

Utah Department of Health
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BT Investigation Form

Please fill in the blanks or check the answer for each question.

ADD THIS FORM TO ALL INVESTIGATIONS OF CATEGORY A BIOTERRORISM AGENTS
Anthrax, Botulism, Plague, Smallpox, Tularemia, Viral Hemorrhagic Fever

Last Name First Name

Onset Date Disease

In the past 12 months, how many total cases of this disease have occurred:

In the health district In the state Is there any geographic clustering? ☐ Yes ☐ No ☐ Unknown

What is the 5 year average of this disease:

In the health district In the state Is the number of cases larger than expected? ☐ Yes ☐ No ☐ Unknown

Did the patient have an appropriate exposure? ☐ Yes ☐ No ☐ Unknown

Is the age/sex appropriate for this disease? ☐ Yes ☐ No ☐ Unknown

Is the disease presentation (symptoms) typical? ☐ Yes ☐ No ☐ Unknown

Was the patient previously healthy? ☐ Yes ☐ No ☐ Unknown

Is the antibiotic resistance profile typical for this organism? ☐ Yes ☐ No ☐ Unknown

Is the patient responding to therapy? ☐ Yes ☐ No ☐ Unknown

Is this an appropriate time of year for the disease to occur? ☐ Yes ☐ No ☐ Unknown

Has agriculture been called to see if there is a concurrent outbreak in animals? ☐ Yes ☐ No ☐ Unknown

Does the patient work in or with:

If answer "no" to any question, put comments here...

Has active surveillance been initiated to see if other cases have occurred? ☐ Yes ☐ No ☐ Unknown

REPORTED BY

Name/Facility Phone number Date