ANTHRAX

Case details

				NDD no.	________
Surname	________	**Given name**	________	**Sex**	M F
DOB	__/__/__	**Age**	____ yrs/mth		
Address	________				
Suburb	________	**Postcode**	________	Telephone	________
Other contact	________			Telephone	________
Occupation/school		________		Telephone	________
Indigenous	O Aboriginal O Torres St Islander O No	**COB**	O Australia O Other: *specify* ________	**Language**	O English O Other: *specify* ________

Disease

Onset date __/__/__

Clinical manifestation:
___ Cutaneous
___ Inhalation
___ Gastrointestinal

Site________

Symptoms:

Notes ________

____

____

____

____

Laboratory

Lab confirmed	Y N	**Specimen**	O blood O lesion swab ________	**Specimen date/(s)**	__/__/__ __/__/__
Organism	________				
Suborganism	N/A	**ID method**	________		

Notification

First notifier	________	Telephone	________	Fax	________
Notifier type No. in order of receipt	__ Lab __ Doctor __ Hospital (not lab) __ Other ________	**Notified date**	__/__/__	**Received date**	__/__/__
Treating doctor	________	Telephone	________	Postcode	________
Address	________			Fax	________

Outcome

Hospitalised	Y N	**Admitted**	__/__/__	**Discharged**	__/__/__
Hospital/s	________			MRN	________
Hosp doctor	________	Telephone	________	Address	________
Deceased	Y N	**Death date**	__/__/__	**Death from anthrax?**	Y N U

Case ___________________

Risk factors

Infection timeline

Exposure (-60 (inhaled), -10, -7, -3, -1) onset (0)

Dates __/__ __/__ __/__

Exposures in 10 days before onset *(extend to 60 days if inhalational):*

Occupational duties: ____

Likely source infection: History contact with

- animals Y N
  specify ____
  what, where, when
- animal products Y N
  specify ____
  e.g., wool, hides, leather, hair products
- potentially contaminated soil Y N
  specify ____
- bone meal Y N
  specify ____
- potentially contaminated meat Y N
  specify ____
- other ____

Details of exposure to likely source:
____
____
____
____
____
____

Follow up action

Case advised about nature infection, mode of transmission? Y N

Others at risk identified and fact sheet provided? Y N

Post exposure prophylaxis recommended? Y N Specify

Who ______________________________

Why ______________________________

PEP recommended ____________________

Discussed with DPI regional veterinary officer? Y N

All potentially contaminated materials appropriately managed? Y N

Notes:

Administration

Completed by ____________ Date finalised __/__/__ PHU ____________