ANTHRAX CASE REPORT FORM
(KNOWN EVENT/OUTBREAK)

This form is intended for cases that are associated with a known anthrax event or outbreak where the source has already been identified. If the case is NOT associated with a known event or outbreak, please complete the Anthrax Full Case Report Form instead. ***Please provide information in this section within 24 hours of case identification, if possible, and based on best available data at the time. Enter all dates as mm/dd/yyyy.***

Section 1: Reporting Information

Case associated with known event/outbreak?
○ Yes ○ No ○ Unknown

If "No" or "Unknown" - Please instead complete the Anthrax Full Case Report Form

Type of Outbreak:
○ Epizootic/naturally occurring
○ Mass casualty event
○ Unknown

Participated in incidence response (e.g. environmental sampling)?
○ Yes ○ No ○ Unknown

Outbreak Name (if named): _____ Earliest event date (if known): _____

City: _____ State: _____ County: _____

Country (If Not United States): _____

General Investigation Information

Reporting Jurisdiction: _____ Reporting County: _____

Case Investigation Start Date: _____ State Case ID: _____ Local Subject ID/NNDSS ID: _____

Reporter Name: _____ Reporter Phone Number: _____ Reporter Email: _____

Section 2: Demographics & Patient Information

Sex: ○ Male ○ Female ○ Refused ○ Unknown DOB: _____ Age: _____ ○ Years ○ Months ○ Days

Pregnant: ○ Yes ○ No ○ Unknown RESIDENCE: State: _____ County: _____ Zip Code: _____

Race:
☐ American Indian or Alaska Native ☐ Black or African American ☐ Other race: _____
☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Unknown

Ethnicity:
○ Hispanic or Latino
○ Not Hispanic or Latino

Country of Birth: _____ Country of Usual Residence: _____

Section 3: Signs and Symptoms

Clinical Presentation

Was the patient symptomatic? ○ Yes ○ No ○ Unknown Date of Onset: _____

Suspected primary route of infection at time of evaluation (select all that apply):

Cutaneous	○ Yes	○ No	○ Unknown	Injection	○ Yes	○ No	○ Unknown
Inhalation	○ Yes	○ No	○ Unknown	Meningitis Present?	○ Yes	○ No	○ Unknown
Ingestion	○ Yes	○ No	○ Unknown				

Section 4: Treatment and Hospitalization

Was the patient hospitalized for this illness?
○ Yes ○ No ○ Unknown If "Yes", Admission Date: _____ Discharge Date: _____

Admitted to ICU?	○ Yes	○ No	○ Unknown	Received mechanical ventilation?	○ Yes	○ No	○ Unknown
On vasopressors?	○ Yes	○ No	○ Unknown	Thoracentesis/paracentesis/chest tube?	○ Yes	○ No	○ Unknown

Were antibiotics prescribed or administered to the patient? ○ Yes ○ No ○ Unknown

☐ Amoxicillin	Start Date: _____	End Date: _____	☐ Levofloxacin	Start Date: _____	End Date: _____
☐ Ampicillin	Start Date: _____	End Date: _____	☐ Linezolid	Start Date: _____	End Date: _____
☐ Ciprofloxacin	Start Date: _____	End Date: _____	☐ Meropenem	Start Date: _____	End Date: _____
☐ Clindamycin	Start Date: _____	End Date: _____	☐ Penicillin	Start Date: _____	End Date: _____
☐ Doxycycline	Start Date: _____	End Date: _____	☐ Unknown	Start Date: _____	End Date: _____
☐ Imipenem	Start Date: _____	End Date: _____	☐ Other (specify): _____	Start Date: _____	End Date: _____

Was antitoxin administered to the patient? ○ Yes ○ No ○ Unknown

Specify antitoxin: ○ AIG ○ Raxibacumab ○ Unknown

Date Requested: _____

Date Dose 1: _____ Date Dose 2: _____ Date Dose 3: _____

Other treatments: _____

Vaccine and Prophylaxis

Did the subject ever receive anthrax vaccine? ○ Yes ○ No ○ Unknown

Date Last Dose Received: _____

Received post-exposure antimicrobial prophylaxis? ○ Yes ○ No ○ Unknown

Specify antimicrobial taken:

○ Doxycycline ○ Penicillin ○ Unknown
○ Ciprofloxacin ○ Moxifloxacin ○ Other (specify): _____
○ Levfloxacin ○ Clindamycin
○ Amoxicillin

If received antimicrobial prophylaxis, how much of the course did they complete?

○ None ○ Full
○ Ongoing ○ Unknown
○ Partial

Section 5: Outcome

What was the clinical outcome for the patient?

○ Not treated ○ Still hospitalized ○ Died ○ Other (specify): _____
○ Outpatient treatment ○ Discharged ○ Unknown

If Died, date of death: _____

Section 6: Laboratory Results

Test Information 1

Test Type: ○ PCR ○ Lethal Factor ○ Other (specify): _____
○ Culture ○ Immunostaining
○ Serology ○ Sequencing

Specimen collected before antibiotics given? ○ Yes ○ No ○ Unknown

Organism name: ○ Bacillus anthracis ○ Bacillus cereus ○ Bacillus spp. ○ Other (specify): _____

Qualitative Result: ○ Positive ○ Indeterminate ○ Negative ○ Other (specify): _____ ○ Borderline

Quantitative Result (e.g. MGS/ MLVA titer): _____

Test Information 2

Test Type: ○ PCR ○ Lethal Factor ○ Other (specify): _____
○ Culture ○ Immunostaining
○ Serology ○ Sequencing

Specimen collected before antibiotics given? ○ Yes ○ No ○ Unknown

Organism name: ○ Bacillus anthracis ○ Bacillus cereus ○ Bacillus spp. ○ Other (specify): _____

Qualitative Result: ○ Positive ○ Indeterminate ○ Negative ○ Other (specify): _____ ○ Borderline

Quantitative Result (e.g. MGS/ MLVA titer): _____

Test Information 3

Test Type: ○ PCR ○ Lethal Factor ○ Other (specify): _____
○ Culture ○ Immunostaining
○ Serology ○ Sequencing

Specimen collected before antibiotics given? ○ Yes ○ No ○ Unknown

Organism name: ○ Bacillus anthracis ○ Bacillus cereus ○ Bacillus spp. ○ Other (specify): _____

Qualitative Result: ○ Positive ○ Indeterminate ○ Negative ○ Other (specify): _____ ○ Borderline

Quantitative Result (e.g. MGS/ MLVA titer): _____

Section 7: Case Definition

Case Classification based on CSTE Case Definition:

○ Confirmed ○ Probable ○ Suspected ○ Not a case ○ Unknown

Classification determined by:

○ Lab result ○ Epi link ○ Clinical presentation ○ Not applicable ○ Unknown

Section 8: Notes