

ANTHRAX (HUMAN) CASE REPORT

Patient name—last		first	middle initial	Date of birth	Age	Sex
Address—number, street		City	State	County	ZIP code	
Telephone number						
Home ()			Work ()			
RACE				ETHNICITY (check one)		
<input type="checkbox"/> African-American/Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____				<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		
If Asian/Pacific Islander, please check one:						
<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Japanese		<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other _____

PRESENT ILLNESS

Onset date (mm/dd/yy)	Diagnosis date (mm/dd/yy)	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending or consulting physician	Telephone number ()	
Admit date (mm/dd/yy)	Discharge date (mm/dd/yy)	Medical record number	Type of anthrax <input type="checkbox"/> Cutaneous lesions (specify sites) _____ <input type="checkbox"/> Inhalation type <input type="checkbox"/> Other (specify) _____		
Brief clinical description					
Hospital name				Telephone number ()	
Hospital address—number, street		City	State	County	ZIP code
Specific antibacterial therapy (specify which)			Dates First dose _____ Last dose _____	Outcome of case <input type="checkbox"/> Recovered <input type="checkbox"/> Died—Date _____	

BASIS FOR DIAGNOSIS

- Clinical only:
 Laboratory tests negative (details below)
 No laboratory tests made
 Laboratory confirmation (details below)

Type of Test	Type of Specimen	Date Collected	Results	Name and Address of Laboratory
Direct smear				
Culture confirmation				
PCR				
Serologic (specify type)				
Other (specify):				

PROBABLE SOURCE OF INFECTION

Occupation (give exact job) and kind of business or industry at date of onset	Job address
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HISTORY OF EXPOSURE

Exposure to	Condition of Animal	Veterinary Diagnosis If Made	Place of Exposure	Date
<input type="checkbox"/> Animals	<input type="checkbox"/> Ill <input type="checkbox"/> Dead			
<input type="checkbox"/> Bovine	<input type="checkbox"/> Ill <input type="checkbox"/> Dead			
<input type="checkbox"/> Sheep	<input type="checkbox"/> Ill <input type="checkbox"/> Dead			
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Ill <input type="checkbox"/> Dead			
<input type="checkbox"/> Animal products				
<input type="checkbox"/> Hides or skins				
<input type="checkbox"/> Wool				
<input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Manufactured articles or products (specify): _____				

SUSPICIOUS EXPOSURE

Suspicious powder/substance Result of testing: *B. anthracis* confirmed Negative Not done
 Suspicious letter/package Result of testing: *B. anthracis* confirmed Negative Not done
 Suspected bioterrorism? Yes No Unknown

Presumed source of infection, if known:

Similar illness in household? Yes No Unknown

If yes, complete below:

Onset (mm/dd/yy)	Last Name	First Name	Relationship

REMARKS

Investigator's name (print)	Date	Telephone number ()
Agency name		

CASE DEFINITION

CDC/MMWR, May 2, 1997/Vol. 46/No. RR-10, "Case Definitions for Public Health Surveillance."

Case definition/clinical description:

An illness with acute onset characterized by several distinct clinical forms including the following:

- Cutaneous: a skin lesion evolving during a period of two to six days from a papule, through a vesicular stage, to a depressed black eschar
- Inhalation: a brief prodrome resembling a viral respiratory illness followed by development of hypoxia and dyspnea, with radiographic evidence of mediastinal widening
- Intestinal: severe abdominal distress followed by fever and signs of septicemia
- Oropharyngeal: mucosal lesion in the oral cavity or oropharynx, cervical adenopathy and edema, and fever

Laboratory criteria for diagnosis:

- Isolation of *Bacillus anthracis* from a clinical specimen, or
- Anthrax electrophoretic immunotransblot (EITB) reaction to the protective antigen and/or lethal factor bands in one or more serum samples obtained after onset of symptoms, or
- Demonstration of *B. anthracis* in a clinical specimen by immunofluorescence

Case classification:

Confirmed: A clinically compatible case that is laboratory confirmed.