



Date of Notification to Public Health Department HSE Area

PATIENT INFORMATION

CIDR ID Surname Forename

Date of Birth Age (years) Age (months) Sex F M UNK

Country of Birth Home address/ County/ Eircode

Home phone, mobile, e-mail

GP Name, address, phone, e-mail

Ethnicity White Irish Chinese
 Irish traveller Asian other
 White other Roma
 Black African Other
 Black other Unkown

TRAVEL HISTORY

Country(s) visited 7 days prior to onset of symptoms:

Country 1 date from to

Country 2 date from to

Country 3 date from to

Duration of stay overseas Date of arrival in Ireland

Reason for travel

New entrant to IE Visiting family in country of origin Irish citizen living abroad
 Civilian sea-air crew Irish armed services Business/professional travel
 Foreign student studying in IE Holiday travel Foreign visitor ill while in IE
 Children visiting parents living abroad Other If other, specify

CLINICAL DETAILS and SYMPTOMS

Date of onset of symptoms Date of diagnosis

Patient Type GP Patient Hospital In-Patient Hospital Out Patient Emergency Dept
 Other If other, specify

If hospitalised
Hospital Name Hospital Number Date admission

Admission to ICU Yes No Unk Date ICU admission

Immunocompromised Yes No Unk

Laboratory confirmed co-infection Yes No Unk If yes, specify microorganism

Symptoms

Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>
Cough	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>
Chest pain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>
Haemoptysis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>
Lymphadenitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>

If other, specify

CLINICAL SYNDROME (1)

Primary clinical syndrome Bubonic Septicemic Pneumonic Pharyngeal Meningitic GI Unk

Secondary pneumonic plague Yes No Unknown

CLINICAL SYNDROME (2)

Outcome

Recovered Recovering Still ill Long term sequelae Lost to follow up Died Unk

If died, date of death

Cause of Death Due to this ID Not due to this ID Awaiting Coroner's Report Pending Unk

PM diagnosis Yes No Unk

TREATMENT

Treatment initiated Yes No Unk Start date

Treatment completed Yes No Unk

LABORATORY DIAGNOSTIC TESTING

<i>Y. pestis</i> microscopy	<i>Y. pestis</i> culture	<i>Y. pestis</i> PCR
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Not performed <input type="checkbox"/> Unk Details/comments <input type="text"/> Specimen type <input type="checkbox"/> CSF <input type="checkbox"/> Blood culture <input type="checkbox"/> EDTA blood <input type="checkbox"/> Needle aspirate <input type="checkbox"/> Sputum <input type="checkbox"/> Other Date specimen collected <input type="text"/> If other, specify <input type="text"/>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Not performed <input type="checkbox"/> Unk Details/comments <input type="text"/> Specimen type <input type="checkbox"/> CSF <input type="checkbox"/> Blood culture <input type="checkbox"/> EDTA blood <input type="checkbox"/> Needle aspirate <input type="checkbox"/> Sputum <input type="checkbox"/> Other Date specimen collected <input type="text"/> If other, specify <input type="text"/>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Not performed <input type="checkbox"/> Unk Details/comments <input type="text"/> Specimen type <input type="checkbox"/> CSF <input type="checkbox"/> Blood culture <input type="checkbox"/> EDTA blood <input type="checkbox"/> Needle aspirate <input type="checkbox"/> Sputum <input type="checkbox"/> Other Date specimen collected <input type="text"/> If other, specify <input type="text"/>

ANTIBIOTIC SENSITIVITY TESTING

Gentamicin	S <input type="checkbox"/>	I <input type="checkbox"/>	R <input type="checkbox"/>	Not performed <input type="checkbox"/>	Unk <input type="checkbox"/>	Date specimen collected <input type="text"/>
Doxycycline/Tetracycline	S <input type="checkbox"/>	I <input type="checkbox"/>	R <input type="checkbox"/>	Not performed <input type="checkbox"/>	Unk <input type="checkbox"/>	
Ciprofloxacin	S <input type="checkbox"/>	I <input type="checkbox"/>	R <input type="checkbox"/>	Not performed <input type="checkbox"/>	Unk <input type="checkbox"/>	
Chloramphenicol	S <input type="checkbox"/>	I <input type="checkbox"/>	R <input type="checkbox"/>	Not performed <input type="checkbox"/>	Unk <input type="checkbox"/>	
Streptomycin	S <input type="checkbox"/>	I <input type="checkbox"/>	R <input type="checkbox"/>	Not performed <input type="checkbox"/>	Unk <input type="checkbox"/>	
Specimen type	CSF <input type="checkbox"/>	Blood culture <input type="checkbox"/>	EDTA blood <input type="checkbox"/>	Needle aspirate <input type="checkbox"/>	Sputum <input type="checkbox"/>	Other <input type="checkbox"/>
If other, specify	<input type="text"/>					

EXPOSURE HISTORY (7 days preceding illness)

Country of infection

Location of exposure Farm Parks Private house Hotel Airplane Ship Train Bus

Transmission Person to person
 Aircraft/ship contact (within 2 metres)
 Contaminated SoHO* without PPE# Type of SoHO
 Contaminated fomites/items without PPE# Type of fomites/items
 Contaminated laboratory materials without PPE# Type of laboratory materials
 Contact with sick animal
 Flea bite
 Additional comments

CASE STATUS Confirmed Probable Not a case

Reporter details Signature Date

Please return completed forms to HPSC via

Post: Health Protection Surveillance Centre, 25-27 Middle Gardiner Street, Dublin 1, DO1 A4A3
 Encrypted email: hpsc-data@hse.ie Fax: 01 856 1299

DEFINITIONS

Clinical criteria

Any person with at least one of the following clinical forms:

Bubonic plague:

- Fever

AND

- Sudden onset of painful lymphadenitis

Septicaemic plague:

- Fever

Pneumonic plague:

- Fever

AND

At least one of the following three:

- Cough

- Chest pain

- Haemoptysis

Laboratory criteria

At least one of the following three:

- Isolation of *Yersinia pestis* from a clinical specimen

- Detection of *Yersinia pestis* nucleic acid from a clinical specimen (F1 antigen)

- *Yersinia pestis* anti-F1 antigen specific antibody response

Epidemiological criteria

At least one of the following four epidemiological links:

- Human to human transmission

- Animal to human transmission

- Laboratory exposure (where there is a potential exposure to plague)

- Exposure to a common source

Case classification

A. **Possible case:** Not applicable

B. **Probable case:** Any person meeting the clinical criteria and with an epidemiological link

C. **Confirmed case:** Any person meeting the laboratory criteria

Source: HPSC Case Definitions for Notifiable Diseases, 2012; <http://www.hpsc.ie/hpsc/NotifiableDiseases/CaseDefinitions/>

*SoHO: Substances of Human Origin

#PPE: Personal protective equipment