ENDEMIC FUNGAL DISEASE CASE REPORT FORM

Please fax completed form to Dr. Ireland at 1-800-233-1817

DISEASE INFORMATION

☐ Blastomycosis (*Blastomyces dermatitidis or B. gilchristii*)
☐ Histoplasmosis (*Histoplasma capsulatum*)

Report date: ____/____/____

Physician name: ______________________

Institution/Clinic: ______________________

MDH USE ONLY

Confirmed Probable Not a case
Confirmed Probable Not a case
Blastomycosis MEDSS ID:
Histoplasmosis MEDSS ID:

CRF: Epi review: Data entry:

DEMOGRAPHIC INFORMATION

Patient name: ______________________

Parent name (if minor): ______________________

Address: ______________________

City: ______________________ State: ________

County: ______________________ Zip: ________

Phone (1): ____________ Phone (2): ____________

DOB: ____/____/____ Age: ____________

Sex at birth: ____________ Gender identity: ____________

Race (check all that apply):
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ Black
☐ White ☐ Unknown
☐ Other: ______________________

Race details: ______________________

Ethnicity:
☐ Hispanic or Latino ☐ Non-Hispanic ☐ Unknown

Occupation: ______________________

CLINICAL ILLNESS HISTORY

Illness onset date: ____/____/____ First visit to health care provider: ____/____/____

Hospitalized? ☐ Y ☐ N ☐ U Facility: ____________ Admit: ____/____/____ Discharge: ____/____/____

Signs/symptoms:

Symptom			
Cough	☐ Yes	☐ No	☐ Unk
Fever	☐ Yes	☐ No	☐ Unk
Chest pain	☐ Yes	☐ No	☐ Unk
Shortness of breath	☐ Yes	☐ No	☐ Unk
Headache	☐ Yes	☐ No	☐ Unk
Myalgia	☐ Yes	☐ No	☐ Unk
Erythema nodosum/multiforme	☐ Yes	☐ No	☐ Unk
Other new skin lesions	☐ Yes	☐ No	☐ Unk
Hemoptysis	☐ Yes	☐ No	☐ Unk
Night sweats	☐ Yes	☐ No	☐ Unk
Weight loss	☐ Yes	☐ No	☐ Unk
Joint pain	☐ Yes	☐ No	☐ Unk
Fatigue	☐ Yes	☐ No	☐ Unk

Other clinical findings:

Finding			
Meningitis, encephalitis, or other brain lesions	☐ Yes	☐ No	☐ Unk
GI ulceration or masses	☐ Yes	☐ No	☐ Unk
Pancytopenia	☐ Yes	☐ No	☐ Unk
Enlarged spleen, liver or abdominal lymph nodes	☐ Yes	☐ No	☐ Unk
Peripheral lymphadenopathy	☐ Yes	☐ No	☐ Unk
Abnormal chest imaging (e.g. pneumonia, infiltrates, single lesions, enl. lymph nodes)	☐ Yes	☐ No	☐ Unk

Describe: ______________________

Other signs/symptoms: ______________________

Immunocompromising conditions or relevant prior co-morbidities? ☐ Yes ☐ No ☐ Unk

Describe: ______________________

DIAGNOSIS & TREATMENT

Diagnosis: ☐ Blastomycosis ☐ Histoplasmosis ☐ Other illness: ______________________ ☐ Unk

Notes (i.c. acute, chronic, disseminated): ______________________

Initially treated for bacterial pneumonia: ☐ Yes ☐ No ☐ Unk

Treatment: ☐ Itraconazole ☐ Amphotericin B ☐ Voriconazole ☐ Fluconazole ☐ Other: ____________ ☐ Unk

Status: ☐ Alive ☐ Deceased Date of death: ____/____/____ Cause of death: ______________________

Death result of fungal infection? ☐ Yes ☐ No ☐ Unk

ENDEMIC FUNGAL DISEASE LABORATORY TESTING

	Specimen date	Specimen/source	Result	Details
General tests				
Fungal culture:	____/____/____		☐ Pos ☐ Neg ☐ Unk	Species identified:
Histopathology:	____/____/____		☐ Pos ☐ Neg ☐ Unk	
Cytology/Smear:	____/____/____		☐ Pos ☐ Neg ☐ Unk	
PCR (or other molecular test):	____/____/____		☐ Pos ☐ Neg ☐ Unk	Species identified:
Blastomyces tests				
Antigen EIA:	____/____/____	☐ Urine ☐ Serum ☐ Other:	☐ Pos ☐ Neg ☐ Unk	Value:
Antibody by EIA:	____/____/____		☐ Pos ☐ Neg ☐ Unk	
Antiboy by ID:	____/____/____		☐ Pos ☐ Neg ☐ Unk	
Histoplasma tests				
Antigen EIA:	____/____/____	☐ Urine ☐ Serum ☐ Other:	☐ Pos ☐ Neg ☐ Unk	Value:
Complement fixation - Yeast:	____/____/____		☐ Pos ☐ Neg ☐ Unk	Titer:
Complement fixation - Mycelial:	____/____/____		☐ Pos ☐ Neg ☐ Unk	Titer:
Immunodiffusion M band:	____/____/____		☐ Pos ☐ Neg ☐ Unk	
Immunodiffusion H band:	____/____/____		☐ Pos ☐ Neg ☐ Unk	

Additional tests, or notes:

Person reporting: ____________________ Facility: ____________________ Phone: ____________________

MDH USE ONLY - SUMMARY

Type of infection: Pulmonary Non-pulmonary Disseminated

If non-pulmonary or disseminated: Skin/ST Eye Bone CNS Other:

County of exposure: Location: Home Cabin Work Public land Other:

Interviewed? Yes No If no, why? LTF Refused Not needed

Outbreak/cluster? Yes No Unk Outbreak name: Delayed Dx: Yes No