

Making the Case

Name: _____

Date: _____

Directions

Dr. Alison, one of CDC’s disease detectives, interviews Eddie’s family, primary care providers, and friends while at the hospital. Eddie’s family and primary care providers describe Eddie’s clinical signs and symptoms, such as fever (measured temperature of 100°F or greater), cough, and muscle aches. They also provide information about Eddie’s other health condition, asthma. Preexisting health conditions, like asthma, can put a person at a higher risk for developing severe disease.

Eddie’s friends provide information on what activities Eddie was involved with at the Thomas County Fair. They provide important epidemiologic information on place (i.e., the geographic location of where Eddie recently visited, such as visiting the animal areas at the fair); and time (i.e., when Eddie may have been exposed and infected), such as before or during the Thomas County Fair and when Eddie started showing clinical signs and symptoms of infection.

After collecting some initial information, Dr. Alison and the other disease detectives work together to create a case definition. They will use the case definition to see if anyone else who is ill should be included in the investigation.

A **case definition** is a set of uniformly applied criteria for determining whether an event (e.g., disease or injury) should be considered as part of the outbreak. A case definition often includes medical features (e.g., clinical signs and symptoms), epidemiologic information, and laboratory test results. Epidemiologic information can include criteria on the demographic characteristics such as sex and age (i.e., person), geographic location of where an ill person lives or visited recently (i.e., place), and onset of clinical signs and symptoms (i.e., time).

Reread pages 37–40 of CDC’s *The Junior Disease Detectives, Operation: Outbreak* graphic novel. Then, use Eddie’s case to write an initial case definition for the outbreak investigation. Remember to include medical features—clinical signs and symptoms and epidemiologic information—person, place, time.

Initial Case Definition

Case Reports

Name: _____

Date: _____

Directions: On pages 40–41, Dr. Alex, a CDC EIS officer, asks Andy Duncan, the Thomas County Fair director, if he is aware of any illness reported among people who attended the fair. Mr. Duncan explains that a few people told him that they or someone in their family got sick with some kind of respiratory bug after the fair.

Dr. Alex suspects that these may be additional cases in this outbreak. Dr. Alex requests the contact names and telephone numbers to follow up with the three additional patients. He uses a case report form to make sure he asks the right questions.

1. Read through the completed case report forms provided. Generate a possible hypothesis about if Eddie and the other patients' illness might be linked. Consider the medical features (i.e., clinical signs and symptoms) and epidemiologic information (i.e., person, place, and time) as clues.

Hypothesis Generation

2. Use your hypothesis to update your case definition.

Case Definition 2.0

Eddie

Interviewer: EIS officer, Dr. Alison

Interview date: 9/19

Demographics

Sex: Male **Age:** 17 years **City, State:** Slayerville (Thomas County)

Clinical signs and symptoms

Fever ≥100°F?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/17
Cough?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/14
Sore throat?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/15
Muscle Aches?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/17

Epidemiologic risk factors

Attended fair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date? 9/14
Date(s) attended	<input checked="" type="checkbox"/> On the day of illness onset	<input type="checkbox"/> 2 days before illness onset	<input type="checkbox"/> 4 days before illness onset	<input type="checkbox"/> 6 days before illness onset
	<input type="checkbox"/> 1 day before illness onset	<input type="checkbox"/> 3 days before illness onset	<input type="checkbox"/> 5 days before illness onset	<input type="checkbox"/> 7 days before illness onset
Sick before the fair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Direct contact with (touch, pet, or kiss) livestock animal?	<input type="checkbox"/> Horses	<input type="checkbox"/> Goats	<input type="checkbox"/> Sheep	<input type="checkbox"/> Other
	<input type="checkbox"/> Cows	<input type="checkbox"/> Poultry	<input checked="" type="checkbox"/> Pigs or hogs	<input type="checkbox"/> No Contact
Where did direct contact occur?	<input checked="" type="checkbox"/> Home	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Live Animal Market	<input type="checkbox"/> Other
	<input type="checkbox"/> Work	<input type="checkbox"/> Petting Zoo		
Indirect contact with (walk through or come within 6 feet of) livestock animals?	<input type="checkbox"/> Beef or Dairy Barn	<input type="checkbox"/> Sheep or Goat Barn	<input checked="" type="checkbox"/> Practice Ring A	<input type="checkbox"/> Arena A
	<input type="checkbox"/> Horse Barn	<input checked="" type="checkbox"/> Swine Barn	<input type="checkbox"/> Practice Ring B	<input checked="" type="checkbox"/> Other: Home Barn
	<input checked="" type="checkbox"/> Poultry Barn	<input type="checkbox"/> Horse Arena		<input type="checkbox"/> No Contact
Where did indirect contact occur?	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Live Market	<input type="checkbox"/> Other
	<input type="checkbox"/> Work	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Petting Zoo	

Influenza testing

Result	<input type="checkbox"/> Influenza A	<input type="checkbox"/> Influenza A/B (not distinguished)	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Not yet known
	<input type="checkbox"/> Influenza B		<input type="checkbox"/> Other	
If influenza A, what is the subtype?	<input type="checkbox"/> Human seasonal influenza A (H1N1)	<input type="checkbox"/> Human seasonal influenza A (H3N2)	<input type="checkbox"/> Avian influenza A (H7N2)	<input type="checkbox"/> Avian influenza A (H7N9)
	<input type="checkbox"/> Influenza A (H1N1) variant	<input type="checkbox"/> Influenza A (H1N2) variant	<input type="checkbox"/> Influenza A (H3N2) variant	<input type="checkbox"/> Other __
	<input type="checkbox"/> Avian influenza A (H5N1)			<input checked="" type="checkbox"/> Not yet known

Patient A

Interviewer: EIS officer, Dr. Alex

Interview date: 9/19

Demographics

Sex: Female

Age: 16 years

City, State: Archerville (Thomas County)

Clinical signs and symptoms

Fever $\geq 100^{\circ}\text{F}$?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/16
Sore throat?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/15
Cough?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/15
Muscle Aches?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/16

Epidemiologic risk factors

Attended fair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date? 09/15
Date(s) attended	<input checked="" type="checkbox"/> On the day of illness onset	<input type="checkbox"/> 2 days before illness onset	<input type="checkbox"/> 4 days before illness onset	<input type="checkbox"/> 6 days before illness onset
	<input type="checkbox"/> 1 day before illness onset	<input type="checkbox"/> 3 days before illness onset	<input type="checkbox"/> 5 days before illness onset	<input type="checkbox"/> 7 days before illness onset
Sick before the fair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Direct contact with (touch, pet, or kiss) livestock animal?	<input type="checkbox"/> Horses	<input type="checkbox"/> Goats	<input type="checkbox"/> Sheep	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Cows	<input type="checkbox"/> Poultry	<input checked="" type="checkbox"/> Pigs or hogs	<input type="checkbox"/> No Contact
Where did direct contact occur?	<input checked="" type="checkbox"/> Home	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Live Animal Market	<input type="checkbox"/> Other
	<input type="checkbox"/> Work	<input type="checkbox"/> Petting Zoo		
Indirect contact with (walk through or come within 6 feet of) livestock animals?	<input checked="" type="checkbox"/> Beef or Dairy Barn	<input type="checkbox"/> Sheep or Goat Barn	<input checked="" type="checkbox"/> Practice Ring A	<input checked="" type="checkbox"/> Arena A
	<input type="checkbox"/> Horse Barn	<input checked="" type="checkbox"/> Swine Barn	<input type="checkbox"/> Practice Ring B	<input type="checkbox"/> Arena B
	<input type="checkbox"/> Poultry Barn	<input type="checkbox"/> Horse Arena		<input checked="" type="checkbox"/> Other: Home Barn
				<input type="checkbox"/> No Contact
Where did indirect contact occur?	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Live Market	<input type="checkbox"/> Other
	<input type="checkbox"/> Work	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Petting Zoo	

Influenza testing

Result	<input type="checkbox"/> Influenza A	<input type="checkbox"/> Influenza A/B (not distinguished)	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Not yet known
	<input type="checkbox"/> Influenza B		<input type="checkbox"/> Other	
If influenza A, what is the subtype?	<input type="checkbox"/> Human seasonal influenza A (H1N1)	<input type="checkbox"/> Human seasonal influenza A (H3N2)	<input type="checkbox"/> Avian influenza A (H7N2)	<input type="checkbox"/> Avian influenza A (H7N9)
	<input type="checkbox"/> Influenza A (H1N1) variant	<input type="checkbox"/> Influenza A (H1N2) variant	<input type="checkbox"/> Influenza A (H3N2) variant	<input type="checkbox"/> Other
	<input type="checkbox"/> Avian influenza A (H5N1)			<input checked="" type="checkbox"/> Not yet known

Patient B

Interviewer: EIS officer, Dr. Alex

Interview date: 9/19

Demographics

Sex: Male

Age: 14 years

City, State: Germ town (Thomas County)

Clinical signs and symptoms

Fever $\geq 100^{\circ}\text{F}$?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/17
Sore throat?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/17
Cough?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/17
Muscle Aches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	Onset? N/A

Epidemiologic risk factors

Attended fair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date(s)? 9/14, 9/15
Date(s) attended	<input type="checkbox"/> On the day of illness onset	<input checked="" type="checkbox"/> 2 days before illness onset	<input type="checkbox"/> 4 days before illness onset	<input type="checkbox"/> 6 days before illness onset
	<input type="checkbox"/> 1 day before illness onset	<input checked="" type="checkbox"/> 3 days before illness onset	<input type="checkbox"/> 5 days before illness onset	<input type="checkbox"/> 7 days before illness onset
Sick before the fair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Direct contact with (touch, pet, kiss) livestock animal?	<input type="checkbox"/> Horses	<input type="checkbox"/> Goats	<input type="checkbox"/> Sheep	<input type="checkbox"/> Other
	<input type="checkbox"/> Cows	<input type="checkbox"/> Poultry	<input type="checkbox"/> Pigs or hogs	<input checked="" type="checkbox"/> No Contact
Where did direct contact occur?	<input type="checkbox"/> Home	<input type="checkbox"/> Fair	<input type="checkbox"/> Live Animal Market	<input type="checkbox"/> Other
	<input type="checkbox"/> Work	<input type="checkbox"/> Petting Zoo		
Indirect contact with (walk through or come within 6 feet of) livestock animals?	<input type="checkbox"/> Beef/ Dairy Barn	<input checked="" type="checkbox"/> Sheep or Goat Barn	<input type="checkbox"/> Practice Ring A	<input checked="" type="checkbox"/> Arena A
	<input type="checkbox"/> Horse Barn	<input checked="" type="checkbox"/> Swine Barn	<input type="checkbox"/> Practice Ring B	<input checked="" type="checkbox"/> Arena B
	<input type="checkbox"/> Poultry Barn	<input type="checkbox"/> Horse Arena		<input type="checkbox"/> Other: Home Barn
				<input type="checkbox"/> No Contact
Where did indirect contact occur?	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Live Market	<input type="checkbox"/> Other
	<input type="checkbox"/> Work	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Petting Zoo	

Influenza testing

Result	<input checked="" type="checkbox"/> Influenza A	<input type="checkbox"/> Influenza A/B (not distinguished)	<input type="checkbox"/> Negative	<input type="checkbox"/> Not yet known
	<input type="checkbox"/> Influenza B		<input type="checkbox"/> Other	
If influenza A, what is the subtype?	<input type="checkbox"/> Human seasonal influenza A (H1N1)	<input type="checkbox"/> Human seasonal influenza A (H3N2)	<input type="checkbox"/> Avian influenza A (H7N2)	<input type="checkbox"/> Avian influenza A (H7N9)
	<input type="checkbox"/> Influenza A (H1N1) variant	<input type="checkbox"/> Influenza A (H1N2) variant	<input type="checkbox"/> Influenza A (H3N2) variant	<input type="checkbox"/> Other
	<input type="checkbox"/> Avian influenza A (H5N1)			<input checked="" type="checkbox"/> Not yet known

Patient C

Interviewer: EIS officer, Dr. Alex

Interview date: 9/19

Demographics

Sex: Male **Age:** 41 years **City, State:** Slayerville (Thomas County)

Clinical signs and symptoms

Fever $\geq 100^{\circ}\text{F}$?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/14
Sore throat?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/14
Cough?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? N/A
Muscle aches?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset? 9/15

Epidemiologic Risk Factors

Attended fair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date(s)? 9/14, 9/15, 9/16
Date(s) attended	<input checked="" type="checkbox"/> On the day of illness onset	<input type="checkbox"/> 2 days before illness onset	<input type="checkbox"/> 4 days before illness onset	<input type="checkbox"/> 6 days before illness onset
	<input type="checkbox"/> 1 day before illness onset	<input type="checkbox"/> 3 days before illness onset	<input type="checkbox"/> 5 days before illness onset	<input type="checkbox"/> 7 days before illness onset
Sick before the fair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	
Direct contact with (touch, pet, kiss) livestock animal?	<input type="checkbox"/> Horses	<input type="checkbox"/> Goats	<input type="checkbox"/> Sheep	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Cows	<input checked="" type="checkbox"/> Poultry	<input checked="" type="checkbox"/> Pigs or hogs	<input type="checkbox"/> No Contact
Where did direct contact occur?	<input checked="" type="checkbox"/> Home	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Live Animal Market	<input type="checkbox"/> Other
	<input type="checkbox"/> Work	<input type="checkbox"/> Petting Zoo		
Indirect contact with (walk through or come within 6 feet of) livestock animals?	<input checked="" type="checkbox"/> Beef or Dairy Barn	<input type="checkbox"/> Sheep or Goat Barn	<input checked="" type="checkbox"/> Practice Ring A	<input checked="" type="checkbox"/> Arena A
	<input type="checkbox"/> Horse Barn	<input checked="" type="checkbox"/> Swine Barn	<input type="checkbox"/> Practice Ring B	<input checked="" type="checkbox"/> Arena B
	<input checked="" type="checkbox"/> Poultry Barn	<input type="checkbox"/> Horse Arena		<input checked="" type="checkbox"/> Other: Home Barn
				<input type="checkbox"/> No Contact
Where did indirect contact occur?	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Live Market	<input type="checkbox"/> Other
	<input type="checkbox"/> Work	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Petting Zoo	

Influenza Testing

Result	<input type="checkbox"/> Influenza A	<input type="checkbox"/> Influenza A/B (not distinguished)	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Not yet known
	<input type="checkbox"/> Influenza B		<input type="checkbox"/> Other	
If influenza A, what is the subtype?	<input type="checkbox"/> Human seasonal influenza A (H1N1)	<input type="checkbox"/> Human seasonal influenza A (H3N2)	<input type="checkbox"/> Avian influenza A (H7N2)	<input type="checkbox"/> Avian influenza A (H7N9)
	<input type="checkbox"/> Influenza A (H1N1) variant	<input type="checkbox"/> Influenza A (H1N2) variant	<input type="checkbox"/> Influenza A (H3N2) variant	<input type="checkbox"/> Other
	<input type="checkbox"/> Avian influenza A (H5N1)			<input type="checkbox"/> Not yet known

Case Classifications

Name: _____

Date: _____

A more detailed case definition typically includes **case classifications** — suspected, probable, or confirmed. CDC provides a case definition for novel influenza A virus infections¹ to help disease detectives determine if patient illnesses can be classified as a case of novel influenza A virus infection or not.

Suspected

A case meeting the clinical criteria (fever with measured temperature of 100°F or greater, with cough or sore throat), pending laboratory confirmation. Any case of human infection with an influenza A virus that is different from currently circulating human influenza H1 and H3 viruses is classified as a suspected case until the confirmation process is complete.

Probable

A case meeting the clinical criteria (fever with measured temperature of 100°F or greater, with cough or sore throat) and epidemiologically linked to a confirmed case (i.e., the patient has had contact with one or more persons who either have or had the disease, and transmission of the agent by the usual modes of transmission is plausible), but for which no confirmatory laboratory testing for influenza virus infection has been performed or test results are inconclusive for a novel influenza A virus infection.

Confirmed

A case of human infection with a novel influenza A virus confirmed by CDC's influenza laboratory or by public health laboratories following CDC-approved protocols. (Note: Although flu has a confirmed case definition that does not require symptoms, the confirmed case definition for other diseases may include clinical illness. For example, the confirmed case definition for other diseases might be "laboratory confirmation of infection in a patient with compatible symptoms".

¹CDC. Novel Influenza A Virus Infections, 2014 Case Definition. Available at: <https://www.cdc.gov/nndss/conditions/novel-influenza-a-virus-infections/case-definition/2014/>

1. At each point in time, identify to what extent Eddie meets the case definition for a novel influenza A virus infection. Justify your answer.

Date	Classification	Justification
Friday, Sept. 14– Monday, Sept. 17 (p. 16–26)	<input type="checkbox"/> Not a case <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed	
Early Wednesday, Sept. 19 (p. 29–41)	<input type="checkbox"/> Not a case <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed	
Later Wednesday Sept. 19 (p. 42–48)	<input type="checkbox"/> Not a case <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed	

2. Case classifications allow disease detectives to identify the likelihood that other patient's illnesses are associated with the outbreak. Assume that Eddie's case has been confirmed as a novel influenza A virus infection. Based on the information provided in the case report forms, classify Patients A, B, and C.

	<input type="checkbox"/> Not a case <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed
	<input type="checkbox"/> Not a case <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed
	<input type="checkbox"/> Not a case <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed