Plague, Anthrax, Tularaemia and Other Zoonotic Disease Case Questionnaire

Condition: ☐ Anthrax ☐ Plague ☐ Tularaemia ☐ Other (specify condition) _____	**NCIMS number:** Notification date: _____ Interview Date: _____ Interviewer & PHU:

First Name:	**Surname:**	**DOB & Age:**	**Gender:**
Patient Medicare Number			
Parent/Guardian name and contact details (*optional*):			
Current Address:	**Suburb:**	**Postcode:**	
Alternate Address/Country? (*optional*):			
Phone:	**Email:**		
Indigenous status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither ☐ Aboriginal and Torres Strait Islander ☐ Unknown (reason:)	**Country of birth:** ☐ Australia ☐ Other - specify:	**Language:** ☐ English ☐ Other - specify:	
Case Status: ☐Suspect ☐Probable ☐Confirmed			

Notifier

Name:	☐ General practice ☐ Emergency Department ☐ Other (specify):	**Clinic/Hospital name:**
Address:	**Suburb:**	**Postcode:**
Contact number:	**Email (if applicable):**	

Clinical Details

Date of exposure (if known) **Exposure Period (based on condition – see Control Guidelines)** _____ to _____ Exposure details – location & description (specify):	**Date and time of symptom onset:** _____ ☐ am ☐ pm. **Symptoms:** ☐ Fever ☐ Headaches ☐ Abnormal taste ☐ Dizziness ☐ Muscle aches/pain (myalgia) ☐ Joint aches/pains arthralgia) ☐ Nausea/Vomiting ☐ Diarrhoea ☐ Lethargy ☐ Itchiness ☐ Abnormal bruising/bleeding ☐ Cough ☐ Retro-orbital pain ☐ Chills/Rigors ☐ Rash ☐ Bubo(es) Past history of zoonoses (specify) _____ _____	**Hospitalisation Details:** Emergency Department visit for illness? ☐ Yes ☐ No Date of visit: _____ Hospital name: _____ Admitted for illness? ☐ Yes ☐ No Date admitted: _____ Date discharged: _____ MRN:_____ Case deceased: ☐ Yes ☐ No If yes, date of death: _____

Laboratory information

Test type	Collection date	Results of analysis	Pathology Provider
☐ PCR		☐ detected ☐ not detected	
☐ Culture		☐ detected	
☐ Serology		☐ detected (☐ IgM / ☐ IgG) ☐ not detected	
☐ Convalescent Serology		☐ detected (☐ IgM / ☐ IgG) ☐ not detected	
☐ Other (specify)		☐ detected ☐ not detected	

Exposures (sections for occupation, lifestyle, travel and other relevant activities)

Does your **occupation** involve working with or contact/handling animals or animal products? ☐ Yes (specify below) ☐ No

Occupation/s:
Brief description:

Occupational exposures to animals, animal products and/or animal environments:

Do you recall being bitten, scratched or having other direct or indirect contact with animals in the relevant exposure period (see Control Guidelines) before symptoms? ☐ Yes ☐ No ☐ Don't Recall

Are there any **lifestyle activities** (e.g. household work, maintenance of property, volunteering) that involve contact with animals or animal products?
☐ Yes (specify below) ☐ No

Travel
In the past **X weeks** prior to illness (see Control Guidelines for relevant period) did you travel within NSW, interstate or overseas?
Overseas? ☐Y ☐N ☐U

Interstate? ☐Y ☐N ☐U

Within NSW? ☐Y ☐N ☐U

Have you been in an area where plague, anthrax, tularemia or other zoonoses/infectious diseases are known to be present?

☐ Yes ☐ No ☐ Unknown – If yes, please specify: _____

If yes to any travel, provide travel details:

Destinations	Dates:

Date of departure: _____ Date of return: _____

If travel was overseas, what was your reason for travel?

☐ Holiday
☐ Visiting friends/relatives
☐ Business
☐ Employment
☐ Education
☐ Convention/conference
☐ Other – specify _____

In the past X weeks (see Control Guidelines for relevant period) **have you?**

☐ Been exposed to standing water (e.g. lakes, creeks, dams, open drains, or other still bodies of water)
☐ Visited heavily forested areas
☐ Visited areas related to farming, agriculture or animal production
☐ Experienced homelessness or other forms of temporary and/or inadequate housing)
☐ Camping
☐ Bushwalking/hiking
☐ Picnic
☐ Fishing
☐ Work outdoors
☐ Hunting and associated activities
☐ Water sports/Kayaking/Canoeing
☐ Property maintenance (mowing lawns, mulching, cleaning areas on property etc)
☐ Direct or indirect contact with rodents
☐ Direct contact with other animals (specify): _____
☐ Consumed undercooked, raw or unpasteurized animal products
☐ Other relevant exposure activities (specify): _____

Notes