DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333

Tick-Borne Rickettsial Disease Case Report

<u>Use for:</u> Rocky Mountain spotted fever (RMSF), *Ehrlichiosis* (*E. chaffeensis* , *E. ewingii* , & undet.), and *Anaplasmosis* (*A. phagocytophilum* & undet.). Visit http://www.cdc.gov and use "Search" for complete Case Definition(s) (1-4) or to visit the disease web site(s) for a fillable/downloadable PDF version of this Case Report.

Form Approved OMB 0920-0009

CDC# ☐ ☐ ☐ ☐

– PATIENT/PHYSICIAN INFORMATION –

Patient's name: _____

Address: _____
(number, street)

City: _____

Date submitted: ___/___/____ (mm/dd/yyyy)
(5-6) (7-8) (9-12)

Physician's name: _____

Phone no.: _____

NETSS ID No.: (if reported) ☐☐☐☐☐☐ – ☐☐☐ – ☐☐
Case ID (13-18)   Site (19-21)   State (22-23)

– DEMOGRAPHICS –

1. State of residence:
Postal abrv: ☐☐ (24-25)

2. County of residence: (26-50) _____
☐ Check, if history of travel outside county of residence within 30 days of onset of symptoms

3. Zip code: (51-59) _____ - ____

4. Sex: (60)
1 Male
2 Female

5. Date of birth: ___/___/_____ (mm/dd/yyyy)
(61-62) (63-64) (65-68)

6. Race: (69)
1 White   3 American Indian Alaskan Native   5 Pacific Islander
2 Black   4 Asian   9 Not specified

7. Hispanic ethnicity: (70)
1 Yes
2 No
9 Unk

8. Indicate Disease (Presumed) To Be Reported: (71)
1 RMSF
2 Ehrlichiosis - *E. chaffeensis*
3 Anaplasmosis - *A. phagocytophilum*
4 Ehrlichiosis - *E. ewingii*
5 Ehrlichiosis/Anaplasmosis - Undetermined

– CLINICAL SIGNS, SYMPTOMS, AND OUTCOMES –

9. Was a clinically compatible illness present? If there is no presence of clinical illness, then this is not a case of rickettsial disease (72)
Clinical evidence - fever and one or more of the following: rash (primarily RMSF), headache myalgia, anemia, leukopenia (Ehrlich. & Anaplas.), thrombocytopenia, or elevated hepatic trasaminases.
1 YES   2 NO   9 Unk

10. Date of Onset of Symptoms:
___/___/____ (mm/dd/yyyy)
(73-74) (75-76) (77-80)

11. Was an underlying immunosuppressive condition present? (81)
1 YES   2 NO   9 Unk
Specify condition(s): _____

12. Specify any life-threatening complications in the clinical course of illness: (82)
1 Adult respiratory distress syndrome (ARDS)   3 Meningitis/encephalitis
2 Disseminated intravascular coagulopathy (DIC)   4 Renal failure   9 None
8 Other: _____

13. Was the patient hospitalized because of this illness? (83) (If yes, date)
1 YES   2 NO   9 Unk ___/___/____ (mm/dd/yyyy)
(84-85) (86-87) (88-91)

14. Did the patient die because of this illness? (92) (If yes, date)
1 YES   2 NO   9 Unk ___/___/____ (mm/dd/yyyy)
(93-94) (95-96) (97-100)

– LABORATORY DATA –

15. Name of laboratory: _____ City: _____ State: __ __ Zip: _____ - ____

Below, indicate Y (Yes) or N (No), <u>ONLY</u> if the test or procedure was performed. <u>Lack of selection</u> indicates that the test or procedure was not performed.

16. Serologic Tests

	Serology 1 ___/___/____ (101-2)(103-4)(105-8) Titer Positive?	Serology 2* ___/___/____ (109-10)(111-12)(113-16) Titer Positive?
IFA - IgG	(_____) 1 YES 2 NO (117)	(_____) 1 YES 2 NO (118)
IFA - IgM	(_____) 1 YES 2 NO (119)	(_____) 1 YES 2 NO (120)
Other test: _____ (121-130)	(_____) 1 YES 2 NO (131)	(_____) 1 YES 2 NO (132)

17. Other Diagnostic Test? (Use #16, S1 for collections dates)

	Positive?
PCR	1 YES 2 NO (133)
Morulae visualization*	1 YES 2 NO (134)
Immunostain	1 YES 2 NO (135)
Culture	1 YES 2 NO (136)

* Visualization of morulae not applicable for RMSF.

* Was there a fourfold change in antibody titer between the two serum specimens? 1 YES   2 NO (137)

– FINAL DIAGNOSIS –

18. Classify case BASED ON the CDC case definition (see criteria below): (138)
1 RMSF
2 Ehrlichiosis - *E. chaffeensis*
3 Anaplasmosis - *A. phagocytophilum*
4 Ehrlichiosis - *E. ewingii*
5 Ehrlichiosis/Anaplasmosis - Undetermined
(139-148)

(149)
1 CONFIRMED
2 PROBABLE

State Health Department Official who reviewed this report:
Name: _____
Title: _____ Date: __/__/____ (mm/dd/yyyy)

COMMENTS:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333

Tick-Borne Rickettsial Disease Case Report

Use for: Rocky Mountain spotted fever (RMSF),
Ehrlichiosis (E. chaffeensis, E. ewingii, & undet.), and *Anaplasmosis (A. phagocytophilum* & undet.).

**Form Approved
OMB 0920-0009**

CDC# ☐☐☐☐ (1-4)

– PATIENT/PHYSICIAN INFORMATION –

Date submitted: ___/___/_____ (mm/dd/yyyy)
(5-6) (7-8) (9-12)

Physician's name: _____
Phone no.: _____

NETSS ID No.: (if reported) ☐☐☐☐☐☐ – ☐☐☐ – ☐☐
Case ID (13-18)   Site (19-21)   State (22-23)

– DEMOGRAPHICS –

1. State of residence:
Postal abrv: ☐☐ (24-25)

2. County of residence: (26-50)
_____
☐ Check, if history of travel outside county of residence within 30 days of onset of symptoms

3. Zip code: (51-59)
_ _ _ _ _ - _ _ _ _

4. Sex: (60)
1 Male
2 Female

5. Date of birth: __ __ /__ __ /__ __ __ __ (mm/dd/yyyy)
(61-62) (63-64) (65-68)

6. Race: (69)
1 White   3 American Indian Alaskan Native   5 Pacific Islander
2 Black   4 Asian   9 Not specified

7. Hispanic ethnicity: (70)
1 Yes
2 No
9 **Unk**

8. Indicate Disease (Presumed) To Be Reported: (71)
1 RMSF   3 Anaplasmosis - *A. phagocytophilum*   5 Ehrlichiosis/Anaplasmosis - Undetermined
2 Ehrlichiosis - *E. chaffeensis*   4 Ehrlichiosis - *E. ewingii*

– CLINICAL SIGNS, SYMPTOMS, AND OUTCOMES –

9. Was a clinically compatible illness present? If there is no presence of clinical illness, then this is not a case of rickettsial disease (72)
Clinical evidence - fever and one or more of the following: rash (primarily RMSF), headache myalgia, anemia, leukopenia (Ehrlich. & Anaplas.), thrombocytopenia, or elevated hepatic trasaminases.
1 YES   2 NO   9 Unk

10. Date of Onset of Symptoms:
____/__ __/__ __ __ __ (mm/dd/yyyy)
(73-74) (75-76) (77-80)

11. Was an underlying immunosuppressive condition present? (81)
1 YES   2 NO   9 Unk
Specify condition(s): _____

12. Specify any life-threatening complications in the clinical course of illness: (82)
1 Adult respiratory distress syndrome (ARDS)   3 Meningitis/encephalitis
2 Disseminated intravascular coagulopathy (DIC)   4 Renal failure   9 None
8 Other: _____

13. Was the patient hospitalized because of this illness? (83) (If yes, date)
1 YES   2 NO   9 Unk __ __/__ __/__ __ __ __ (mm/dd/yyyy)
(84-85) (86-87) (88-91)

14. Did the patient die because of this illness? (92) (If yes, date)
1 YES   2 NO   9 Unk __ __/__ __/__ __ __ __ (mm/dd/yyyy)
(93-94) (95-96) (97-100)

– LABORATORY DATA –

15. Name of laboratory: _____ City: _____ State: __ __ Zip: _ _ _ _ _ - _ _ _ _

Below, indicate Y (Yes) or N (No), **ONLY** if the test or procedure was performed. **Lack of selection** indicates that the test or procedure was not performed.

16. Serologic Tests

	COLLECTION DATE (mm/dd/yyyy) Serology 1 ___/___/___ (101-2)(103-4)(105-8)		COLLECTION DATE (mm/dd/yyyy) Serology 2* ___/___/___ (109-10)(111-12)(113-16)	
	Titer	Positive?	Titer	Positive?
IFA - IgG	(_____)	1 YES 2 NO (117)	(_____)	1 YES 2 NO (118)
IFA - IgM	(_____)	1 YES 2 NO (119)	(_____)	1 YES 2 NO (120)
Other test: _____ (121-130)	(_____)	1 YES 2 NO (131)	(_____)	1 YES 2 NO (132)

17. Other Diagnostic Test? (Use # 16, S1 for collections dates)

	Positive?
PCR	1 YES 2 NO (133)
Morulae visualization*	1 YES 2 NO (134)
Immunostain	1 YES 2 NO (135)
Culture	1 YES 2 NO (136)

* Visualization of morulae not applicable for RMSF.

* Was there a fourfold change in antibody titer between the two serum specimens? 1 YES 2 NO (137)

– FINAL DIAGNOSIS –

18. Classify case BASED ON the CDC case definition (see criteria below): (138)
1 RMSF   2 Ehrlichiosis - *E. chaffeensis*
3 Anaplasmosis - *A. phagocytophilum*   4 Ehrlichiosis - *E. ewingii*
5 Ehrlichiosis/Anaplasmosis - Undetermined
(139-148)

(149)
1 **CONFIRMED**
2 **PROBABLE**

State Health Department Official who reviewed this report:
Name: _____
Title: _____
Date: __ __/__ __/__ __ __ __ (mm/dd/yyyy)

COMMENTS:

Public reporting burden of this collection of information is estimated to average 10 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Rd., NE (MS D-74); Atlanta, GA 30333; ATTN: PRA (0920-0009).

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333

Tick-Borne Rickettsial Disease Case Report

CDC
SAFER·HEALTHIER·PEOPLE™

CDC# ☐☐☐☐ (1-4)

Use for: Rocky Mountain spotted fever (RMSF),
Ehrlichiosis (E. chaffeensis, E. ewingii, & undet.), and *Anaplasmosis (A. phagocytophilum & undet.)*.

Form Approved
OMB 0920-0009

– PATIENT/PHYSICIAN INFORMATION –

Patient's name: _____

Address: _____
(number, street)

City: _____

Date submitted: ___/___/_____ (mm/dd/yyyy)
(5-6) (7-8) (9-12)

Physician's name: _____

Phone no.: _____

NETSS ID No.: (if reported) ☐☐☐☐☐☐ — ☐☐☐ — ☐☐
Case ID (13-18)   Site (19-21)   State (22-23)

– DEMOGRAPHICS –

1. State of residence:
Postal abrv: ☐☐ (24-25)

2. County of residence: (26-50)
_____
☐ Check, if history of travel outside county of residence within 30 days of onset of symptoms

3. Zip code: (51-59)
_____ - _____

4. Sex: (60)
1 Male
2 Female

5. Date of birth: ___/___/_____ (mm/dd/yyyy)
(61-62) (63-64) (65-68)

6. Race: (69)
1 White   3 American Indian Alaskan Native   5 Pacific Islander
2 Black   4 Asian   9 Not specified

7. Hispanic ethnicity: (70)
1 Yes
2 No
9 **Unk**

8. Indicate Disease (Presumed) To Be Reported: (71)
1 RMSF
2 Ehrlichiosis - *E. chaffeensis*
3 Anaplasmosis - *A. phagocytophilum*
4 Ehrlichiosis - *E. ewingii*
5 Ehrlichiosis/Anaplasmosis - Undetermined

– CLINICAL SIGNS, SYMPTOMS, AND OUTCOMES –

9. Was a clinically compatible illness present? If there is no presence of clinical illness, then this is not a case of rickettsial disease (72)

Clinical evidence - fever and one or more of the following: rash (primarily RMSF), headache myalgia, anemia, leukopenia (Ehrlich. & Anaplas.), thrombocytopenia, or elevated hepatic trasaminases.

1 YES   2 NO   9 Unk

10. Date of Onset of Symptoms:
___/___/_____ (mm/dd/yyyy)
(73-74) (75-76) (77-80)

11. Was an underlying immunosuppressive condition present? (81)

1 YES   2 NO   9 Unk
Specify condition(s): _____

12. Specify any life-threatening complications in the clinical course of illness: (82)
1 Adult respiratory distress syndrome (ARDS)   3 Meningitis/encephalitis
2 Disseminated intravascular coagulopathy (DIC)   4 Renal failure   9 None
8 Other: _____

13. Was the patient hospitalized because of this illness? (83) (If yes, date)
1 YES   2 NO   9 Unk   ___/___/_____ (mm/dd/yyyy)
(84-85) (86-87) (88-91)

14. Did the patient die because of this illness? (92) (If yes, date)
1 YES   2 NO   9 Unk   ___/___/_____ (mm/dd/yyyy)
(93-94) (95-96) (97-100)

– LABORATORY DATA –

15. Name of laboratory: _____ City: _____ State: __ __ Zip: _____ - ____

Below, indicate Y (Yes) or N (No), **ONLY** if the test or procedure was performed. **Lack of selection** indicates that the test or procedure was not performed.

16. Serologic Tests

	Serology 1 COLLECTION DATE (mm/dd/yyyy) ___/___/___ (101-2)(103-4)(105-8)		Serology 2* COLLECTION DATE (mm/dd/yyyy) ___/___/___ (109-10)(111-12)(113-16)	
	Titer	Positive?	Titer	Positive?
IFA - IgG	(_____)	1 YES 2 NO (117)	(_____)	1 YES 2 NO (118)
IFA - IgM	(_____)	1 YES 2 NO (119)	(_____)	1 YES 2 NO (120)
Other test: _____ (121-130)	(_____)	1 YES 2 NO (131)	(_____)	1 YES 2 NO (132)

17. Other Diagnostic Test? (Use # 16, S1 for collections dates)

	Positive?
PCR	1 YES 2 NO (133)
Morulae visualization*	1 YES 2 NO (134)
Immunostain	1 YES 2 NO (135)
Culture	1 YES 2 NO (136)

* Visualization of morulae not applicable for RMSF.

* Was there a fourfold change in antibody titer between the two serum specimens? 1 YES 2 NO (137)

– FINAL DIAGNOSIS –

18. Classify case BASED ON the CDC case definition (see criteria below): (138)

1 RMSF
2 Ehrlichiosis - *E. chaffeensis*
3 Anaplasmosis - *A. phagocytophilum*
4 Ehrlichiosis - *E. ewingii*
5 Ehrlichiosis/Anaplasmosis - Undetermined
(139-148)

{ (149)
1 **CONFIRMED**
2 **PROBABLE** }

State Health Department Official who reviewed this report:

Name: _____

Title: _____   Date: __ __ /__ __/__ __ __ __
(mm/dd/yyyy)

COMMENTS:

Public reporting burden of this collection of information is estimated to average 10 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Rd., NE (MS D-74); Atlanta, GA 30333; ATTN: PRA (0920-0009).