



Rickettsial Disease Case Investigation

- Flea-borne Typhus Spotted Fever Group Rickettsioses Rickettsia, unspecified Anaplasmosis Ehrlichiosis Ehrlichiosis/Anaplasmosis undetermined Other (Describe):

NBS Patient ID: PLEASE PRINT LEGIBLY

Last Name: First Name: Date of Birth: Age: Sex: Street Address: City, State, Zip: Patient Phone: County of Residence: Race: Ethnicity:

Clinical Information

Physician: Address: City, State, Zip: Phone: Fax: Was the patient hospitalized for this illness? If yes, provide name and location of hospital: Dates of hospitalization: Date of illness Onset: Does the patient have an underlying chronic illness? Is the patient immunosuppressed? Is there a more likely clinical explanation for this patient's symptoms? If yes, provide explanation: Is the patient deceased? If yes, provide date of death:

Clinical Signs and Symptoms

Fever Headache Anorexia Nausea/Vomiting Malaise Myalgia Anemia Leukopenia Thrombocytopenia Elevated liver function test Other: Eschar: Rash: Description of rash (Select all that apply): Rash appeared on: Rash spread from:

Specify any life-threatening complications in the clinical course of illness: Acute respiratory distress syndrome (ARDS) Disseminated intravascular coagulopathy (DIC) Other: Meningitis/encephalitis Renal failure

NBS Patient ID: _____

Patient Name: _____

Treatment

Did the patient receive antibiotic treatment? Yes No Unknown Start Date: ____/____/____

If yes, select all that apply:

- Tetracycline (other than Doxycycline)
- Doxycycline
- Chloramphenicol
- Other (explain): _____

Did patient respond to treatment? Yes No Unknown

Epidemiology

If "yes" is checked for any of the questions in this section, please provide details in the comments section on page 3.

Are fleas present at patient's environment? Yes No Unknown

Does the patient have a history of flea bites (in 3 weeks prior to onset)? Yes No Unknown

Are rodents present in patient's environment? Yes No Unknown

Are other wild animals present in patient's environment? Yes No Unknown

If yes, what kind: _____

Are dogs present at patient's environment? Yes No Unknown

Are cats present at patient's environment? Yes No Unknown

Does patient have a history of known tick attachment (in 3 weeks prior to onset)? Yes No Unknown

If yes, was tick engorged (swollen with blood)? Yes No Unknown

Date of attachment: ____/____/____ How long (in hours) was tick attached? _____

Did the patient de-tick an animal by hand in 14 days prior to onset? Yes No Unknown

Occupation: _____
(give exact job, type of business or industry, work shift and % of time spent outside while at work)

Did the patient travel outside his/her county of residence in 14 days prior to onset? Yes No Unknown

If yes, provide dates and locations on page 3.

Was there recent exposure to outdoor areas? Yes No Unknown

If yes, was it (select one): Residence Occupational exposure Recreational

Laboratory Findings

Date Collected	Source	Test (IFA, PCR, etc.)	Condition/Agent	Result	Normal Value

NBS Patient ID: _____

Patient Name: _____

Travel Dates and Locations Prior to Illness Onset

Date Ranges	Area/Street Address	City	State	Country

Comments or Other Pertinent Epidemiological Data

Notes

Differentiating Spotted Fever Group Rickettsioses (SFGR) and Flea-borne Typhus:
 As a result of significant cross-reactivity among rickettsial species, specimens should be tested against a panel* of *Rickettsia* antigens, including, at a minimum, *R. rickettsii* and *R. typhi*, in an attempt to differentiate between SFGR and flea-borne typhus. Additionally, the rickettsial IgM tests lack specificity (resulting in false positives); thus, IgG titers are considered to be much more reliable.
 *Specimens may be forwarded to the DSHS Serology lab for rickettsial panel testing.

Completed by Investigating Agency

Date First Reported: ____/____/____ Investigation: Started ____/____/____ Completed ____/____/____
 Reporting Facility: _____
 Name of Investigator: _____ (Please print clearly)
 Agency: _____ (PLEASE DO NOT ABBREVIATE)
 Phone: _____ E-Mail: _____