Blastomycosis Worksheet

Wisconsin Division of Public Health
Bureau of Communicable Diseases
One West Wilson Street, Room 318
Madison, WI   53701

Date received by BCD: _____/_____/

Date of case interview: _____/_____/

Interviewer initials: ________

Demographic Information:

Patient Name (Last, First): ________________________________

Parent Name (If minor): _______________________________ Telephone: ____________________

DOB: _____/_____/_____ Age: ______  Gender  M F

City: ___________________ County: _______________________Zip Code: ___________________

Occupation: _____________________________ Employer Location: ________________________

Race:

_____ White   _____ Black   _____ Native American   _____ Asian/Pacific Islander

_____ Unknown   _____ Other: _______________________________

Ethnicity:  _____ Hispanic  _____ Non-Hispanic

Clinical Information:

Clinician: _________________________________ Telephone: _______________________________

Clinic name: _________________________________________________________________________

Person reporting: _________________________________ Telephone: _____________________

Date report received: _____/_____/

1. Hospitalized due to blastomycosis  Y  N

Hospital name:______________________________________________________________

Admission date:  ____/_____/

Discharge date:  ____/_____/

2. Outcome:

_____ Alive

_____ Deceased due to blastomycosis, Date: _____/_____/

_____ Deceased due to other cause: _____/_____/_____ Cause: __________________

3. Blastomycosis Diagnosis: (Must meet case definition - See EpiNet Manual)

_____ Negative (Positive serology, but no additional laboratory confirmation)

_____ Positive (Demonstrated blastomycosis yeasts/broad based buds or positive culture)

4. Please check all categories that apply:

_____ Immunocompromised, explain: ____________________________________________

_____ Asymptomatic

    Treatment:  Y  N  list medications:

_____ Symptomatic
Treatment:    Y    N    list medications:

______________________________
5. Please check all locations that apply:

- ___ Acute Infection
- ___ Sub-acute Infection
- ___ Chronic Infection
- ___ Pulmonary (Disease present only in lungs)
- ___ Extra-pulmonary (No disease in lungs)
- ___ Disseminated (Both pulmonary and extra-pulmonary locations)
- ___ Bone
- ___ Skin
- ___ Eye
- ___ CNS
- ___ Other:

Diagnostic Information:

Laboratory name: ____________________________________________________________

Microscopy: ___ Positive smear   ___ Positive "wet prep"

Date: ___/___/____

Specimen: _________________________________________________________________

Result: ___ Positive   ___ Negative

Comments: ________________________________________________________________

DNA Probe: Y  N  Result: ____________________________________________________

Culture:

Y  N

Date: ___/___/____

Specimen: _________________________________________________________________

Result: ___ Positive   ___ Negative

Comments: ________________________________________________________________

Histopathology: Y  N

Date: ___/___/____

Specimen: _________________________________________________________________

Result: ___ Positive   ___ Negative

Comments: ________________________________________________________________

Serology:

Y  N

___ AGID   ___ ELISA   ___ Comp FX

Result  ___ Positive   ___ Negative   Titer: __________________

Radiology:

Y  N

___ X-ray Date: ___/___/____

___ CT Date: ___/___/____

___ MRI Date: ___/___/____

___ Other: ___________________________ Date: ___/___/____

Location:

___ Chest   ___ Extremity   ___ Spine

___ Other: ___________________________

Comments: __________________________________________________________________
**Risk Factors:**
Did patient have any **chronic medical conditions** that compromise the immune system such as diabetes, cancer or organ transplant?  
Y  N  List: ____________________

Did patient **smoke** before the onset of illness?  
Y  N
If yes, for how many years? ___________
If yes, how many packs per day? ___________
If yes, was the patient smoking up until the onset of illness?  
Y  N

Has anyone else in the patient's **household** been diagnosed with blastomycosis?  
Y  N
Who/When: ______________________________________________________

**Symptom History:**
History from: _____ Physician or chart/medical record  _____ Patient or relative_____ Both

**Onset date** of illness: _____ / _____ / _____  **Recovery date** of illness: _____ / _____ / _____

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coughing up blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin lesions</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Poor appetite</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Weight loss</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Joint pain</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Headache</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Back pain</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Bone pain</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Fractures</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Fever</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Chills</td>
<td></td>
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<tr>
<td>Night sweats</td>
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<tr>
<td>Fatigue</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Muscle pain</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Other:</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**Exposure History:**
Did patient do any **hunting** in the 3 months before the onset of illness?  
Y  N
When/Where ______________________________________________________

Did patient own or regularly visit a **cabin** in the 3 months before the onset of illness?  
Y  N
Where ____________________________________________________________

Did patient do any **fishing, camping, or hiking** in the 3 months before the illness?  
Y  N
What: _______________________________  Where: _______________________________
What: _______________________________  Where: _______________________________
What: _______________________________  Where: _______________________________

Did patient use **all-terrain vehicles** (4-wheelers) in the 3 months before the illness?  
Y  N
Activity: __________________________________________________________
When/Where ______________________________________________________
Did patient do any **wood or brush clearing or cutting** in the 3 months before the illness? Y N

Activity: ____________________________________________________________
When/Where _______________________________________________________

Was patient near any **excavation** sites at home or elsewhere in the 3 months before the onset of illness? Y/N

Activity: ____________________________________________________________
When/Where _______________________________________________________

Has patient done any **gardening** or **landscaping** at home or elsewhere in the 3 months before the onset of illness? Y N

Activity: ____________________________________________________________
When/Where _______________________________________________________

Has patient been near any **beaver dams** or **lodges** in the 3 months before the illness? Y N

Activity: ____________________________________________________________
When/Where _______________________________________________________

Did patient have any **occupational exposures** to soil, wooded area, or boggy areas in the 3 months before the onset of illness? Y N

Employer: __________________
Activity: ____________________________________________________________
When/Where _______________________________________________________

Did patient **travel** in-state or out-of-state in the 3 months before the onset of illness? Y N

When/Where _______________________________________________________

In what **county** did the patient's exposure likely occur?________________________________

Does patient currently **own a dog**? Y N

If yes, has the dog been diagnosed with **blastomycosis**? Y N

When? (Date or season and year of onset): ________________________________

Vet name: __________________________ Telephone: ________________

Have any of the patient's previously owned **dogs** diagnosed **with blastomycosis**? Y N

When? (Date or season and year of onset): ________________________________

Did the dog live at the patient's current address? Y N
Does patient **live on or near a lake, river, stream or wetland?**  
Y  N  
If yes, how far away?  
___ < 100 feet  _____ < 1/4 mile  _____ < mile  _____ > mile  
Comments: __________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  

Thank you for your assistance  

**Questions or Comments:**  
For specific questions or comments regarding blastomycosis in Wisconsin contact:  
John R. Archer, Epidemiologist  
Bureau of Communicable Diseases, Communicable Disease Epidemiology Section  
(608) 267-9009  
archejr@dhfs.state.wi.us  

Please fax the completed form to Bureau of Communicable Diseases at (608) 261-4976 or submit with the Wisconsin Division of Public Health, Acute & Communicable Disease Case Report, DPH 4151.  

Wisconsin Division of Public Health Disease Surveillance Manual (EpiNet, February 2005)