DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control
Atlanta, Georgia 30333

BRUCELLOSIS CASE SURVEILLANCE REPORT

State

Case No.

Reported to State Health Dept.

Month Day Year

PERSONAL DATA

FIRST FOUR LETTERS OF PATIENT'S NAME

AGE

SEX

ADDRESS (County/State)

Date of Current Onset:

This Onset was:
1 ☐ Acute
2 ☐ Insidious
9 ☐ Not Stated

Duration of Current Illness: _____ Weeks

Date of Original Onset If Recurrence:

This Onset was:
1 ☐ Acute
2 ☐ Insidious
9 ☐ Not Stated

CLINICAL ILLNESS AND THERAPY

SYMPTOMS	DURATION OR SEVERITY
☐ Fever, Intermittent	
☐ Fever, Constant	
☐ Chills	
☐ Weight Loss	
☐ Sweating	
☐ Body Ache	
☐ Weakness	
☐ Headache	
☐ Malaise	
☐ Anorexia	
☐ Abscess (Bone, Joint, Muscle)	
☐ Other (specify)	

REMARKS:

THERAPY

Type, Duration and Route of Administration of:

☐ Tetracycline

☐ Streptomycin

☐ Sulfonamides

☐ Other (specify)

☐ Bed Rest (Duration)

REMARKS:

DIAGNOSTIC TESTS

Culture

Blood	Other Specimens (specify)	Date Collected	Date Examined	Isolation Results			Species Isolated	Culture Media	Laboratory
				Pos.	Neg.	Unsat.			
1) 2)									
3) 4)									

Serology

Std. Tube Aggl.	Other Tests (specify)	Date Collected	Date Examined	Results (Titer, etc.)	Producer of Test Antigen	Laboratory
1) 2)						
3) 4)						
CDC – 7 S*						

Date Performed	Results		Degree of Reaction	Producer of Test Antigen	Laboratory
	Pos.	Neg.			

*Sera positive by tube agglutination may be sent to the CDC for mercaptoethanol-resistant agglutinins test.

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FORM APPROVED
OMB NO. 68-R1041

PROBABLE SOURCE OF INFECTION

Type of Work or Activity at Onset:

Animal Contact within 6 Months Prior to Onset: 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

If Yes, Place: Dates, From: _____ To: _____

Brucellosis Status in Animal Contacts	Commercial Establishments*				Family Owned Animals			
	Cattle		Swine	Other (specify)	Cattle		Swine	Other (Specify)
	Beef	Dairy			Beef	Dairy		
Brucellosis: Present								
Not Present								
Status Unknown								
Under Investigation								
Abortions Noted								

*Includes stockyards, slaughterhouses, packinghouses, dairies, meathandlers, etc.

USE OF MILK OR MILK PRODUCTS

Type Of Product	Pasteurized			Date of Last Consumption Prior to Onset	Source of Milk
	Yes	No	Unk.		

Exposure to Brucella Vaccine: 1 ☐ Yes 2 ☐ No If Yes, Date and Type of Exposure: _____

County Under Control Program: 1 ☐ Yes 2 ☐ No If Yes, check ☐ Modified Certified (Bovine) ☐ Certified Free (Bovine) ☐ Validated (Swine)

Additional information about recrudescent cases or those with insidious onset - type of work or activity, contact with animals, species and frequency, place of contact, dates:

_____

Signature

Title

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