

# Tickborne Rickettsial Diseases

( Do not use for Lyme disease or babesiosis)

## PATIENT DEMOGRAPHICS

|  |                           |  |
|--|---------------------------|--|
| *NAME (last, first): _____   |                           | *Birth date: __/__/____ *Age: _____  |
| *ADDRESS (mailing): _____  |                           | *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk   |
| *ADDRESS (physical): _____   |                           | *Ethnicity: <input type="checkbox"/> Not Hispanic or Latino<br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk  |
| *City/State/Zip: _____   |                           | *Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer.<br>(Mark all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/AK Native<br><input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Unk |
| *Phone (home): _____   | Phone (work/cell) : _____ |  |
| Alternate contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other |                           |  |
| Name: _____ Phone: _____   |                           |  |

## INVESTIGATION SUMMARY

|   |  |
|---|--|
| Local Health Department (Jurisdiction): _____ | Entered in WVEDSS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Investigation Start Date: __/__/____          | Case Classification:   |
| Earliest date reported to LHD: __/__/____     | <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect    |
| Earliest date reported to DIDE: __/__/____    | <input type="checkbox"/> Not a case <input type="checkbox"/> Unknown                                     |

## REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Public Health Agency Other

Reporter Name: \_\_\_\_\_ Reporter Phone: \_\_\_\_\_

Primary HCP Name: \_\_\_\_\_ Primary HCP Phone: \_\_\_\_\_

## CLINICAL

|   |                            |  |
|---|----------------------------|--|
| *Onset date: __/__/____   | Diagnosis date: __/__/____ | Recovery date: __/__/____  |
| <b>Tickborne Rickettsial Disease (TBRD) Reported</b><br><input type="checkbox"/> Spotted Fever Rickettsiosis (RMSF) <input type="checkbox"/> Ehrlichia chaffeensis (HME)<br><input type="checkbox"/> Anaplasma phagocytophilum (HGE) <input type="checkbox"/> Ehrlichia ewingii<br><input type="checkbox"/> Ehrlichiosis/Anaplasmosis undetermi<br><input type="checkbox"/> Other: _____  |                            | <b>Complications</b><br>Y N U<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adult respiratory distress syndrome (ARDS)<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Renal failure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Meningitis/Encephalitis<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disseminated Intravascular Coagulopathy<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify: _____)<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None |
| <b>*Symptoms and Clinical Findings</b><br>Y N U<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever (Highest measured temperature: _____ °F)<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Headache<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Myalgia<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Malaise<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rash<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eschar<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nausea<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vomiting |                            | <b>Hospitalization</b><br>Y N U<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient hospitalized for this illness<br>If yes, hospital name: _____<br>Admit date: __/__/____ Discharge date: __/__/____   |
| <b>Clinical Risk Factors</b><br>Y N U<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Underlying immunosuppressive condition<br>(Specify: _____)  |                            | <b>Death</b><br>Y N U<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient died due to this illness<br>If yes, date of death: __/__/____  |

## \*LABORATORY (Please submit copies of all labs, including CBC, metabolic and/or CSF studies associated with this illness to DIDE)

|   |   |
|---|---|
| Y N U<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anemia<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thrombocytopenia<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fourfold change in TBRD-specific* IgG antibody titer by IFA in paired serum specimens<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Elevated TBRD-specific* IgG antibody titer by IFA or other method in a single serum specimen<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Elevated TBRD-specific* IgM antibody titer by IFA or other method in a single serum specimen<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Detection of TBRD-specific* nucleic acid in a clinical specimen by PCR assay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Demonstration of TBRD-specific* antigen in a biopsy or autopsy specimen by immunohistochemical (IHC) methods<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Isolation of TBRD from a clinical specimen in cell culture<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Identification of morulae in monocytes, granulocytes, or macrophages | Y N U<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leukopenia<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Elevated hepatic transaminases |
|---|---|

\*TBRD-specific = Rickettsia rickettsii (and other spotted fever group rickettsia), Ehrlichia chaffeensis, Ehrlichia ewingii, Anaplasma phagocytophilum

## INFECTION TIMELINE

**Instructions:**

Enter onset date in grey box. Count backward to determine probable exposure period

Days from onset

Calendar dates:

**Exposure period**

|                                  |                                  |
|----------------------------------|----------------------------------|
| _____<br>(Enter Max Incubation)* | _____<br>(Enter Min Incubation)* |
| __/__/__                         | __/__/__                         |

**Onset date**



\_\_/\_\_/\_\_

**EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)**

Y N U

History of travel during exposure period (if yes, complete travel history below):

| Destination (City, County, State and Country) | Arrival Date | Departure Date | Reason for travel |
|---|--------------|----------------|-------------------|
|   |              |                |                   |
|   |              |                |                   |
|   |              |                |                   |

Exposure to wooded, brushy, or grassy areas (i.e. potential tick habitats)

If yes, where (County and State): \_\_\_\_\_

If yes, date: \_\_/\_\_/\_\_

Tick found on body

If yes, when was patient when tick found (County and State): \_\_\_\_\_

If yes, date found: \_\_/\_\_/\_\_

if yes, was tick attached?: Yes No Unknown

Potential occupational exposure (i.e., outdoor work in potential tick habitats)

If yes, list occupation: \_\_\_\_\_

Where did exposure most likely occur? County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N U

Case knows someone who had shared exposure and is currently having similar symptoms

Epi link to another confirmed case of same condition

Case is part of an outbreak

Other:

**PUBLIC HEALTH ACTIONS**

Y N U

Disease education and prevention information provided to patient and/or family/guardian

Recommended environmental measures to patient/family to reduce risk around home

Education or outreach provided to employer

Facilitate laboratory testing of other symptomatic persons who have a shared exposure

Patient is lost to follow-up

Other:

**WVEDSS**

Y N U

Entered into WVEDSS (Entry date: \_\_/\_\_/\_\_) Case Status:  Confirmed  Probable  Suspect  Not a case  Unknown

**NOTES**

\*Incubation periods: RMSF= 2-14 days Anaplasmosis= 5-10 days Ehrlichiosis= 5-10 days