

Case No. _____

HPS Anthrax Questionnaire Drug related incidents in Scotland



Please return completed questionnaire to:

Susan Brownlie
Health Protection Scotland
Clifton House
Clifton Place
Glasgow
Tel: 0141 300 1180
Fax: 0141 300 1172
sbrownlie@nhs.net

Queries regarding Anthrax outbreak:

colin.ramsay@nhs.net

Tel: 0141 300 1127

lyndabrowning@nhs.net

Tel: 0141 300 1155

Guidance Notes for Completion of Anthrax Questionnaire

- ◆ **This questionnaire is for use with all cases - see case definitions**
<http://www.hps.scot.nhs.uk/anthrax/documents/case-definition-anthrax-outbreak-v5.pdf>
- ◆ **The questionnaire should be completed by a public health specialist or public health nurse**
- ◆ **Information on case details, symptoms, drug history and other potential risk factors should be obtained from a case or proxy - in the following preferred order**
 - **The case (if alive) or**
 - **If the case is deceased or otherwise unable to give a history, a proxy should be used in the following order**
 - **Someone who shared drugs with the case recently**
 - **Partner**
 - **Close friend**
 - **Family member**
- ◆ **Information on the clinical history should be obtained from medical notes or attending clinician**
- ◆ **Please answer all questions**
- ◆ **Please return completed questionnaires within 5 days, preferably as soon as possible.**

Please note that we may require clarification of the answers provided

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Case details

1. Name

Surname	
First name	

2. Gender (circle): Male Female

3. Date of birth ___/___/___ (dd/mm/yyyy) Age (years) _____

4.

Address	
Post code	

Is this their? (circle): Permanent address A Hostel
Please indicate where they have been living / sleeping over the last two week
(please circle all that apply)
Hostel On Street Own home Prison Other (specify)

5. Case status (circle) confirmed probable possible

6. This History is taken from (circle) case proxy

If proxy, name, relationship to case and contact number

General history of current illness

7. Were you aware that there was a risk of Anthrax associated with drug use? Y N

If yes, how did you become aware? _____

When did you become aware? _____

8. In relation to your current illness, when did you first develop symptoms

_____ / _____ / _____ (dd/mm/yyyy)

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9. Briefly describe history and general symptom progression:

What were your first symptoms?
How did things progress?

10. Patient symptoms prior to admission (circle all that apply)

Headache	Yes	No	Don't know
Fever	Yes	No	Don't know
Chills	Yes	No	Don't know
Anorexia	Yes	No	Don't know
Malaise	Yes	No	Don't know
Nausea	Yes	No	Don't know
Diarrhoea	Yes	No	Don't know
Vomiting	Yes	No	Don't know
Abdominal pain	Yes	No	Don't know
Bloody diarrhoea or vomiting	Yes	No	Don't know
Leaking wound or infection	Yes	No	Don't know
Swelling	Yes	No	Don't know
Pain	Yes	No	Don't know
Itching	Yes	No	Don't know
Breathing Difficulties	Yes	No	Don't know

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22. In the week before you became ill did you share any of your supply or anything you used to inject with anyone?

Yes No Don't know

If yes, what did you share? (*circle all that apply*)

Your supply (drugs)	Citric Acid	Needles & syringes
Filter	Spoons	Water

Other, please specify _____

Did the person that you shared anything with become ill?

Yes No Don't know

23. Do you know if your supply has been cut or mixed with any substance?

Yes No Don't know

If so, do you know what that substance might have been?

Yes, please specify _____ No Don't know

24. Did you mix the drug with anything else before you took it?

Yes No Don't know

If yes, have you noticed anything different about what you mixed with?

Yes No Don't know

If yes, please give details _____

25. Do you know of anyone else with a similar illness?

Yes No Don't know

If yes, please specify _____

26. When you injected in the week before you became ill, what have you used to filter your heroin? (*Circle all that apply*).

Cigarette filter	Filter tips	Cotton bud
Cotton wool	Wool	Other clothing fibres
Nothing	Other, please specify _____	

Did you reuse any filters during that week?

Yes No Don't know

If yes, details _____

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Asking about any specific sites of infection, e.g. abscess

27. Do you have a **specific** infected site?

Yes No Don't know

- If yes, how long has there been **any kind** of infection at this site? _____ days
- Where on the body is this site? _____
- On which days during the last week did you inject **into this**?

____/____/____ (dd/mm/yyyy)

If more than one date please list:

____/____/____ ____/____/____ ____/____/____

- Was the heroin you injected **into this site** acquired from your normal source?
Yes No Don't know
- Did the heroin or the drug solution look the same as usual?
Yes No Don't know
- If it did not look the same as usual, what was different about its appearance?

Other potential exposure factors

28. Your occupation

29. Have you been involved in any activities that might expose wounds to soil e.g. gardening, renovation, DIY etc.?

Yes No Don't know

30. Did you have contact with livestock or with the body fluids of livestock in the week before you became ill?

Yes No Don't know

31. Did you have contact with animal products such as untreated animal hair, wool, hides, or animal skin drums in the week before you became ill?

Yes No Don't know

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32. Have you travelled away from home or overseas in the week before becoming ill?

Yes No Don't know

If yes:

Places: Dates: From To (dd/mm/yyyy)

_____ /_____/____ _____/_____/_____

_____ /_____/____ _____/_____/_____

Information that follows to be obtained from clinical record/sources

Clinical details

Hospital	
Consultant	
Telephone number	
GP	
Address	
Telephone number	

33. Clinical signs at any time during presentation (*circle all that apply*)

General signs:

Systemically unwell	Yes	No	Don't know
Septic Shock	Yes	No	Don't know
Oropharyngeal lesion	Yes	No	Don't know
Hypotension	Yes	No	Don't know
Sweating	Yes	No	Don't know
Cyanosis	Yes	No	Don't know
Meningeal signs	Yes	No	Don't know
Altered consciousness	Yes	No	Don't know

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34. Please give details of any other general signs and symptoms (please note section for signs associated with localised lesion can be found on the next page)

35. Signs associated with localized lesion:

Pain	Yes	No	Don't know
Tenderness	Yes	No	Don't know
Disproportionate oedema	Yes	No	Don't know
Erythema	Yes	No	Don't know
Eschar	Yes	No	Don't know
Vesicles	Yes	No	Don't know
Cellulitis	Yes	No	Don't know
Lymphadenopathy	Yes	No	Don't know
Lymphangitis	Yes	No	Don't know
Visible injection site	Yes	No	Don't know
Necrotic abscess	Yes	No	Don't know
Necrotising fasciitis	Yes	No	Don't know

36. Please give details of any other signs associated with localised lesion:

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Was the patient given anthrax immunoglobulin (AIG)?

Yes No

If yes, on what date was the first dose given?

____/____/____ (dd/mm/yyyy)

How many doses have been given? _____

Samples taken for microbiology

What samples were obtained for microbiological diagnosis?

39. Initial Scottish NHS laboratory results

	Date: dd/mm/yyyy	Positive	Negative	Equivocal
Blood for culture - isolate or gram stain (please circle)	/ /			
Tissue	/ /			
Swab	/ /			
Wound swab	/ /			
Other (specify):	/ /			

40. Reference (Porton Down) laboratory results

	Date: dd/mm/yyyy	Positive	Negative	Equivocal
Blood for culture	/ /			
Blood for PCR (EDTA tube)	/ /			
Serum	/ /			
Serum – toxin levels	/ /			
Acute Serum – anti-toxin AB levels	/ /			
Convalescent Serum – anti- toxin AB levels	/ /			
Wound swab	/ /			
Tissue	/ /			
Other (specify):	/ /			

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Prior Medical issues

41. Does the patient have any chronic health conditions or any underlying conditions that could have led to immunosuppression (including for example HIV, Hepatitis C or any other chronic conditions such as diabetes, rheumatoid arthritis etc) ?

Yes No Don't know

If yes, please give details _____

Is the patient on any prescribed medication (particularly long term)

Yes No Don't know

If yes, please give details _____

Final patient outcome/status

Discharged?

Died?

Date died or discharged ___/___/___ (dd/mm/yyyy)

Additional Comments:

Form completed by: _____ **Date** _____

Designation/role: _____