

Tickborne Rickettsial Disease Case Report

CDC#

Use for Spotted Fever Rickettsiosis (SFR) including Rocky Mountain spotted fever (RMSF),

Anaplasma phagocytophilum infection, Ehrlichia chaffeensis infection, Ehrlichia ewingii infection,
and Undetermined human ehrlichiosis/anaplasmosis. Visit https://wwwn.cdc.gov/nndss/case-definitions.html
for complete case definitions or visit the disease website(s) for a fillable/downloadable PDF version of this case report form.

Patient Name:		Date submitted	Date submitted (mm/dd/yyyy):					
Address:	Healthcare prov	Healthcare provider's name:						
		Local Patient ID.	.: (if reported)		<u> </u>			
City:		_	(10001100)	Local ID	Site State			
1. State of residence (postal abbrev.):	2. County of residence:		3. Sex:					
1. State of residence (postal abbrev.).	2. County of residence:		1 Ma	ale 2 Femal	le 9 Unknown			
at time of cace	ck all that apply):		_		6. Hispanic or Latino ethnicity:			
investigation:	4 Asian or African American 5 Native I	Hawaiian or Other Pacif	7 fic Islander 8	Unknown Refused	1 Yes 2 No			
	or African American 5 Native I can Indian or Alaska Native 6 Other ra		iic isianuei o	neiuseu	9 Unknown			
7. In the two weeks before symptom onset	t or diagnosis (use earlier date), did the pa	atient travel out of thei	r county, state, o	r country of reside	ence?			
1 Yes 2 No 9 Unknown								
Destination (county, state, or country):				When did they as (mm/dd/yyyy)	rrive? When did they depart? (mm/dd/yyyy)			
(county, state, or country).				(IIIII) uu, yyyy)	(IIIII) dai yyyy)			
-								
8. In the two weeks before symptom onset					y, what was the geographic			
(use earlier date), did the patient notice a	any tick bites? (mm/dd/yyyy):	location a	t the time (coun	ty, state, or countr	y)?			
1 Yes 2 No 9 Unknown								
					10.5			
9. Clinical evidence of tickborne rickettsial		4 14	n Ne o	Hales-see-	10. Date of illness onset			
	Unknown Thrombocytopenia	1 Yes			(mm/dd/yyyy):			
	Unknown Hepatic transaminas							
	Unknown Leukopenia	1 Yes						
	Unknown Other, specify:	1 Yes	2 No 9	Unknown				
, ,	Unknown :							
Aliellia i 165 2 NO 9 C								
11. Did the patient experience any severe c	omplications in the clinical course of this				patient immunocompromised due			
1 Yes 2 No 9 Unknown					nt(s) (such as one of the following: nti-rejection drugs post-transplant,			
If the patient experienced severe compl	lications due to this illness, specify the co	omplication(s):	corticosteroids >14	4 days [such as pred	nisone, methylprednisolone, or			
 Acute respiratory distress syndrom 		'	dexamethasone], r	heumatoid arthritis [with use of immunomodulator])?			
Disseminated intravascular coagula	ation (DIC)		1 Yes 2 No 9 Unknown					
3 Meningitis/encephalitis		Sne	Specify condition(s) or treatment(s):					
4 Organ failure 5 Other, specify:		Opt	only containon(o	, or troutmont(o).				
13. Was the patient hospitalized because of	f this illness? Admission date D	Discharge date	14. Did the patie	nt die from this illı	ness or If yes, date			
1 Yes 2 No 9 Unknown	(mm/dd/yyyy): (mm/dd/yyyy):	complication	s of this illness?	(mm/dd/yyyy):			
			1 Yes	2 No 9 Ur	nknown			
15. Were antibiotics prescribed S	pecify antibiotic (if multiple antibiotics we	ere I	Date treatment v	vas nrescrihed	Prescribed duration			
	rescribed, please specify in comments):		(mm/dd/yyyy):	p p	(days):			
1 Yes 2 No 9 Unknown _								
				 _				
In the year before symptom onset or di (use earlier date), did the patient receiv		on (mm/dd/yyyy):	16b.V	Vas the patient's i	nfection transfusion-associated?			
blood transfusion?			1	Yes 2 No	9 Unknown			
1 Yes 2 No 9 Unknown	16c. If a blood product was	implicated in the infec	tion,					
	specify which type(s):							
If no or unknown, skip to Q. 17 belo		2 Platelet product						
Otherwise, continue with 16a, 16b, and	4 Unknown	5 Other, specify:						
17 In the year before supplied to the								
17. In the year before symptom onset or dia (use earlier date), did the patient receiv		/dd/yyyy):	17b.	Was the patient's	infection transplant-associated?			
organ transplant?			_	1 Yes 2 N	•			
1 Yes 2 No 9 Unknown								
o ommown	17c. If the patient received a	an organ transplant, sp	ecify which orga	an(s):				
If no or unknown, skip to Q. 18 belo	ow.							
Otherwise, continue with 17a, 17b, and	•							

Did the patient donate b prior to symptom onset? Yes 2 No		(Date of blood donation mm/dd/yyyy):	on 18b	18b. Was the patient a blood donor identified during an investigation into a transfusion-associated infection? 1 Yes 2 No 9 Unknown					
f no or unknown, skip to Otherwise, continue with 18		<i>na 18a.</i> 1 P	f a blood product wa lasma product 2 nknown 5	s implicated in th Platelet product Other (please sp	e infection, s	specify wh	ich type(s): 180		od bank/hospital/ ervice notified? No 9 Unknown	
9. Performing laboratory na	ame (organiza	tion that performe	d diagnostic testing)	: State	e (postal abb	orev.):				
0. Serology 1 collection da	te (mm/dd/yy	уу):		Serology 2	collection d	late* (mm/	dd/yyyy):			
Serologic Tests Tite	er	Resu	Its	Serologi	c Tests	Titer		Results		
IFA - IgG	Posit	ive Negative	Not performed	IFA - Ig0	i		Positive	Negative	Not performed	
IFA - IgM	Posit	ive Negative	Not performed	IFA - IgN	IFA - IgM		Positive	Negative	Not performed	
Other, specify:	Posit	ive Negative	Not performed		Other, specify:		Positive	Negative	Not performed	
additional serology testing	g performed, p	please specify in co	mments.	*Was there	a fourfold c	hange in ar	ntibody titer betwe	en the two IgG	serum specimens?	
1. Other Diagnostic Tests:										
		Date Collected								
Tests		(mm/dd/yyyy)		Specimen Typ	е			Results		
PCR							Positive	Negative	Not performed	
Morulae visualization							Positive	Negative	Not performed	
mmunostain Culture (confirmed by PCR	<u> </u>						Positive Positive	Negative Negative	Not performed Not performed	
 22. If PCR, immunostain, 1 Anaplasma phagocyt 2 Ehrlichia chaffeensis 3 Ehrlichia ewingii 4 Ehrlichia muris eauci 5 Ehrlichia species (par 	ophilum lairensis	g performed, specif 6 7 8 9	y genus or species io Genera Ehrlichia/An Rickettsia africae Rickettsia parkeri Rickettsia rickettsii		1(1: 1;	1 <i>Ricket</i> 2 Spotte	isia species 364D isia species (pan- <i>R</i> d fever group <i>Ricke</i> specify:	•		
3. Condition or event that of SFR (including RMSF) Ehrlichiosis - <i>E. chaffeei</i> Anaplasmosis - <i>A. phago</i>	nsis	4 Ehrlichiosis	•	s/anaplasmosis	1 C	Outcome (confirmed robable	nly confirmed and p 3 Suspe 4 Not a	ect	be reported to CDC): 9 Unknown	
tate Health Department	Official who	reviewed this re	port:							
Name:				Phone number:						
Title:				Email address:						
Date:										
Comments:										