



PLAGUE CASE INVESTIGATION - Page 2 of 4

Indiana State Department of Health  
State Form 51642 (7-04)

Section 2. Clinical Information (continued)

1. Diagnostic Tests

- PCR  Positive  Negative
- Culture  Positive  Negative
- FA  Positive  Negative

Sample(s) tested: \_\_\_\_\_

2. IgM Testing

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Acute Specimen Taken Acute Value

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Convalescent Specimen Taken Convalescent Value

3. IgG Testing

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Acute Specimen Taken Acute Value

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Convalescent Specimen Taken Convalescent Value

Results:

- Significant Rise in IgM  Pending
- No Significant Rise in IgM  Not Done
- Indeterminate  Unknown

Results:

- Significant Rise in IgG  Pending
- No Significant Rise in IgG  Not Done
- Indeterminate  Unknown

\_\_\_\_\_  
Physician/Hospital that Collected Specimen

\_\_\_\_\_  
Physician/Hospital Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Physician/Hospital Phone

Was the patient treated with antibiotics for this illness?

- Yes  No

If Yes, antibiotic:

\_\_\_\_\_

Start date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Was the patient hospitalized?

- Yes  No

If Yes, admission date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Discharge date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Did patient die?

- Yes  No

Hospital:

\_\_\_\_\_

Section 3. Risk Factors - Natural Exposure

During the week prior to onset of symptoms, did the patient:

Have contact with wild animals?

- Yes  No

If Yes, type of activity:

- Playing  Hunting  Trapping  Skinning/Dressing  Other

\_\_\_\_\_  
If Other, specify

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date:

PLAGUE CASE INVESTIGATION - Page 3 of 4

Indiana State Department of Health  
State Form 51642 (7-04)

Section 3. Risk Factors - Natural Exposure (continued)

Have contact with rodents, including rats or prairie dogs?

Yes  No

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If Yes, type of animal

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date

Sustain any bites from fleas?

Yes  No  Unknown

If Yes, date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have contact with pets?

Yes  No

If Yes, date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If Yes, did pet have fleas?

Yes  No

Type of animal: \_\_\_\_\_

If Yes, was the pet ill?

Yes  No

Work in a laboratory handling plague bacteria?

Yes  No

If Yes, date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location: \_\_\_\_\_

Travel outside of Indiana?

Yes  No

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If Yes, where

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date

Describe location of residence:  Rural  Suburban  Urban

Section 4. Risk Factors - Suspicious Exposure

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of possible exposure

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Location(s), be as specific as possible

How was person exposed?  Suspicious Aerosol  Other  Unknown

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If Aerosol, describe

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If Other, describe

Was there any prior threat of attack?  Yes  No

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If Yes, describe

PLAGUE CASE INVESTIGATION - Page 4 of 4

Indiana State Department of Health  
State Form 51642 (7-04)

Section 4. Risk Factors - Suspicious Exposure (continued)

Were law enforcement authorities notified (only in the event of a suspicious exposure)?

Yes  No

If Yes, which branch:

Local Police  Local Sheriff  State Police  FBI  Other, specify: \_\_\_\_\_

Was decontamination performed?

Yes  No

If Yes, type:

Clothing Removal  Hand Washing  Shower/Shampoo  Environmental Cleaning

Is this patient related to a confirmed exposure site?

Yes  No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

If Yes, date

\_\_\_\_\_

If Yes, where

Has this patient had contact with anyone else who has recently had an illness characterized by fever, pneumonia, or lymphadenopathy?

Yes  No  Unknown

\_\_\_\_\_

If Yes, name

\_\_\_\_\_

Relationship

\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number

Onset Date

Section 5. Comments/Follow-up

Comments:

\_\_\_\_\_

Investigator Name

\_\_\_\_\_

Agency

\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number

Date