



- Flea-borne Typhus, Spotted Fever Rickettsiosis, Rickettsia, unspecified, Anaplasmosis, Ehrlichiosis, Other (Describe):

Rickettsial Disease Case Investigation

NBS Patient ID: _____

- Confirmed, Probable, Suspect*, Not a Case
*Only for anaplasmosis and ehrlichiosis

PLEASE PRINT LEGIBLY

Patient Information

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?, 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?, Was the patient pregnant during illness?, Is the patient deceased?

Clinical Signs and Symptoms

Fever, Headache, Nausea/Vomiting, Myalgia, Thrombocytopenia, Anemia, Leukopenia, Elevated liver function test, ALT, AST, ALP, Bilirubin, Eschar, Rash, Description of rash, Rash appeared on: Face, Arms, Palms of hands, Trunk, Legs, Soles of feet

NBS Patient ID: _____

Patient Name: _____

Specify any life-threatening complications in the clinical course of illness (select all that apply):

- Acute respiratory distress syndrome (ARDS)
- Disseminated intravascular coagulopathy (DIC)
- Other: _____
- Meningitis/encephalitis
- Renal failure
- Sepsis
- None

Treatment

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

If yes, select all that apply:

- Tetracycline (other than Doxycycline)
- Doxycycline
- 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 2 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 exposure/attachment)? Yes No Unknown

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

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

Patient 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

Travel Dates and Locations TWO WEEKS Prior to Illness Onset

Date Ranges	Area/Street Address	City	State	Country

NBS Patient ID: _____

Patient Name: _____

Laboratory Findings <i>(Please list all rickettsial panel results)</i>					
Date Collected	Source	Test (IFA, PCR)	Agent (ex. <i>R. typhi</i> IgM)	Result	Performing Lab

Comments or Other Pertinent Epidemiological Data

Notes

Differentiating Spotted Fever Rickettsioses (SFR) 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 SFR 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: _____