

## Brucellosis

Entered in DRSi?

Reported to health dept?

<https://drsi.health.mil/ADRSi>

POC: \_\_\_\_\_

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

### DEMOGRAPHICS

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ FMP: \_\_\_\_\_ SEX:    M    F    Unk    RACE: \_\_\_\_\_

UNIT: \_\_\_\_\_ SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ DUTY STATUS: \_\_\_\_\_

ADDRESS: (Street) \_\_\_\_\_ DoD ID: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (h)

(County) \_\_\_\_\_ (Country) \_\_\_\_\_ PHONE: \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (c)

### CLINICAL INFORMATION

Provider: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

Hospitalized    Y    N    Admit date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Deceased    Y    N    Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_    Cause of death: \_\_\_\_\_

Symptomatic    Y    N    Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Clinic date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fever    Y    N    Max Temp: \_\_\_\_\_ °F/°C (    unk)

Night sweats    Y    N    Describe any other symptoms not listed:

Arthritis    Y    N

Meningitis    Y    N

Spondylitis    Y    N

*(arthritis in the spine and large joints)*

Focal organ involvement\*    Y    N

Other symptoms    Y    N

*(Describe)*

**\*SPECIFY FOCAL ORGAN INVOLVEMENT:**

Endocarditis	Y	N
Orchitis	Y	N
Epididymitis	Y	N
Hepatomegaly	Y	N
Splenomegaly	Y	N
Other: <i>(Describe below)</i>	Y	N

### TRAVEL HISTORY

In the 6 months before illness onset (when symptoms started), did the case.....

- |                                                                                  |   |   |     |                            |            |                    |
|----------------------------------------------------------------------------------|---|---|-----|----------------------------|------------|--------------------|
| 1. Recently travel?                                                              | Y | N | Unk | (If yes) Reason for travel | Deployment | Visiting Friends   |
| 2. Was travel out of country?                                                    | Y | N | Unk |                            | TDY        | Business (non-DoD) |
| 3. Did case receive theater/country clearance before recent out-of-country trip? | Y | N | Unk |                            | Vacation   | Other: _____       |

**Travel History (Deployment history) - Details (start with most recent travel/deployment)**

<i>Location (City, State, Country)</i>	<i># In Group (if applicable)</i>	<i>Principal reason for trip</i>	<i>Date Travel Started</i>	<i>Date Travel Ended</i>

## TREATMENT

Treated with antibiotics?                      Y        N

Type of antibiotic	Date Started	Duration
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____

## LABORATORY RESULTS

Test <small>(type of test performed)</small>	Pathogen	Collection Date	Source <small>(CSF, Serum, etc)</small>	Result <small>(Record titer, list result, etc)</small>
<b>Antibody</b> <small>Acute</small>	_____	____/____/____	_____	_____
<b>Repeat aby</b> <small>Convalescent</small>	_____	____/____/____	_____	_____
<b>PCR (DNA)</b>	_____	____/____/____	_____	_____
<b>Culture</b>	_____	____/____/____	_____	_____
<b>Other:</b> _____	_____	____/____/____	_____	_____

## EXPOSURE HISTORY

In the six months prior to illness onset, did the case.....

**1. Have contact with animals?**                      Y        N        Unk

Type of contact	Who owns the animal(s)?													
	Cattle	Pig	Goat	Sheep	Dog	Deer	Bison	Elk	Other:_____	Case	Private	Wild	Commercial	Unk
Animal Products														
Skinning/slaughter														
Hunting														
Other														

**2. Consume unpasteurized dairy or undercooked meat?**                      Y        N        Unk

Type of food	From what country was product acquired?											
	Cattle	Pig	Goat	Sheep	Dog	Deer	Bison	Elk	Other:_____	U.S.	Other:_____	Other:_____
Milk												
Fresh/soft cheese												
Meat												
Other:												

**3. Have a link to a confirmed case?**                      Y        N        Unk

Relationship to case:    Household        Neighbor        Coworker        Other: \_\_\_\_\_

**4. Did case receive Post-Exposure Prophylaxis?**                      Y        N        Unk        Was PEP completed?    Y        N        Unk

If no, why not?: \_\_\_\_\_

Other comments: