Ethnicity
☐ Hispanic
☐ Non-Hispanic

Occupation: _____

Works primarily: ☐ Indoors ☐ Outdoors ☐ Both ☐ Neither ☐ Unknown

Pregnancy status
☐ Pregnant
☐ Not pregnant
☐ N/A ☐ Unknown

CLINICAL INFORMATION

Date first seen by a medical professional: _____ / _____ / _____

Location where first seen:
☐ Emergency department ☐ Outpatient clinic/ office
☐ Hospital ☐ Urgent care center
☐ Unknown ☐ Other:

Onset Date
_____ / _____ / _____

Diagnosis:

Select a response for each sign or symptom below and include onset/resolution dates

Sign/Symptom	Response	Onset Date	Resolution Date
Abdominal pain	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Chest pain	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Confusion/delirium	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Conjunctivitis	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Cough	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Diarrhea	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Fever, Tmax_____	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Lymphadenopathy	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Pharyngitis	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Pulmonary disease	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Shortness of breath	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Skin lesions	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Sweats/chills	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Tonsillitis	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Vomiting	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____	_____ / _____ / _____
Other		_____ / _____ / _____	_____ / _____ / _____

Additional signs:		**Description (e.g. location, size, tenderness, erythema, etc.):**
Skin ulcer	☐ Yes ☐ No ☐ Unk.	
Skin papules	☐ Yes ☐ No ☐ Unk.	
Lymphadenopathy	☐ Yes ☐ No ☐ Unk.	
Pharyngitis or tonsillitis	☐ Yes ☐ No ☐ Unk.	
Conjunctivitis	☐ Yes ☐ No ☐ Unk.	
Pneumonia	☐ Yes ☐ No ☐ Unk.	

Was an underlying immunosuppressive condition present:
☐ Yes, *specify*_____
☐ Yes, *pregnancy*
☐ No
☐ Unknown

Chest X-ray: *Date:*_____
☐ Not done
☐ Unknown
☐ Infiltrations
☐ Nodules
☐ Pleural effusion
☐ Clear/normal

Was patient hospitalized because of this illness?
☐ Yes, *specify location and date(s)*
Hospital name:
Admission: _____ / _____ / _____
Discharge: _____ / _____ / _____

☐ No ☐ Unknown

Did the patient die because of this illness?
☐ Yes, *specify date* _____ / _____ / _____

☐ No

☐ Unknown

What is the illness outcome for the patient?
☐ Recovered with no complications
☐ Recovered with complications
☐ Recovered with unknown complications
☐ Died
☐ Unknown

Primary clinical syndrome
☐ Ulceroglandular
☐ Glandular
☐ Oculoglandular
☐ Oropharyngeal
☐ Typhoidal
☐ Pneumonic
☐ Meningitic

TREATMENT INFORMATION

Treatment	Dosage	Dates
☐ Aminoglycosides (e.g., streptomycin, gentamicin) Name:		_____ / _____ / _____ to _____ / _____ / _____
☐ Tetracyclines (e.g., doxycycline) Name:		_____ / _____ / _____ to _____ / _____ / _____
☐ Fluoroquinolones (e.g., ciprofloxacin, levofloxacin) Name:		_____ / _____ / _____ to _____ / _____ / _____
☐ Other:_____		
☐ Not treated		

RISK FACTORS

In the 2 weeks prior to illness onset, did the patient have contact with animals or their carcasses? *(describe, including address, species, type and dates of contact)*

In the 2 weeks prior to illness onset, did the patient have a tick bite?

☐ Yes *Date*: _____ / _____ / _____

Location of bite:_____
☐ No
☐ Unknown

In the 2 weeks prior to illness onset, did the patient have a deerfly bite?

☐ Yes *Date*: _____ / _____ / _____

Location of bite:_____
☐ No
☐ Unknown

In the 2 weeks prior to illness onset, did the patient have contact with or ingest untreated water?
☐ Yes *Date*: _____ / _____ / _____
Location:
Describe contact:

☐ No ☐ Unknown

In the 2 weeks prior to illness onset, did the patient perform environmental aerosol-generating activities (e.g., brush-cutting, lawnmowing, high pressure spraying, etc.)?
☐ Yes *Date*: _____ / _____ / _____
Specify activity:

☐ No ☐ Unknown

In the 2 weeks prior to illness onset, did the patient travel outside of New Jersey?
☐ Yes
Location:
Date of arrival: _____ / _____ / _____
Date of departure: _____ / _____ / _____
☐ No
☐ Unknown

In the 2 weeks prior to illness onset, did the patient go hunting? *(describe, including location, species and dates of contact)*

In the 2 weeks prior to illness onset, were dead rabbits found near the patient's property? ☐ Yes ☐ No ☐ Unknown

Date a rabbit carcass was first identified _____ / _____ / _____

If multiple carcasses were found, date a rabbit carcass was most recently identified _____ / _____ / _____

Address where the rabbit carcass was identified:

Did the patient touch the carcass? ☐ Yes, with gloves ☐ Yes, without gloves ☐ No ☐ Unk.