Zoonotic Event

Revised 12/21/2004

Epidemiology

As a component of the bioterrorism plan there is a functional annex that defines the role of the Infectious Disease Epidemiology section in responding to non-human diseases. This document outlines the investigation of two types of diseases, diseases in vertebrate animals that can be transmitted to man and diseases that are common to both man and animal. The diseases of vertebrates that can be transmitted to man play a significant role in maintaining disease in nature. These diseases often exist in animal populations and only infect human hosts as an accident. The diseases that are common to both man and animals usually have a separate reservoir by which multiple species acquire the infection. Reservoirs for these diseases include soil, plants, water, invertebrate animals, etc. however animals do not play an important role in the lifecycle of the disease agent.

All told there are more then 150 diseases that are of interest to public health that may have an animal component. Furthermore, new zoonoses are being identified on a regular basis. This may in part be the result of greater human intrusion into previously untouched ecosystems and due to the greater ease by which people and animals travel changing the increasing our risk of acquiring new diseases. Additionally, there is growing evidence in virology that some viruses may recombine with animal viruses resulting in greater diversity of disease.

The animal diseases of greatest concern among bioterrorism experts include Brucellosis, Tularemia, Plague, and Anthrax. Each of these diseases are described in their own disease specific appendix as part of the Infectious Disease Control/Bioterrorism Manual.

Other animal diseases that have been identified as important for both economic and public health importance are listed below. They are organized first into class A and class B diseases based on their potential for spreading rapidly thereby causing more widespread damage.

Class A Diseases

- Foot and mouth disease
- Swine vesicular disease
- Peste des petits ruminants
- Lumpy skin disease
- Bluetongue
- African horse sickness
- Classical swine fever
- Newcastle disease
- Vesicular stomatitis
- Rinderpest
- Contagious bovine pleuropneumonia
- Rift Valley fever
- Sheep pox and goat pox
- African swine fever
- Highly pathogenic avian influenza
Class B Diseases

Multiple species diseases
- Anthrax
- Aujeszky’s disease
- Echinococcosis/hydatidosis
- Heartwater
- Leptospirosis
- New world screwworm (*Cochliomyia hominivorax*)
- Old world screwworm (*Chrysomya bezziana*)
- Paratuberculosis
- Q fever
- Rabies
- Trichinellosis

Cattle diseases
- Bovine anaplasmosis
- Bovine babesiosis
- Bovine brucellosis
- Bovine cysticercosis
- Bovine genital campylobacteriosis
- Bovine spongiform encephalopathy
- Bovine tuberculosis
- Dermatophilosis
- Enzootic bovine leukosis
- Haemorrhagic septicaemia
- Infectious bovine rhinotracheitis/infectious pustular vulvovaginitis
- Malignant catarrhal fever
- Theileriosis
- Trichomonosis
- Trypanosomosis (tsetse-transmitted)

Sheep and goat diseases
- Caprine and ovine brucellosis (excluding *B. ovis*)
- Caprine arthritis/encephalitis
- Contagious agalactia
- Contagious caprine pleuropneumonia
- Enzootic abortion of ewes (ovine chlamydiosis)
- Maedi-visna
- Nairobi sheep disease
- Ovine epididymitis (*Brucella ovis*)
- Ovine pulmonary adenomatosis
- Salmonellosis (*S. abortusovis*)
- Scrapie

Equine diseases
- Contagious equine metritis
- Dourine
- Epizootic lymphangitis
- Equine encephalomyelitis (Eastern and Western)
- Equine infectious anaemia
- Equine influenza
- Equine piroplasmosis
- Equine rhinopneumonitis
- Equine viral arteritis
- Glanders
- Horse mange
- Horse pox
- Japanese encephalitis
- Surra (*Trypanosoma evansi*)
- Venezuelan equine encephalomyelitis

Swine diseases
- Atrophic rhinitis of swine
- Enterovirus encephalomyelitis
- Porcine brucellosis
- Porcine cysticercosis
- Porcine reproductive and respiratory syndrome
- Transmissible gastroenteritis

Avian diseases
- Avian chlamydiosis
- Avian infectious bronchitis
- Avian infectious laryngotracheitis
- Avian mycoplasmosis (*M. gallisepticum*)
- Avian tuberculosis
- Duck virus enteritis
- Duck virus hepatitis
- Fowl cholera
- Fowl pox
- Fowl typhoid
- Infectious bursal disease (Gumboro disease)
- Marek’s disease
- Pullorum disease

Lagomorph diseases
- Myxomatosis
- Rabbit hemorrhagic disease

Bee diseases
- Acarosis of bees
- American foulbrood
• Tularemia

**Fish diseases**
• Epizootic haematopoietic necrosis
• Infectious haematopoietic necrosis
• *Oncorhynchus masou* virus disease
• Spring viraemia of carp
• Viral haemorrhagic septicaemia

**Mollusc diseases**
• Bonamiosis (*Bonamia exitiosus, B. ostreae, Mikrocytos roughleyi*)
• Marteiliosis (*Marteilla refringens, M. sydneyi*)
• Mikrocytosis (*Mikrocytos mackini*)
• MSX disease (*Haplosporidium nelsoni*)
• Perkinosis (*Perkinsus marinus, P. olseni/atlanticus*)

**Other List B diseases**
• Leishmaniosis

**Mode of Transmission**

Primary modes of disease transmission from animals to humans include direct contact, scratches, bites, inhalation, contact with urine or feces, and ingestion of contaminated food, water, or feces as well as contact with arthropod intermediate hosts.

**Clinical Description**

No single clinical description is sufficient to describe these diseases. In the event of an outbreak of one of the aforementioned diseases a focus would be placed on unexplained illnesses. Additionally, the combined efforts of the veterinary community, the medical community, and the public health community would be required to determine the precise description of the clinical presentation. Once developed this information would immediately be shared with healthcare providers via the Health Alert Network and other media channels.

**Laboratory Tests**

• Much like the clinical description of these diseases different laboratory tests might be used to identify the etiologic agent responsible for the diseases. Many of these laboratory tests would be conducted by the

**Surveillance**

Surveillance for various animal diseases occurs in multiple organizations. In terms of the diseases that are likely to pose a risk to agriculture the Department of Agriculture and Forestry take responsibility for surveillance. Those diseases that are of public health importance are within the domain of the Infectious Disease Epidemiology Section. Formal MOUs exist between these two agencies and provide for significant cross jurisdictional involvement.

The web-based system for reporting veterinary disease events that might be of public health, agricultural, or bioterrorism surveillance is presently available on the web and several (10-15) veterinary clinics throughout the state, including the clinics of the LSU School of Veterinary Medicine, have agreed to test the system. Disease reporting, real time survey functions, advisory posting, and laboratory result postings have all been built into this system. This system is jointly administered by the Infectious Disease
Case Definition

Case definitions for animal diseases of interest to public health are as varied as the disease presentations. Nonetheless, the commonality in case definitions will include an animal component. In some instances, people's exposure to animals may be prominent in a case definition, such as rats in relation to plague. Alternatively, some case definitions may be directed at ill animals exposed to humans during a specified time period, situations involving hand foot and mouth disease are an example. Finally, when diseases are common to humans and animals, multiple species may be identified.

Intervention

Interventions to reducing the spread of zoonotic infections and infections that are common to both animals and man will be determined by the mode of transmission, the reservoir, and any unique characteristics of the agent involved. The determination of an appropriate intervention will be made collaboratively by the State Epidemiologist, the State Veterinarian, the State Medical Officer, and the State Public Health Veterinarian. Upon determination of an appropriate intervention, the information will immediately be disseminated to the public, health care institutions, and any other appropriate group.

Hospital precaution and isolation: Standard precautions are always advised when dealing with infectious diseases. As a situation warrants, advice about other precautions will be disseminated.

Control Measures
Infectious Disease Epidemiology: Epidemiologic Response Checklist

Consultation/ Confirmation
☑ Discuss bioterrorism event definitions with key public health personnel (health officer, communicable disease control staff, laboratorians, etc.)

Laboratory Confirmation
☑ Identify point of contact (POC) at appropriate state public health laboratory in a potential bioterrorist event
☑ Identify point of contact at the Louisiana Veterinary Medical Diagnostic Laboratory.

Notification
☑ Establish local notification network to be activated in case of a possible bioterrorist event; disseminate contact information and notification protocol
☑ Establish relationships with local Office of Emergency Preparedness and FBI contacts to be notified in a suspected bioterrorist event and maintain up-to-date contact information

Coordination
☑ Establish Epidemiologic Response as a part of local Incident Command System
☑ Identify personnel available for epidemiologic investigation and perform inventory of skills and duties
☑ Establish contacts at regional and Parish health units identify potential personnel resources available for epidemiologic “mutual aid”
☑ Establish contacts at the local FBI office for coordination with epidemiologic/ criminal Investigation

Communication
☑ Identify epidemiologic investigation spokesperson and Public Information Officer (PIO)
☑ Establish communication protocol to be implemented during an epidemiologic investigation between PIO and epidemiologic investigation spokesperson
☑ Establish a plan for rapid dissemination of information to key individuals: FAX, Email, website on the internet (if capability exists)

Epidemiologic Investigation
A. Case Finding
☑ Establish plans/ capacity to receive a large number of incoming telephone calls
☑ Develop telephone intake form
☑ Identify individuals available to perform telephone intake duties
☑ Identify potential reporting sources (persons/ facilities) to receive case definition
☑ Establish a plan for rapid dissemination of case definition to potential reporting sources

B. Case Interviews
☑ Obtain appropriate case investigation questionnaires
☑ Identify personnel available to conduct case interviews
☑ Establish a protocol for training case interviewers
☑ Obtain template outbreak disease-specific investigation questionnaires
C. Data Analysis
- Obtain template database for data entry
- Assure Epi Info software is installed on data entry computers
- Identify personnel available for data entry
- Identify personnel with skills to perform descriptive and analytic epidemiologic analysis
- Develop/obtain data analysis plan
- Develop/obtain outbreak investigation monitoring tool

Contact Tracing
- Establish a system for locating contacts and familiarize personnel with contact tracing protocol(s)
- Obtain Contact Tracing Forms
- Obtain contact management algorithms for diseases that are communicable from person-to-person
- Obtain treatment/prophylaxis guidelines
- Develop local drug and vaccine distribution plan
- Establish a system for daily monitoring of all contacts under surveillance

Public Health Recommendations
- Obtain treatment and prophylaxis recommendations for bioterrorist threat agents
- Develop or obtain bioterrorist disease-specific fact sheets
- Establish contact with key health care providers/facilities and establish protocol for rapid dissemination of recommendations regarding treatment, prophylaxis, personal protective equipment, infection control, and isolation/quarantine

Consultation / Confirmation
- Disease scenario meets the bioterrorist event definition

Laboratory Confirmation
- Lab specimens are en route to the local public health laboratory/Laboratory Response Network

Notification
- Department of Health and Human Services
  State Medical Officer
  (225)342-3417 (regular business hours)
  (800)990-5366 pin 6710 (pager for evenings, weekends, holidays)
- State Epidemiologist (504)458-5428 Mobile
- Public Health Lab (504)568-5371
- Public Health Lab Pager (800)538-5388
- OPH Regional Offices (Internal Notification Network)
- Louisiana EOC (225)-925-7500
- Louisiana State Police (800)469-4828 (Crisis Management Center)
- Sanitarian Services (225)736-5553
- Louisiana Department of Agriculture-Office of Animal Health
  State Veterinarian Office: (225)935-2168 Mobile: (225)933-8121
Coordination
✅ Epidemiology personnel identified for investigation
✅ Office of Animal Health Services personnel identified for investigations
✅ Additional epidemiology personnel support requested (From other regions) Investigation activities coordinated with FBI

Communication
✅ Epidemiology investigation spokesperson identified
✅ Communication protocol established between epidemiologic investigation spokesperson and Public Information Officer (PIO)

Epidemiologic Investigation
✅ Hypothesis-generating interviews conducted
✅ Preliminary epidemiologic curve generated
✅ Case definition established

A. Case finding
✅ Telephone hotline established
✅ Telephone intake form distributed
✅ Case definition disseminated to potential reporting sources
   • Hospitals
   • Physicians
   • Laboratories
   • EMS
   • Coroner
   • Media

B. Case interviews
✅ Interviewers trained
✅ Uniform multi-jurisdictional outbreak investigation form(s) obtained

C. Data Analysis
✅ Uniform multi-jurisdictional database template for data entry obtained
✅ Epidemiologic curve generated
✅ Cases line-listed
✅ Case descriptive epidemiology completed
   • Age
   • Gender
   • Illness onset
   • Clinical profile
   • % Laboratory confirmed
   • Hospitalization rate
   • Case fatality rate
   • Case geographic distribution mapped (GIS mapping if available)
     Analytic epidemiology completed
     • Disease risk factors identified
• Mode of transmission identified
• Source of transmission identified
• Population at continued risk identified

Contact Tracing
☑ Contact tracing forms distributed
☑ Health education materials available
☑ Contact management triage algorithm reviewed with staff
☑ Treatment/ prophylaxis guidelines available
☑ Treatment/ prophylaxis distribution plan in place
☑ System in place for locating contacts
☑ Tracking system in place to monitor contacts’ trends/ gaps

Laboratory
☑ Establish point of contact (POC) at appropriate Level A and/ or Level B public health laboratory to refer queries regarding specimen packaging, storage and shipping guidelines in a potential bioterrorist event [See Laboratory Section’s Bioterrorism Plan]

Public Health Recommendations
☑ See Medical Response Section Bioterrorism Plan
≤
Zoonosis Investigation Algorithm

An animal disease of public health importance is recognized in a person or an animal

Disease is common to both man and animals

Is the disease a human case or an animal case

Animal Case

Human Case

Is the expected natural history of the disease being observed

No compatible exposures/risk factors identified

Probable natural disease process. Implement intervention as appropriate

Suspect exposure identified

Suspect exposures or risk factors are not identified

Probable common source of infection.

Conduct case and environmental investigation using standard Infectious Disease investigation protocols to confirm suspect exposures

Investigation results

No compatible exposures/risk factors identified

Probable natural disease process. Implement intervention as appropriate

Suspect exposure identified

Suspect exposures or risk factors are not identified

Meets event definition for possible bioterrorism. Continue epidemiologic investigation and notification procedures
Zoonotic

Case investigation form

ID NUMBER:_________ JOB TITLE:__________________________
INTERVIEWER:_________________ DATE OF INTERVIEW:_____/_____/____
PERSON INTERVIEWED:  Patient     Other
IF OTHER, NAME OF PERSON ___________________________________________

TELEPHONE ______- ______- _________
DESCRIBE RELATIONSHIP ______________________________________________

DEMOGRAPHIC INFORMATION

LAST NAME: ________________________ FIRST NAME: ___________________________
DRIVER LICENCE OR SOCIAL SECURITY NUMBER (Circle one): ___________________
SEX:   Male   Female   DATE OF BIRTH: ___/___/____  AGE____
RACE:   White     Black     Asian     Other, specify _________  Unknown
ETHNICITY:   Hispanic     Non-Hispanic     Unknown
HOME PHONE: (       ) ______-_______ WORK/OTHER PHONE: (        ) _____ - __________
HOME ADDRESS STREET: _____________________________________
CITY:________________________________ STATE:_______________ZIP:_______________
EMPLOYED:   Yes    No    Unknown

BRIEF DESCRIPTION OF JOB:___________________________________________________
SCHOOL/PLACE OF EMPLOYMENT:_____________________________________________
DEPARTMENT_________________________  FLOOR:_________  ROOM:______________
WORK/SCHOOL ADDRESS: STREET: ___________________  CITY: _______________
STATE:______________ZIP:______________

ARE YOU A:

LAB WORKER/TECHNICIAN:   Yes   No    Unknown
TAXIDERMIST:   Yes   No    Unknown
VETERINARIAN:   Yes   No    Unknown
FARMER:   Yes   No    Unknown
ABATTOIR:   Yes   No    Unknown
BUTCHER:   Yes   No    Unknown
OTHER FOOD PREPERATION:   Yes   No    Unknown
HOBBY:

Do you work with fibers/wool/animal skin/or other animal product?  . Yes  . No  . Unknown
Have you been camping in past two months?  . Yes  . No  . Unknown
Have you stayed in cabins in the past two months?  . Yes  . No  . Unknown
Have you been hunting?  . Yes  . No  . Unknown
Have you skinned or dressed an animal?  . Yes  . No  . Unknown
Have you had an animal stuffed or mounted?  . Yes  . No  . Unknown

HOW MANY PEOPLE RESIDE IN THE SAME HOUSEHOLD? __________

LIST NAME(S), AGE(S), AND RELATIONSHIPS (use additional pages if necessary):

<table>
<thead>
<tr>
<th>Name</th>
<th>PERSON 1</th>
<th>PERSON 2</th>
<th>PERSON 3</th>
<th>PERSON 4</th>
<th>PERSON 5</th>
<th>PERSON 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
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</tbody>
</table>

HOUSEHOLD PETS:

Does your household have any pets (indoor or outdoor)?  . Yes  . No  . Unknown
If so what type of pet: _________________________________________________________
Have any of the pets been ill or died recently?  . Yes  . No  . Unknown
If so describe: _______________________________________________________________

CLINICAL INFORMATION (as documented in admission history of medical record or from case/proxy interview)

CHIEF COMPLAINT: _____________________________________________________________

DATE OF ILLNESS ONSET: ____/____/____

Briefly summarize History of Present Illness:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
SIGNS AND SYMPTOMS

Cough
Yes
No
Unknown

If yes, sputum production
Yes
No
Unknown

If yes, any blood
Yes
No
Unknown

Chest Pain
Yes
No
Unknown

Shortness of breath
Yes
No
Unknown

Stridor or wheezing
Yes
No
Unknown

Cyanosis
Yes
No
Unknown

Conjunctivitis
Yes
No
Unknown

Tender or enlarged lymph nodes
Yes
No
Unknown

Fever
Yes
No
Unknown

If yes, Maximum temperature ______ of
Antipyretics taken
Yes
No
Unknown

Headache
Yes
No
Unknown

Stiff neck
Yes
No
Unknown

Muscle aches
Yes
No
Unknown

Fatigue
Yes
No
Unknown

Joint pains
Yes
No
Unknown

Altered mental status
Yes
No
Unknown

Unconscious/unresponsive
Yes
No
Unknown

Sore throat
Yes
No
Unknown

Nausea
Yes
No
Unknown

Diarrhea
Yes
No
Unknown

Vomiting
Yes
No
Unknown

Rash
Yes
No
Unknown

If yes, describe:________________________________________________________

Other Symptom or abnormality:___________________________________________

PAST MEDICAL HISTORY:

Do you have a regular physician?
Yes
No
Unknown

If yes, Name:_____________________________ Phone Number: (_____) ______-__________

Are you allergic to any medications?
Yes
No
Unknown

If yes, list: _______________________________________________________________________

Are you currently taking any medication:
Yes
No
Unknown

If yes, list:_____________________________________________________________________

Have you had any wound or lesion in the past several months?
Yes
No
Unknown

If yes, where:________________________________ Appearance: _____________________
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<thead>
<tr>
<th>Condition</th>
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<th>No</th>
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<tbody>
<tr>
<td>Hypertension</td>
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<tr>
<td>Neurologic Condition</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Cardiac disease</td>
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<td></td>
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<tr>
<td>Seizures</td>
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<td></td>
<td></td>
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<tr>
<td>Other Pulmonary Disease</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Malignancy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Currently on treatment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HIV infection</td>
<td></td>
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<td></td>
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<tr>
<td>Currently pregnant</td>
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<tr>
<td>Other immunocompromising condition (e.g., renal failure, cirrhosis, chronic steroid use)</td>
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<tr>
<td>Other underlying condition(s):</td>
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<tr>
<td>Prescription medications:</td>
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</table>

**SOCIAL HISTORY:**

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<tbody>
<tr>
<td>Current alcohol abuse:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past alcohol abuse:</td>
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<td></td>
</tr>
<tr>
<td>Current injection drug use:</td>
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<td></td>
<td></td>
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<tr>
<td>Past injection drug use:</td>
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<tr>
<td>Current smoker:</td>
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<td></td>
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<tr>
<td>Former smoker:</td>
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<tr>
<td>Other illicit drug use:</td>
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<tr>
<td>If yes, specify:</td>
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</tbody>
</table>
HOSPITAL INFORMATION:

HOSPITALIZED: Yes No

NAME OF HOSPITAL: _______________________________________________________

DATE OF ADMISSION: ___/___/____ DATE OF DISCHARGE ___/___/____

ATTENDING PHYSICIAN:

LAST NAME: ____________________________ FIRST NAME: _____________________________

Office Telephone: (      )____- ______ Pager: (      ) ____-______ Fax: (      ) ____-____________

MEDICAL RECORD ABSTRACTION:

MEDICAL RECORD NUMBER: ____________________________

WARD/ROOM NUMBER: _________________________________

ADMISSION DIAGNOSES(ES):  1) ______________________________________
                           2) ______________________________________
                           3) ______________________________________

PHYSICAL EXAM:

Admission Vital Signs:

Temp:____ ( Oral / Rectal F / C ) Heart Rate:______ Resp. Rate:_____ B/P:___/___

Mental Status: Normal Abnormal Not Noted

If abnormal, describe:

Respiratory status: Normal spontaneous Respiratory distress Ventilatory support

If abnormal, check all that apply:

Rales Stridor/wheezing Decreased or absent

Other (specify:________________________________________________________)

Skin: Normal Abnormal Not Noted

If abnormal, check all that apply:

Edema Chest wall edema Cyanosis Erythema

Petechiae Sloughing/necrosis Purpura Rash

If rash present, describe type and location on body :_____________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Other abnormal physical findings (describe): ____________________________________
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<th>Results of tests done on Admission (<em><strong>/</strong></em>/___)</th>
<th>Abnormal test result at any time (specify date mm/dd/yyyy)</th>
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<tbody>
<tr>
<td>Hemoglobin (Hb)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>Hematocrit (HCT)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
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<tr>
<td>Platelet (plt)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
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<tr>
<td>Total white blood cell (WBC)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>WBC differential:</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>% granulocytes (PMNs)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>% bands</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>% lymphocytes</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>Renal function: BUN/Cr</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
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<tr>
<td>Liver enzymes:</td>
<td></td>
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<tr>
<td>ALT/AST</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>Blood cultures:</td>
<td>positive (specify__________________________)</td>
<td>positive (specify__________________________)</td>
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<tr>
<td></td>
<td>negative (specify__________________________)</td>
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<td></td>
<td>pending (specify__________________________)</td>
<td>pending (specify__________________________)</td>
</tr>
<tr>
<td></td>
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<td>not done (<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>Test</td>
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<td>Abnormal test result at any time (specify date mm/dd/yy)</td>
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<tr>
<td>------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Respiratory secretions:</td>
<td>expectorated sputum</td>
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<tr>
<td>Specimen Type:</td>
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<tr>
<td></td>
<td>bronchial alveolar lavage (BAL)</td>
<td>bronchial alveolar lavage (BAL)</td>
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<tr>
<td></td>
<td>tracheal aspirate</td>
<td>tracheal aspirate</td>
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<tr>
<td>Respiratory secretions:</td>
<td>PMNs</td>
<td>PMNs</td>
</tr>
<tr>
<td>Gram Stain (Check all that apply)</td>
<td>epithelial cells</td>
<td>epithelial cells</td>
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<tr>
<td></td>
<td>gram positive cocci</td>
<td>gram positive cocci</td>
</tr>
<tr>
<td></td>
<td>gram negative cocci</td>
<td>gram negative cocci</td>
</tr>
<tr>
<td></td>
<td>gram positive rods</td>
<td>gram positive rods</td>
</tr>
<tr>
<td></td>
<td>gram negative coccosbacilli</td>
<td>gram negative coccosbacilli</td>
</tr>
<tr>
<td></td>
<td>gram negative rods</td>
<td>gram negative rods</td>
</tr>
<tr>
<td></td>
<td>gram negative rods with bipolar staining (safety pins)</td>
<td>gram negative rods with bipolar staining (safety pins)</td>
</tr>
<tr>
<td></td>
<td>other ________</td>
<td>other ________</td>
</tr>
<tr>
<td>Respiratory secretions analysis: Bacterial culture</td>
<td>positive (specify____________________)</td>
<td>positive (specify____________________)</td>
</tr>
<tr>
<td></td>
<td>negative</td>
<td>negative</td>
</tr>
<tr>
<td></td>
<td>pending</td>
<td>pending</td>
</tr>
<tr>
<td></td>
<td>not done</td>
<td>not done</td>
</tr>
<tr>
<td>Respiratory secretions analysis: Viral culture</td>
<td>positive (specify____________________)</td>
<td>positive (specify____________________)</td>
</tr>
<tr>
<td></td>
<td>negative</td>
<td>negative</td>
</tr>
<tr>
<td></td>
<td>pending</td>
<td>pending</td>
</tr>
<tr>
<td></td>
<td>not done</td>
<td>not done</td>
</tr>
<tr>
<td>Respiratory secretions analysis: Influenza antigen</td>
<td>positive</td>
<td>positive</td>
</tr>
<tr>
<td></td>
<td>negative</td>
<td>negative</td>
</tr>
<tr>
<td></td>
<td>pending</td>
<td>pending</td>
</tr>
<tr>
<td></td>
<td>not done</td>
<td>not done</td>
</tr>
<tr>
<td>Respiratory secretions: Other test (e.g., DFA, PCR, etc)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>Chest radiograph</td>
<td>normal</td>
<td>normal</td>
</tr>
<tr>
<td></td>
<td>unilateral, lobar/consolidation</td>
<td>unilateral, lobar/consolidation</td>
</tr>
<tr>
<td></td>
<td>bilateral, lobar/consolidation</td>
<td>bilateral, lobar/consolidation</td>
</tr>
<tr>
<td></td>
<td>interstitial infiltrates</td>
<td>interstitial infiltrates</td>
</tr>
<tr>
<td></td>
<td>widened mediastinum</td>
<td>widened mediastinum</td>
</tr>
<tr>
<td></td>
<td>pleural effusion</td>
<td>pleural effusion</td>
</tr>
<tr>
<td></td>
<td>other ________</td>
<td>other ________</td>
</tr>
<tr>
<td>Legionella urine antigen</td>
<td>positive</td>
<td>positive</td>
</tr>
<tr>
<td></td>
<td>negative</td>
<td>negative</td>
</tr>
<tr>
<td></td>
<td>pending</td>
<td>pending</td>
</tr>
<tr>
<td></td>
<td>not done</td>
<td>not done</td>
</tr>
<tr>
<td>Test</td>
<td>Results of tests done on Admission (<em><strong>/</strong></em>/___)</td>
<td>Abnormal test result at any time (specify date mm/dd/yy)</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Other pertinent study results (e.g., chest CT, pleural fluid)</td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td></td>
<td>Other pertinent study results (e.g., toxin assays)</td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
</tbody>
</table>

PULMONOLOGY CONSULTED:  Yes   No   Unknown

Date of Exam: ___/___/___

Name of neurologist: Last Name ___________________ First Name ____________________

Telephone or beeper number ( ) _____ - _______

INFECTIOUS DISEASE CONSULT:  Yes   No   Unknown

Date of Exam: ___/___/___

Name of ID physician: Last Name ___________________ First Name ____________________

Telephone or beeper number ( ) _____ - _______
HOSPITAL COURSE:

A. antibiotics:  Yes  No  Unknown
If yes, check all that apply:
   Amoxicillin
   Ampicillin
   Amoxicillin and sulbactum (Unasyn)
   Augmentin (amoxicillin and clavulanate)
   Azithromycin (Zithromax)
   Cefazolin (Ancef, Kefzol)
   Cefepime (Maxipime)
   Cefixime (Suprax)
   Cefotetan (Cefotan)
   Cefotaxime (Claforan)
   Cefoxitin (Mefoxin)
   Ceftazidime (Fortaz, Tazicef, Tazidime)
   Ceftizoxime (Cefizox)
   Ceftriaxone (Rocephin)
   Cefuroxime (Ceftin)
   Cefalexin (Keflex, Keftab)
   Ciprofloxacin (Cipro)
   Clarithromycin (Biaxin)
   Doxycycline (Doryx, Vibramycin)
   Erythromycin (E-Mycin, Ery-Tab, Eryc)
   Gentamicin (Garamycin)
   Levofoxacin (Levaquin)
   Nafcillin
   Ofloxacin (Floxin)
   Streptomycin
   Ticarcillin and clavulanate (timentin)
   Trimethaprim-sulfamethoxazole (Bactrim, Cotrim, TMP/SMX)
   Vancomycin (Vancocin)
other_______________________________________________________

B. antivirals:  Yes  No  Unknown
If yes, check all that apply:
   Acyclovir (Zovirax)
   Amantadine (Symmetrel)
   Oseltamivir (Tamiflu)
   Rimantidine (Flumadine)
   Zanamivir (Relenza)
other_______________________________________________________

C. Did patient require intensive care:  Yes  No  Unknown
If patient was admitted to Intensive Care Unit:
   a. Length of stay in ICU, in days:__________
   b. Was patient on mechanical ventilation: Yes  No  Unknown
WORKING OR DISCHARGE DIAGNOSIS(ES):

1) __________________________________________________________

2) __________________________________________________________

3) __________________________________________________________

OUTCOME:
   Recovered/discharged
   Died
   Still in hospital: improving? worsening?

ADDITIONAL COMMENTS:
___________________________________________________________________
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Risk Exposure Questions
The following questions pertain to the 2 week period prior to the onset of your illness/symptoms:

Occupation (provide information for all jobs/ volunteer duties)
1. Please briefly describe your job/ volunteer duties:________________________________

2. Does your job involve contact with the public? : Yes   No
   If “Yes”, specify____________________________________________

3. Does anyone else at your workplace have similar symptoms?
   Yes   No   Unknown
   If ”Yes”, name and approximate date on onset (if known)____________________________

Knowledge of Other Ill Persons
4. Do you know of other people with similar symptoms? : Yes   No   Unknown
   (If Yes, please complete the following questions)

<table>
<thead>
<tr>
<th>Name of ill Person</th>
<th>AGE</th>
<th>Sex</th>
<th>Address</th>
<th>Phone</th>
<th>Date of Onset</th>
<th>Relation To you</th>
<th>Did they seek Medical care?</th>
<th>Where</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Travel*
*Travel is defined as staying overnight (or longer) at somewhere other than the usual residence

8. Have you traveled anywhere in the last two weeks? : Yes   No   Unknown
   Dates of Travel: ____/____/____ to ____/____/____
   Method of Transportation for Travel: _______________________
   Where Did You Stay? _____________________________________
   Purpose of Travel? _______________________________________
   Did You Do Any Sightseeing on your trip? : Yes   No
   If yes, specify: _______________________________________
   Did Anyone Travel With You? : Yes   No
   If yes, specify: _______________________________________
   Are they ill with similar symptoms? : Yes   No   Unknown
   If yes, specify: _______________________________________
### Public Functions/Venues (during 2 weeks prior to symptom onset)

<table>
<thead>
<tr>
<th>Category</th>
<th>Y/N/U</th>
<th>Description of Activity</th>
<th>Location of Activity</th>
<th>Date of Activity</th>
<th>Time of Activity (start, end)</th>
<th>Others ill? (Y/N/U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Airports</td>
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<td>10. Beaches</td>
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<td>11. Bars/Clubs</td>
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<td>12. Campgrounds</td>
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<tr>
<td>13. Carnivals/Circus</td>
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<td>14. Casinos</td>
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<tr>
<td>15. Family Planning Clinics</td>
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<tr>
<td>16. Government Office Building</td>
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<tr>
<td>17. Gym/Workout Facilities</td>
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<tr>
<td>18. Meetings or Conferences</td>
<td></td>
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<tr>
<td>19. Movie Theater</td>
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<tr>
<td>20. Museums</td>
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<tr>
<td>21. Parks</td>
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<tr>
<td>22. Parties (including Raves, Prom, etc)</td>
<td></td>
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<tr>
<td>23. Performing Arts (ie Concert, Theater, Opera)</td>
<td></td>
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<tr>
<td>24. Picnics</td>
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<tr>
<td>25. Political Events (including Marches and Rallies)</td>
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<tr>
<td>26. Religious Gatherings</td>
<td></td>
<td></td>
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<tr>
<td>27. Shopping Malls</td>
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<tr>
<td>28. Sporting Event</td>
<td></td>
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<tr>
<td>29. Street Festivals, Flea Markets, Parades</td>
<td></td>
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</tr>
<tr>
<td>30. Tourist Attractions (ie French Quarter, Aquarium)</td>
<td></td>
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</tbody>
</table>
Transportation

Have you used the following types of transportation in the 2 weeks prior to onset?

31. Bus/Streetcar: Yes  No  Unknown
   Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
   Bus Number: ___________________ Origin:___________________________
   Any connections?  Yes  No (Specify: Location____________ Bus#____________)
   Company Providing Transportation: ___________________ Destination:____________

32. Train: Yes  No  Unknown
   Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
   Route Number: ________________ Origin:____________________________
   Any connections?  Yes  No (Specify: Location_________________________ Route #__________)
   Company Providing Transportation: ___________________ Destination:____________

33. Airplane: Yes  No  Unknown
   Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
   Flight Number: ________________ Origin:____________________________
   Any connections?  Yes  No (Specify: Location__________ Flight #__________)
   Company Providing Transportation: ___________________ Destination:___________

34. Ship/Boat/Ferry: Yes  No  Unknown
   Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
   Ferry Number: ________________ Origin:____________________________
   Any connections?  Yes  No (Specify: Location____________ Ferry #____________)
   Company Providing Transportation: ___________________ Destination:____________

35. Van Pool/Shuttle: Yes  No  Unknown
   Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
   Route Number: ________________ Origin:____________________________
   Any connections?  Yes  No (Specify: Location____________ Route #__________)
   Company Providing Transportation: ___________________ Destination:__________
**Food & Beverage**

36. During the 2 weeks before your illness, did you eat at any of the following *food establishments or private gatherings with food or beverages*?

<table>
<thead>
<tr>
<th>Food Establishment</th>
<th>Y/N/U</th>
<th>Name of Establishment</th>
<th>Location of Meal</th>
<th>Date of Meal</th>
<th>Time of Meal (start, end)</th>
<th>Food and Drink items consumed</th>
<th>Others ill? (Y/N/U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cafeteria at School, hospital, or other</td>
<td></td>
<td></td>
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<tr>
<td>Casino or mall food court</td>
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<tr>
<td>Grocery Store or Corner Store</td>
<td></td>
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<tr>
<td>Concert, movie, or other entertainment</td>
<td>Yes</td>
<td>No Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner party, birthday party or other celebration</td>
<td>Yes</td>
<td>No Unknown</td>
<td></td>
<td></td>
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<tr>
<td>Gas station or convenience store</td>
<td>Yes</td>
<td>No Unknown</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Plane, boat, train, or other</td>
<td>Yes</td>
<td>No Unknown</td>
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<tr>
<td>Picnic, Barbecue, Crawfish boil, or potluck</td>
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<tr>
<td>Outdoor farmers market, festival, or swap meet</td>
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<tr>
<td>Restaurant, fast-food, or deli</td>
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<tr>
<td>Sporting event or snack bar</td>
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<td></td>
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<tr>
<td>Street vended food</td>
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<tr>
<td>Other food establishment</td>
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<tr>
<td>Other Private Gathering</td>
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</tbody>
</table>

37. During the 2 weeks before your illness, did you consume any free *food samples* from……?

<table>
<thead>
<tr>
<th>Grocery store</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/competition</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Public gathering?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Private gathering?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

If “YES” for any in question #37, provide date, time, location and list of food items consumed:

Date/Time: ____________________________
Location (Name and Address): ________________________________________
Food/drink consumed: ________________________________________________
Others also ill? | Yes | No | Unknown
(explain): ________________________________________________________

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38. During the 2 weeks before your illness, did you consume any of the following *products*
Vitamins  Yes  No  Unknown
Specify (Include Brand Name): ____________________________________________

Herbal remedies  Yes  No  Unknown
Specify (Include Brand Name): ____________________________________________

Diet Aids  Yes  No  Unknown
Specify (Include Brand Name): ____________________________________________

Nutritional Supplements  Yes  No  Unknown
Specify (Include Brand Name): ____________________________________________

Other Ingested non-food  Yes  No  Unknown
Specify (Include Brand Name): ____________________________________________

39. During the 2 weeks before your illness, did you consume any unpasteurized products (ie milk, cheese, fruit juices)?  Yes  No  Unknown
If yes, specify name of item: ____________________________________________
Date/Time: __________________ Location (Name and Address): ______________
Others also ill?  Yes  No  Unknown
(explain): ____________________________________________________________

40. During the 2 weeks before your illness, did you purchase food from any internet grocers?  Yes  No  Unknown
If yes, specify date / time of delivery: ______________ Store/Site: ______________
Items purchased: _______________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

41. During the 2 weeks before your illness, did you purchase any mail order food?  Yes  No  Unknown
If yes, specify date/time of delivery: ______________ Store purchased from: ______________
Items purchased: _______________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

42. Please check the routine sources for drinking water (check all that apply):
   Community or Municipal
   Well (shared)
   Well (private family)
   Bottled water (Specify Brand: ______________)
   Other (Specify: ______________)
Aerosolized water

43. During the 2 weeks prior to illness, did you consume water from any of the following sources (check all that apply):

- Wells
- Lakes
- Streams
- Springs
- Ponds
- Creeks
- Rivers
- Sewage-contaminated water
- Street-vended beverages (Made with water or ice and sold by street vendors)
- Ice prepared w/unfiltered water (Made with water that is not from a municipal water supply or that is not bottled or boiled)
- Unpasteurized milk
- Other (Specify: ______________________________________)

If “YES” for any in question #43, provide date, time, location and type of water consumed:

Date/Time: __________________
Location (Name and Address): ____________________________
Type of water consumed: _____________________________
Others also ill?: Yes  No  Unknown
(explain): _________________________________________

44. During the 2 weeks prior to illness, did you engage in any of the following recreational activities (check all that apply):

- Swimming in public pools (e.g., community, municipal, hotel, motel, club, etc)
- Swimming in kiddie/wading pools
- Swimming in sewage-contaminated water
- Swimming in fresh water, lakes, ponds, creeks, rivers, springs, sea, ocean, bay (please circle)
- Wave pools ? Water parks ? Waterslides ? Surfing
- Rafting ? Boating ? Hot tubs (non-private) ? Whirlpools (non-private)
- Jacuzzis (non-private) ? Other (Specify: __________________)

If “YES” for any in question #44, provide date, time, location and type of activity:

Date/Time: __________________
Location (Name and Address): ____________________________
Type of water consumed: _____________________________
Others also ill?: Yes  No  Unknown
(explain): _________________________________________

45. During the 2 weeks prior to illness, were you exposed to aerosolized water from any of the following non-private (i.e., used in hospitals, malls, etc) sources (check all that apply):

- Air conditioning at public places
- Vaporizers
- Misters
- Hot tub
- Creeks and/or ponds
- Other (please explain)

- Respiratory devices
- Humidifiers
- Whirlpool spas
- Spa baths
- Decorative fountains

(explain) __________________________________________
If “YES” for any in question #45, provide date, time, and location of exposure to aerosolized water:
Date/Time: ________________
Location (Name and Address):_______________________________________
Explanation of aerosolized water:_____________________________________
Others also ill: Yes , No Unknown
(explain):________________________________________________________

Recreation (Activities that are not related to work)
46. In the past two weeks, did you participate in any outdoor activities?
Yes, No Unknown
(If “yes”, list all activities and provide locations)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

47. Did you participate in other indoor recreational activities (i.e. clubs, crafts, etc that did not
occur in a private home)?
Yes, No Unknown
(List all activities and provide location)

____________________________________________________________________________
____________________________________________________________________________

Vectors
48. Do you recall any insect or tick bites in the last 2 weeks?
Yes, No Unknown
Date(s) of bite(s):______________________________________________
Bitten by: Mosquito, Tick, Flea, Fly, Other:
Where were you when you were bitten? ____________________________

49. Have you had any contact with wild or domestic animals, including pets?
Yes, No Unknown
Type of Animal: _____________
Explain nature of contact:_____________________
Is / was the animal ill recently; Yes, No Unknown
If yes please describe the animal’s symptoms:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date / Time of contact:__________________________
Location of contact:_______________________________________

50. To your knowledge, have you been exposed to rodents/rodent droppings in the last 2 weeks?
Yes, No Unknown
If yes, explain type of exposure:__________________________
Date/Time of exposure:_____________________________
Location where exposure occurred: __________________________

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