	gia 30333 <b>IICK-DO</b> <u>Use for:</u> Rocky Mountain spot	orne Rickettsi tted fever (RMSF), Ehrlichia	sis (E. chaffeensis , E. ewing	gii , & undet.), and Anaplasmo	SSIS			
		e web site(s) for a fillable	/downloadable PDF versi	complete Case Definition(s) on of this Case Report.	Form Approved OMB 0920-0009			
Patient's name:			IAN INFORMATION – submitted:	/(9-12) (mm/dd/yyyy)				
Address: (number, street)		Phy: nam	ioiuli 3	(9-12) Phone no.:				
City:			SS ID No.: (if reported)	Case ID (13-18) Sit	e (19-21) State (22-23)			
1. State of residence: Postal	2. County of residence: (26-50)			3. Zip code: (51-59)	4. Sex: (60) 1 Male			
abrv: (24-25)		side county of residence within 3	0 days of onset of symptoms		2 Female			
5. Date of birth: // (61-62) //	(mm/dd/yyyy)	6. Race: (69) 1 White 3 2 Black 4	American Indian Alaskan Native <sup>5</sup> Asian 9	Pacific Islander	Hispanic 1 Yes ethnicity: <sub>2</sub> <sub>No</sub> <sup>(70)</sup> 9 Unk			
8. Indicate Disease (F	Presumed) To Be Reported:	2 Eninoniosis - L.	chaffeensis 4 Ehrlichiosis	- E. ewingii	Ehrlichiosis/Anaplasmosis - Undetermined			
9. Was a clinically comp	Datible illness present? If there is no p	CLINICAL SIGNS,SYM		=S – 10. Date of Onset of Sy	mptoms:			
	more of the following: rash (primarily RMSF), ch. & Anaplas.), thrombocytopenia, or elevate		YES 2 NO 9 Unk		(mm/dd/yyyy)			
	mmunosuppressive condition p			omplications in the clinical co				
1 YES 2 N Specify condition(s)		1 2 8	Adult respiratory distress sy Disseminated intravascular Other:		ngitis/encephalitis I failure 9 None			
13. Was the patient hos	pitalized because of this illness	s? (83) (If yes, date)	14. Did the patient die l	because of this illness?(92) (I	if yes, date)			
1 YES 2 N	O 9 Unk (84-85) / (86-87)	(88-91) (mm/dd/yyyy)	1 YES 2 NO	D 9 Unk/////////	( <u>100)</u> (mm/dd/yyyy)			
15. Name of laboratory:		City:		State: Zip:				
laboratory: Below, indicate Y (Y	es) or N (No), <u>ONLY</u> if the test o COLLECTION DATE (r	City: or procedure was performe	d. Lack of selection in	State: Zip: ndicates that the test or proce	edure was not performed.			
laboratory: Below, indicate Y (Y	· · · · —	City: City: or procedure was performe mm/dd/yyyy) colu (105-8) Serology 2*(109	d. Lack of selection in	State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use#16, S1 for collections clates)	edure was not performed. Positive?			
Iaboratory: Below, indicate Y (Ye 16. Serologic Tests IFA - IgG	COLLECTION DATE (r Serology 1///	City: City: or procedure was performe mm/dd/yyyy) colu (105-8) Serology 2*(109	d. <u>Lack of selection</u> ir ECTION DATE (mm/dd/yyyy) // (111-12) / (113-16) -	State: Zip: ndicates that the test or proce 17. Other Diagnostic Test?	edure was not performed. Positive?			
Iaboratory: Below, indicate Y (Ye 16. Serologic Tests IFA - IgG IFA - IgM Other (121-136	COLLECTION DATE (r           Serology 1         //(101-2)         //(103-4) <th (103-4)<="" th=""> <th (103-4)<="" th=""> <th (103-4)<="" <="" td="" th=""><td>City:           or procedure was performed           mm/dd/yyyy)         colin           (105-8)            ??         Titer           NO (117)         ()           NO (119)         ()</td><td>d. Lack of selection in ECTION DATE (mm/dd/yyyy) 10/(111-12) (113-16) - Positive? YES 2 NO (118) YES 2 NO (120)</td><td> State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture</td><td>Positive?           1         YES         2         NO (133)           1         YES         2         NO (134)           1         YES         2         NO (135)           1         YES         2         NO (136)</td></th></th></th>	<th (103-4)<="" th=""> <th (103-4)<="" <="" td="" th=""><td>City:           or procedure was performed           mm/dd/yyyy)         colin           (105-8)            ??         Titer           NO (117)         ()           NO (119)         ()</td><td>d. Lack of selection in ECTION DATE (mm/dd/yyyy) 10/(111-12) (113-16) - Positive? YES 2 NO (118) YES 2 NO (120)</td><td> State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture</td><td>Positive?           1         YES         2         NO (133)           1         YES         2         NO (134)           1         YES         2         NO (135)           1         YES         2         NO (136)</td></th></th>	<th (103-4)<="" <="" td="" th=""><td>City:           or procedure was performed           mm/dd/yyyy)         colin           (105-8)            ??         Titer           NO (117)         ()           NO (119)         ()</td><td>d. Lack of selection in ECTION DATE (mm/dd/yyyy) 10/(111-12) (113-16) - Positive? YES 2 NO (118) YES 2 NO (120)</td><td> State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture</td><td>Positive?           1         YES         2         NO (133)           1         YES         2         NO (134)           1         YES         2         NO (135)           1         YES         2         NO (136)</td></th>	<td>City:           or procedure was performed           mm/dd/yyyy)         colin           (105-8)            ??         Titer           NO (117)         ()           NO (119)         ()</td> <td>d. Lack of selection in ECTION DATE (mm/dd/yyyy) 10/(111-12) (113-16) - Positive? YES 2 NO (118) YES 2 NO (120)</td> <td> State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture</td> <td>Positive?           1         YES         2         NO (133)           1         YES         2         NO (134)           1         YES         2         NO (135)           1         YES         2         NO (136)</td>	City:           or procedure was performed           mm/dd/yyyy)         colin           (105-8)            ??         Titer           NO (117)         ()           NO (119)         ()	d. Lack of selection in ECTION DATE (mm/dd/yyyy) 10/(111-12) (113-16) - Positive? YES 2 NO (118) YES 2 NO (120)	State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture	Positive?           1         YES         2         NO (133)           1         YES         2         NO (134)           1         YES         2         NO (135)           1         YES         2         NO (136)
laboratory: Below, indicate Y (Ye 16. Serologic Tests IFA - IgG IFA - IgM Other (121-13) test:	COLLECTION DATE (r           Serology 1         //(101-2)         //(103-4) <th (103-4)<="" th="">         //(103-4)         <th< td=""><td>City:         City:           or procedure was performe           mm/dd/yyyy)         could           (105-8)        </td><td>d. Lack of selection in ECTION DATE (mm/dd/yyyy) / (111-12) / (113-16) - Positive? YES 2 NO (118)</td><td> State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture</td><td>Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135)</td></th<></th>	//(103-4) <th< td=""><td>City:         City:           or procedure was performe           mm/dd/yyyy)         could           (105-8)        </td><td>d. Lack of selection in ECTION DATE (mm/dd/yyyy) / (111-12) / (113-16) - Positive? YES 2 NO (118)</td><td> State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture</td><td>Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135)</td></th<>	City:         City:           or procedure was performe           mm/dd/yyyy)         could           (105-8)	d. Lack of selection in ECTION DATE (mm/dd/yyyy) / (111-12) / (113-16) - Positive? YES 2 NO (118)	State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture	Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135)		
laboratory: Below, indicate Y (Ye 16. Serologic Tests IFA - IgG IFA - IgM Other (121-13) test: * Was there a fourfold	COLLECTION DATE (r         Serology 1       / (103-4)       (         Titer       Positive         ()       1       YES       2	City:           or procedure was performed           mm/dd/yyyy)         cold           (105-8)            ??         Titer           NO (117)         ()           NO (117)         ()           NO (119)         ()           NO (131)         ()           the two serum specimens?	d. Lack of selection in ECTION DATE (mm/dd/yyyy) 10) / (111-12) / (113-16) - Positive? YES 2 NO (118) YES 2 NO (120) YES 2 NO (132) YES 2 NO (137) IAGNOSIS –	State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use #16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture * Visualization of moru	edure was not performed. Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136) lae not applicable for RMSF.			
laboratory: Below, indicate Y (Ye 16. Serologic Tests IFA - IgG IFA - IgM Other (121-13) test: * Was there a fourfold	COLLECTION DATE (r           Serology 1         //(101-2)         //(103-4) <th (103-4)<="" th="">         //(103-4)         //(103-4)<td>City:           or procedure was performe           mm/dd/yyyy)         column           (105-8)        </td><td>d. Lack of selection in ECTION DATE (mm/dd/yyyy) 10) / (111-12) / (113-16) - Positive? YES 2 NO (118) YES 2 NO (120) YES 2 NO (132) YES 2 NO (137) IAGNOSIS –</td><td> State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture</td><td>edure was not performed. Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136) lae not applicable for RMSF.</td></th>	//(103-4)         //(103-4) <td>City:           or procedure was performe           mm/dd/yyyy)         column           (105-8)        </td> <td>d. Lack of selection in ECTION DATE (mm/dd/yyyy) 10) / (111-12) / (113-16) - Positive? YES 2 NO (118) YES 2 NO (120) YES 2 NO (132) YES 2 NO (137) IAGNOSIS –</td> <td> State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture</td> <td>edure was not performed. Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136) lae not applicable for RMSF.</td>	City:           or procedure was performe           mm/dd/yyyy)         column           (105-8)	d. Lack of selection in ECTION DATE (mm/dd/yyyy) 10) / (111-12) / (113-16) - Positive? YES 2 NO (118) YES 2 NO (120) YES 2 NO (132) YES 2 NO (137) IAGNOSIS –	State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture	edure was not performed. Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136) lae not applicable for RMSF.		
laboratory: Below, indicate Y (V 16. Serologic Tests IFA - IgG IFA - IgM Other (121-13) test: * Was there a fourfold 18. Classify case BASED (138) 1 RMSF 3 Anaplasmosis - A. phago	COLLECTION DATE (r Serology 1 // (103-4) //	City: City: column/dd/yyyy) column/dd/yyyy column/dd/yyyy column/dd/yyyy column/dd/yyyy column/dd/yyyy column/dd/yyyyy column/dd/yyyyyy column/dd/yyyyyy column/dd/yyyyyy colum	d. Lack of selection in ECTION DATE (mm/dd/yyyy) ////////////////////////////////	State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use #16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture * Visualization of moru	edure was not performed. Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136) lae not applicable for RMSF.			
laboratory: Below, indicate Y (M 16. Serologic Tests IFA - IgG IFA - IgM Other (121-13) test: * Was there a fourfold 18. Classify case BASED (138) 1 RMSF	COLLECTION DATE (r Serology 1 // (103-4) //	City:         or procedure was performed         mm/dd/yyyy)       coling         105-80       Serology 2* (109         ??       Titer         NO (117)       () ?         NO (117)       () ?         NO (131)       () ?         NO (131)       () ?         the two serum specimens?       -         riteria below):       ensis	d. Lack of selection in ECTION DATE (mm/dd/yyyy) ////////////////////////////////	State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use #16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture * Visualization of moru	Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (135) 1 YES 2 NO (136) Ilae not applicable for RMSF.			
laboratory: Below, indicate Y (M 16. Serologic Tests IFA - IgG IFA - IgM Other (121-13) test: * Was there a fourfold 18. Classify case BASED (138) 1 RMSF 3 Anaplasmosis - A. phagon 5 Ehrlichiosis/Anaplasmos	COLLECTION DATE (r Serology 1 // (103-4) //	City: City: column/dd/yyyy) column/dd/yyyy column/dd/yyyy column/dd/yyyy column/dd/yyyy column/dd/yyyy column/dd/yyyyy column/dd/yyyyyy column/dd/yyyyyy column/dd/yyyyyy colum	d. Lack of selection in ECTION DATE (mm/dd/yyyy) / (111-12) / (113-16) - Positive? YES 2 NO (118) YES 2 NO (120) YES 2 NO (132) YES 2 NO (137) IAGNOSIS - State Health Departme	State: Zip: ndicates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture * Visualization of moru	edure was not performed.  Positive?  YES 2 NO (133) YES 2 NO (134) YES 2 NO (135) YES 2 NO (136) Hae not applicable for RMSF.  report:			
Iaboratory:         Below, indicate Y (M         16.         Serologic         Tests         IFA - IgG         IFA - IgM         Other         (121-13)         test:         * Was there a fourfold         18. Classify case BASED (138)         1 RMSF         3 Anaplasmosis - A. phago         5 Ehrlichiosis/Anaplasmosi         (139-148)         COMMENTS:         Source an IFA Ig cutoff of a specific target by F         specimen by IHC, OR isolation of a specific target by F         probable RMSF: A clinic of a specific target by F         Source Current commercially a cutoff of ≥         Note: Current commercially a cutoff of ≥         Note: Current commercially ack sp demonstrate elevated antibody r         off childle because they lack sp demonstrate elevated antibody rescaled antibody rescale	COLLECTION DATE (r Serology 1 // (103-4) //	City:	d. Lack of selection in ECTION DATE (mm/dd/yyyy) //(113-16) Positive? YES 2 NO (118) YES 2 NO (120) YES 2 NO (132) YES 2 NO (132) YES 2 NO (137) IAGNOSIS - State Health Departme Title: Title: Confirmed Ehrlichiosis change in IgG antibody titer real FA between paired serum spec OR detection of <i>E. chaffeensit</i> , a specific target by PCR assa specimen by IHC, OR isolation or <i>Probable Ehrlichiosis/I</i> or IgM antibody reactive with <i>E. c</i> assay (ELISA), dot-ELISA, or assa test results as independent diagn or macrophages (Ehrlichiosis) or ead.	State:Zip: ndicates that the test or proce 17. Other Diagnostic Test?(Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture * Visualization of moru ent Official who reviewed thisDatDat	edure was not performed.         Positive?         1       YES         atae not applicable for RMSF.    report:          itae not applicable for RMSF.    report:          itae not applicable for RMSF.    report:          itae antigen in a biosp/autops    report:    atbible case with evidence of a fourfold plasma phagocytophilum antigen by of illness and a second 2-4 weeks later) nical specimen via amplification of raplasmal antigen in a biosp/autopsy from a clinical specimen in cell culture. le case with evidence of elevated Ig6 by IFA, enzyme-linked immunosorbent putoff of 21:64 and does not use IgM morulae in the cytoplasm of monocytes hilis (Anaplasmosis) by microscopic			

	INT OF HEALTH & HUMAN S lisease Control on (CDC) gia 30333 Tick-B		ttsial Disease (	Case Report	
	Ehrlichiosis (E. d	chaffeensis, E. ewingii,	-	is (A. phagocytophilum & undet.).	Form Approved OMB 0920-0009
		S. CATANETA KENYANYANYA MALAMATIN' Totti Michaelan Kenyanya kenya Totti Michaelan Kenyanya kenya Totti Kenyanya mananya kenyanya kenya Kenyanya Kenyanya kenyanya kenyanya	NETSS ID No.: (if reported)	/ (mm/dd/yyyy) (9-12) (mm/dd/yyyy) no.: no.:	2 (19-21) State (22-23)
1. State of residence: Postal abrv: (24-25)	2. County of residence: (26 		- DEMOGRAPHICS -	<b>3. Zip code:</b> (51-59) ms	4. Sex: (60) 1 Male 2 Female
5. Date of birth: ///(63-64) 8. Indicate Disease (	/(65-68) (mm/dd/yyyy) Presumed) To Be Reporte	6. Race: (69) 1 White 2 Black d: (71) 2 Ehrlichios		5 Pacific Islander e 9 Not specified asmosis - A. phagocytophilum 5 E	lispanic 1 Yes ethnicity: 2 No (70) 9 Unk Ehrlichiosis/Anaplasmosis - Jndetermined
Clinical evidence - fever and one or myalgia, anemia, leukopenia (Ehrli	patible illness present? If there is r more of the following: rash (primarily RM ich. & Anaplas.), thrombocytopenia, or elev immunosuppressive condition	no presence of clinical illness, then this is SF), headache rated hepatic trasaminases.	1 YES 2 NO 9	Unk / /	- 
1 YES 2 N Specify condition(s)	IO 9 Unk ):				gitis/encephalitis failure 9 None
	Spitalized because of this illne	(mm/dd/yyyy)	14. Did the patien 1 YES 2 OBATORY DATA –	t die because of this illness? (92) (If NO 9 Unk (93-94) / (95-96) / (95-96)	f yes, date) (97-100) (mm/dd/yyyy)
15. Name of laboratory: Below, indicate V ()	(es) or N (No) ONLY if the test		City:	State: Zip:	
laboratory:	/es) or N (No), <u>ONLY</u> if the tes COLLECTION DATE Serology 1// Titer Posit	st or procedure was per (mm/dd/yyyy) (105-8) Serology 2	City:	ion indicates that the test or proce	
laboratory: Below, indicate Y (\ 16. Serologic	COLLECTION DATE           Serology 1         /         /         /           Titer         Posit         Posit         ()         1         YES         2           ()         1         YES         2         2         2         2         30         1         YES         2         2         1         YES         2         30         1	st or procedure was per         (mm/dd/yyyy)         - (105-8)         - (105-8)         ive?         Titer         2         NO (117)         (	City: formed. Lack of select COLLECTION DATE (mm/dd/yyy) 2* (109-10) (111-12) (113-16) - Positive? ) 1 YES 2 NO (112 ) 1 YES 2 NO (122	indicates that the test or proce         Image: style="text-align: center;">Image: style="text-align: center;">Image: style="text-align: style="text-align: center;">Image: style="text-align: style="text-align: center;">Image: style="text-align: style="text-align: center;">Image: style="text-align: style="text-align: style="text-align: center;">Image: style="text-align: style="text-align: style="text-align: center;">Image: style="text-align: style="text-align: style="text-align: style="text-align: center;">Image: style="text-align: style="t	YES         2         NO (133)           1         YES         2         NO (134)           1         YES         2         NO (134)           1         YES         2         NO (135)           1         YES         2         NO (136)           1         YES         2         NO (136)
laboratory: Below, indicate Y (Y 16. Serologic Tests IFA - IgG IFA - IgM Other (121-13) test:	COLLECTION DATE           Serology 1         /         /         /           Titer         Posit         Posit         ()         1         YES         2           ()         1         YES         2         2         2         2         2         3 </td <td>st or procedure was per         (mm/dd/yyyy)         - (105-8)         - (105-8)         ive?         Titer         2       NO (117)         2       NO (119)         2       NO (131)         2       NO (131)         2       NO (131)</td> <td>City:         formed.       Lack of select         COLLECTION DATE (mm/dd/yyy)         2*       / / (113-16) / (113</td> <td>Indicates that the test or proce         Image: mail of the state of the state</td> <td>dure was not performed.Positive?1YES2NO (133)1YES2NO (134)1YES2NO (135)</td>	st or procedure was per         (mm/dd/yyyy)         - (105-8)         - (105-8)         ive?         Titer         2       NO (117)         2       NO (119)         2       NO (131)         2       NO (131)         2       NO (131)	City:         formed.       Lack of select         COLLECTION DATE (mm/dd/yyy)         2*       / / (113-16) / (113	Indicates that the test or proce         Image: mail of the state	dure was not performed.Positive?1YES2NO (133)1YES2NO (134)1YES2NO (135)
laboratory: Below, indicate Y (V 16. Serologic Tests IFA - IgG IFA - IgM Other (121-13 test: * Was there a fourfold	COLLECTION DATE           Serology 1         /         /         /           Titer         Posit           ()         1         YES         2           change in antibody titer betweet         0         N the CDC case definition (see           2         Ehrlichiosis - E. cha         2         Ehrlichiosis - E. cha	st or procedure was per         (mm/dd/yyyy)         - (105-8)         - (105-8)         ive?         Titer         2         NO (117)         2         NO (117)         2         NO (119)         2         NO (131)         (         en the two serum specime         - FIN         e criteria below):         ffeensis	City:	indicates that the test or proce         (Use # 16, S1 for collections dates)         PCR         Morulae visualization*         Immunostain         Culture         * Visualization of morul         7         artment Official who reviewed this	YES       NO (133)         YES       NO (134)         YES       NO (134)         YES       NO (135)         YES       NO (136)         YES       NO (136)         YES       NO (136)         NO are not applicable for RMSF.
Iaboratory:         Below, indicate Y (Y         16.         Serologic         Tests         IFA - IgG         IFA - IgM         Other         (121-13)         * Was there a fourfold         18. Classify case BASED         (138)         1       RMSF         3       Anaplasmosis -A. phago         5       Ehrlichiosis/Anaplasmosi	COLLECTION DATE           Serology 1         /         /         /           Titer         Posit           ()         1         YES         2           change in antibody titer betweet         0         N the CDC case definition (see           2         Ehrlichiosis - E. cha         2         Ehrlichiosis - E. cha	st or procedure was per         (mm/dd/yyyy)         - (105-8)         - (105-8)         ive?         Titer         2       NO (117)         2       NO (117)         2       NO (117)         2       NO (117)         2       NO (119)         2       NO (131)         2       NO (131)         2       Image: Constraint of the second	City:	indicates that the test or proce         (Use # 16, S1 for collections dates)         PCR         Morulae visualization*         Immunostain         Culture         * Visualization of morul         7         artment Official who reviewed this	Positive?         1       YES       2       NO (133)         1       YES       2       NO (134)         1       YES       2       NO (135)         1       YES       2       NO (136)         ae not applicable for RMSF.
Iaboratory:         Below, indicate Y (Y         16.         Serologic         Tests         IFA - IgG         IFA - IgG         IFA - IgM         Other         (121-13)         test:         * Was there a fourfold         18. Classify case BASED         (138)         1 RMSF         3 Anaplasmosis - A. phago         5 Ehrlichiosis/Anaplasmos         (139-148)         COMMENTS:         Sources an IFA IgG cutoff of a specific target by specimen by IHC, OR isolation         Probable RMSF: A clinic reactive with Rickettsia rickett week of illness and a second 2 focutoff of a specific target by specimen by IFA IgG cutoff of a specific at a specimen by IFA IgG cutoff of a specific at a specimen by IFA IgG cutoff of a specific at a specimen by IFA IgG cutoff of a specific at a specimen by IFA IgG cutoff of a specific and a specific at a specimen by IFA IgG cutoff of a specific and a specific and anaplasmal speci	COLLECTION DATE         Serology 1       / (101-2)         Titer       Posit         Titer       Posit         () 1       YES       2         () 1       YES       2         Colspan="2">Colspan="2"         Colspan="2"       Colspan="2"         Colspan="2"       Colspan="2"         Colspan="2"       Colspan="2"         Colspan="2"       Colspan="2"         Colspan="2"       Colspan="2"         Colspan="2"       Colspan="2"         Colspan="2"				

Centers for and Preven	ENT OF HEALTH & HUMAN S Disease Control tion (CDC) orgia 30333 Tick-F		ettsial Dise	ase Cas	e Report	
	Ehrlichiosis (E.	chaffeensis, E. ewing		plasmosis (A. p	hagocytophilum & undet.).	Form Approved OMB 0920-0009
Patient's Address: (number, street) City:		– PATIENT/	PHYSICIAN INFOR Date submitted: Physician's name: NETSS ID No.: (if	///		
1. State of residence:         Postal abrv:	_/ (mm/dd/yyyy)	6-50) outside county of residence 6. Race: (69) 1 White 2 Black 1 RMSF	e <sup>3</sup> Alaskan N	of symptoms Indian ative 5 9	3. Zip code: (51-59) Pacific Islander Not specified A. Interpretended A. Interpretend	4. Sex: (60)         1       Male         2       Female         Hispanic       1       Yes         ethnicity:       2       No         (70)       9       Unk         Ehrlichiosis/Anaplasmosis -       Undetermined
Clinical evidence - fever and one	mpatible illness present? If there i or more of the following: rash (primarily RM rrlich. & Anaplas.), thrombocytopenia, or ele	- CLINICAL SIGN is no presence of clinical illness, then the MSF), headache	IS,SYMPTOMS, AN his is not a case of rickettsial disease			mptoms: (mm/dd/yyyy)
	g immunosuppressive conditio NO 9 Unk (s):	n present? (81)	1 Adult respira	tory distress syn 1 intravascular c		ngitis/encephalitis I failure 9 None
13. Was the patient h	NO 9 Unk (84-85) / (86-87)	/(mm/dd/yyy		e patient die be ES 2 NO	ecause of this illness? <sup>(92)</sup> (I 9 Unk <u>(93-94)</u> / <u>(95-96)</u>	f yes, date) - (97-100) (mm/dd/yyyy)
		— L/	ABORATORY DATA	_	(30 34) (30 30)	(
15. Name of laboratory:	(Vas) or N (No) ONLY if the te		City:		State: Zip:	
laboratory:	(Yes) or N (No), <u>ONLY</u> if the te COLLECTION DAT Serology 1 (101-2) / (103-4) Titer Posi	st or procedure was p (mm/dd/yyyy)	City: performed. Lack of COLLECTION DATE (r gy 2* // //	<u>selection</u> inc nm/dd/yyyy) 113-16) —	State: Zip: licates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR	edure was not performed. Positive?
laboratory: Below, indicate Y 16. Serologic	Serology 1         //(101-2)         //(103-4)           Titer         Posi           ()         1         YES           ()         1         YES	est or procedure was p (E (mm/dd/yyyy)) (105-8) (105-8)	City: performed. Lack of COLLECTION DATE (r gy 2* // //	<u>selection</u> inc nm/dd/yyyy) 113-16) —	State: Zip: licates that the test or proce 17. Other Diagnostic Test? (Use#16,S1 for collections dates) PCR Morulae visualization* Immunostain Culture	edure was not performed. Positive?
Iaboratory: Below, indicate Y 16. Serologic Tests IFA - IgG IFA - IgM Other (121 test:		est or procedure was p         (105-8)	City:           performed.         Lack of           collection date (r           gy 2* (109-10) (111-12) (111-1	<u>selection</u> inc nm/dd/yyyy) (113-16) (1	State: Zip: licates that the test or proce 17. Other Diagnostic Test? (Use#16,S1 for collections dates) PCR Morulae visualization* Immunostain Culture	Positive?           1         YES         2         NO (133)           1         YES         2         NO (134)           1         YES         2         NO (135)           1         YES         2         NO (136)
Iaboratory:         Below, indicate Y         16.         Serologic Tests         IFA - IgG         IFA - IgM         Other       (121 test:         * Was there a fourfo         18. Classify case BASE         (138)         1       RMSF         3       Anaplasmosis -A. pha         5       Ehrlichiosis/Anaplasm	Serology 1         ////	est or procedure was p (105-8) $(105-8)$ Serolog (105-8) $(105-8)$ Titu 2 NO (117) $($	City:         Lack of           collection date (r	<u>selection</u> inc nm/dd/yyyy) 113-16) ?? NO (118) NO (120) NO (132) NO (137) 	State: Zip: licates that the test or proce 17. Other Diagnostic Test? (Use#16,S1 for collections dates) PCR Morulae visualization* Immunostain Culture	edure was not performed.  Positive?  1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136) Iae not applicable for RMSF.  report:  e://
laboratory:         Below, indicate Y         16.         Serologic         Tests         IFA - IgG         IFA - IgM         Other       (121         test:         * Was there a fourfor         18. Classify case BASE         (138)         1       RMSF         3       Anaplasmosis -A. pha	Serology 1         ////	est or procedure was p         E (mm/dd/yyyy)        (105-8)        (105-8)        (105-8)        (105-8)        (105-8)        (105-8)        (105-8)        (105-8)        (105-8)        (105-8)        (105-8)        (105-8)        (200)        (117)        (117)        (200)        (117)        (200)        (119)        (200)        (119)        (200)        (131)        (200)        (131)        (200)        (131)        (131)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)        (100)	City: performed. Lack of COLLECTION DATE (r gy 2* (109-T0) (1111-12) ( er Positive ) 1 YES 2 ) 1 YES 2 ) 1 YES 2 imens? 1 YES 2 INAL DIAGNOSIS State He NFIRMED DBABLE	<u>selection</u> inc nm/dd/yyyy) 113-16) ?? NO (118) NO (120) NO (132) NO (137) 	State: Zip: licates that the test or proce 17. Other Diagnostic Test? (Use#16,S1 for collections dates) PCR Morulae visualization* Immunostain Culture * Visualization of moru t Official who reviewed this	edure was not performed. Positive? 1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (136) 1 YES 2 NO (136) lae not applicable for RMSF. report:
Iaboratory:         Below, indicate Y         16.         Serologic         Tests         IFA - IgG         IFA - IgM         Other         (121         test:         * Was there a fourfo         18. Classify case BASE         (138)         1 RMSF         3 Anaplasmosis - A. pha         5 Ehrlichiosis/Anaplasm         (139-148)         COMMENTS:         Source an IFA lig cutoff of a specific target the specimen by IHC, OR isolation of a specific target the specimen by IHC, OR isolation of a specific target the specimen by IFA, ed (cDC) uses an IFA lig cutoff of Note: Current commercially unreliable because they lack demonstrate elevated antibod ehrlichial and anaplasmal specimen and anaplasmal specimen by IFA, ed (commercially unreliable because they lack demonstrate elevated antibod ehrlichial and anaplasmal specimen by IFA, ed (commercially unreliable because they lack demonstrate elevated antibod ehrlichial and anaplasmal specimen by IFA and the commercially unreliable because they lack demonstrate elevated antibod ehrlichial and anaplasmal specimen by IFA and the commercial target targ	Serology 1         ////	est or procedure was p (105-8) Serolog (105-8) Serolog	City:	selection inc nm/dd/yyyy) 113-16) ? NO (118) NO (120) NO (132) NO (132) NO (137) alth Departmen d Ehrlichiosis/Ar yreactive with <i>E. cha</i> dof E. chafteensis riget by PCR assay, IHC, OR isolation of Ehrlichiosis/Ar yreactive with <i>E. cha</i> dot-ELISA, or assays independent diagnos ese (Ehrlichiosis) or in	State: Zip: licates that the test or proce 17. Other Diagnostic Test? (Use # 16, S1 for collections dates) PCR Morulae visualization* Immunostain Culture * Visualization of moru t Official who reviewed this Dat Anaplasmosis: A clinically compatible with Ehrlichia chaffeensis or Anapagocytophilum DNA in a clin OR demonstration of ehrlichial or an E. chaffeensis or A. phagocytophilum DNA in a clin Cin OR demonstration of ehrlichial or an E. chaffeensis or A. phagocytophilum DNA in a clinically compatible in other formats (CDC uses an IFA LgG c tic support criteria.), OR identification of the cytoplasm of neutrophils or eosinop	edure was not performed.  Positive?  YES 2 NO (133) YES 2 NO (134) YES 2 NO (134) YES 2 NO (135) YES 2 NO (136) Iae not applicable for RMSF.  report:  e:/