

PHEP Surveillance Control Measure Tracking Form - Tularemia

Patient Name: _____

Case Status: _____

Onset Date: ___/___/___

Date Reported: ___/___/___

Date Reported to Central Office: ___/___/___

Action	Public Health Control Measure Initiated	Date Initiated	Within 2 days of Report?
1. Contact medical provider. Obtain clinical data, lab reports, verify diagnosis, and provide recommendations.	<input type="checkbox"/> Provide medical provider with disinfection precautions for suspected cases.	1. ___/___/___	1. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
2. Alert laboratory personnel when tularemia is suspected so procedures can be conducted in recommended biosafety level conditions.	<input type="checkbox"/> Alert laboratory personnel when tularemia is suspected so procedures can be conducted in recommended biosafety level conditions.	2. ___/___/___	2. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
3. Consult with laboratory regarding select agent requirements for <i>Francisella tularensis</i> isolates.	<input type="checkbox"/> Educate laboratory personnel regarding select agent requirements for <i>Francisella tularensis</i> isolates including (1) Unless directed otherwise by the HHS Secretary or Administrator, within seven calendar days after identification, transfer the isolate in accordance with § 73.16 or 9 CFR part 121.16 or destroy it on-site by a recognized sterilization or inactivation process, (2) Secure the isolate against theft, loss, or release during the period between identification and transfer or destruction and report any theft, loss, or release of the isolate, and (3) Report the identification of <i>Francisella tularensis</i> to DSHS and to CDC or APHIS immediately by telephone. This report must be followed by submission of APHIS/CDC form 4 within seven calendar days after identification.	3. ___/___/___	3. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
4. Interview case patient. Complete patient history and identify potential source of exposure.	<input type="checkbox"/> Educate case patient on measures to avoid disease transmission. <input type="checkbox"/> Identify potential source of infection. (Describe)	4. ___/___/___	4. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
Outbreaks			
5. Initiate alerts to public health preparedness staff locally and at central office and law enforcement if there is an unusual presentation such as a cluster of cases or pneumonic illness.	<input type="checkbox"/> Report suspected outbreaks or intentional exposures. <input type="checkbox"/> Initiate bio-terrorism response procedures as needed.	5. ___/___/___	5. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
6. Look for additional cases and interview them to determine scope and source of outbreak.	<input type="checkbox"/> Initiate active case finding <input type="checkbox"/> Alert the medical community to enhance case recognition, reporting, and prompt treatment	6. ___/___/___	6. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
7. Search for sources of infection related to arthropods, animal hosts, water, and environments soiled by small mammals including hay.	<input type="checkbox"/> Conduct field studies. <input type="checkbox"/> Compare exposure histories.	7. ___/___/___	7. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason: