

Extrapulmonary Nontuberculous Mycobacterial Disease

ORPHEUS

- confirmed
- presumptive
- no case

Name _____
LAST, first, initials (a.k.a.)

COUNTY _____

Address _____
Street City Zip

Special housing _____

Phone number _____ / _____
home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

ALTERNATIVE CONTACT

Name _____ Phone(s) _____
LAST, first, initials home (H), work (W), cell (C), message

DEMOGRAPHICS

DOB / /
m d y
 if DOB unknown, AGE _____
 Sex female male
 Language _____
 Country of birth _____
 Worksites/school/day care center _____
 Occupation/grade _____

RACE (*check all that apply*)
 white
 black
 Asian
 Pacific Islander
 American Indian/Alaska Native
 unknown
 other _____
 HISPANIC
 Yes No
 unknown declined

PROVIDERS, FACILITIES AND LABS

Reporter _____ Type (circle one)
name and phone number
 PMD Lab-fax
 MDx Lab-phone
 ER Lab-other
 ICP HCP
 Lab-ELR
 Reporter _____ Type (circle one)
name and phone number
 PMD Lab-fax
 MDx Lab-phone
 ER Lab-other
 ICP HCP
 Lab-ELR
 Ok to contact patient (only list once)
 Local epi_name _____
 Date report received by LHD / /

BASIS OF DIAGNOSIS

CLINICAL DATA

Onset date / /
 Symptomatic Y N ?
 wound identified Y N ?
 site _____
 lymphadenopathy Y N ?
 if yes, include site, dates of onset and resolution _____
 fever $\geq 37.8^{\circ}\text{C}$ (100.0°F) Y N ?
 sepsis Y N ?
 fatigue Y N ?
 sudden weight loss Y N ?

OUTCOMES

hospitalized overnight? Y N ?
 hospital name _____
 admission / /
 discharge / /
 survived died ?
 date of death / /
 Notes:

PRIVATE LAB DATA

Specimen collection date / /
 Lab _____
 Specimen source
 blood urine wound lymph node
 other _____
 culture
 date of result / /
 PCR pos neg
 date of result / /
 Type of mycobacterium _____

PUBLIC HEALTH LAB DATA

Isolate sent to PHL/CDC Y N ?
 PHL specimenID _____
 Type of mycobacterium _____
 PCR pos neg
 date of result / /

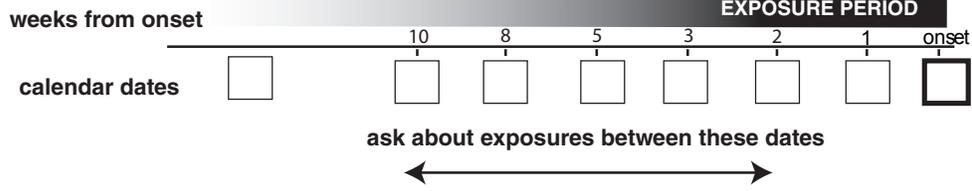
EPI LINKS

At the time of initial report, case appears to be:
 sporadic Y N ?
 associated with a known outbreak?
 Y N ?
 if yes, provide outbreak number _____
 Specify nature of link: _____
 salon spa hospital
 Have other cases been reported?
 Y N ?
 if yes to any question, specify relevant names, dates, places, etc



INFECTION TIMELINE

Enter onset date in heavy box.
Count back to figure the probable exposure period.



Interviewed yes no Interview date(s) _____ Interviewed by _____

Who patient provider parent other

case (or family proxy) could not be interviewed no risk factors identified

Interviewees case parent physician other HCP _____ Interview date(s) _____

RISKS

Questions pertaining to infection timeline

POTENTIAL SOURCES

- yes no refused unk
 hot tub or spa
 if yes, when _____
 where _____
 surgery
 if yes, when _____
 where _____
 nail salon
 if yes, when _____
 where _____
 tatoo
 if yes, when _____
 where _____
 fish tank
 if yes, when _____
 where _____

POTENTIAL SOURCES

- yes no refused unk
 acupuncture
 if yes, when _____
 where _____
 work with potting soil
 if yes, when _____
 where _____
 infusions
 if yes, when _____
 where _____
 trauma
 if yes, when _____
 where _____
 handle fish
 if yes, when _____
 where _____

UNDERLYING MEDICAL CONDITIONS

- yes no refused unk
 immunosuppressive therapy
 if yes, wat _____
 how long _____
 immunocompromised
 how _____

FOLLOW UP

SUMMARY OF FOLLOW-UP AND COMMENTS *Provide details as appropriate.*

- is an environmental inspection needed Y N ?
 education provided Y N ?

Does the case know about anyone else with a similar illness? Y N
 If yes, get contact information, onsets, etc.

name	age	sex	relation to case	onset	comment
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____

Other notes _____

ADMINISTRATION

Remember to copy patient's name to the top of this page.

Completed by _____ Date _____ Phone _____ Case report sent to OHA on ____/____/____
 Investigation sent to OHA on ____/____/____