

# Tickborne Rickettsial Disease Case Report

CDC# \_\_\_\_\_

Use for Spotted Fever Rickettsiosis (SFR) including Rocky Mountain spotted fever (RMSF), *Anaplasma phagocytophilum* infection, *Ehrlichia chaffeensis* infection, *Ehrlichia ewingii* infection, and Undetermined human ehrlichiosis/anaplasmosis. Visit <https://www.cdc.gov/nndss/case-definitions.html> for complete case definitions or visit the disease website(s) for a fillable/downloadable PDF version of this case report form.

<b>Patient Name:</b> _____	<b>Date submitted (mm/dd/yyyy):</b> _____
<b>Address:</b> _____	<b>Healthcare provider's name:</b> _____
<b>City:</b> _____	<b>Local Patient ID.:</b> (if reported) _____
	Local ID _____ Site _____ State _____

<b>1. State of residence (postal abbrev.):</b> _____	<b>2. County of residence:</b> _____	<b>3. Sex:</b> 1 Male 2 Female 9 Unknown
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<b>4. Patient Date of Birth</b> _____	<b>5. Race (check all that apply):</b> 1 White 2 Black or African American 3 American Indian or Alaska Native 4 Asian 5 Native Hawaiian or Other Pacific Islander 6 Other race 7 Unknown 8 Refused	<b>6. Hispanic or Latino ethnicity:</b> 1 Yes 2 No 9 Unknown
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**7. In the two weeks before symptom onset or diagnosis (use earlier date), did the patient travel out of their county, state, or country of residence?**  
1 Yes 2 No 9 Unknown

<b>Destination (county, state, or country):</b> _____	<b>When did they arrive? (mm/dd/yyyy)</b> _____	<b>When did they depart? (mm/dd/yyyy)</b> _____
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**8. In the two weeks before symptom onset or diagnosis (use earlier date), did the patient notice any tick bites?**  
1 Yes 2 No 9 Unknown

**If yes, date (mm/dd/yyyy):** \_\_\_\_\_

**If the patient removed a tick from their body, what was the geographic location at the time (county, state, or country)?**  
\_\_\_\_\_

<b>9. Clinical evidence of tickborne rickettsial disease:</b>	<b>10. Date of illness onset (mm/dd/yyyy):</b> _____																								
<table style="width: 100%;"> <tr> <td style="width: 25%;">Fever</td> <td style="width: 25%;">1 Yes 2 No 9 Unknown</td> <td style="width: 25%;">Thrombocytopenia</td> <td style="width: 25%;">1 Yes 2 No 9 Unknown</td> </tr> <tr> <td>Rash</td> <td>1 Yes 2 No 9 Unknown</td> <td>Hepatic transaminase elevation</td> <td>1 Yes 2 No 9 Unknown</td> </tr> <tr> <td>Eschar</td> <td>1 Yes 2 No 9 Unknown</td> <td>Leukopenia</td> <td>1 Yes 2 No 9 Unknown</td> </tr> <tr> <td>Headache</td> <td>1 Yes 2 No 9 Unknown</td> <td>Other, specify:</td> <td>1 Yes 2 No 9 Unknown</td> </tr> <tr> <td>Myalgia</td> <td>1 Yes 2 No 9 Unknown</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Anemia</td> <td>1 Yes 2 No 9 Unknown</td> <td></td> <td></td> </tr> </table>	Fever	1 Yes 2 No 9 Unknown	Thrombocytopenia	1 Yes 2 No 9 Unknown	Rash	1 Yes 2 No 9 Unknown	Hepatic transaminase elevation	1 Yes 2 No 9 Unknown	Eschar	1 Yes 2 No 9 Unknown	Leukopenia	1 Yes 2 No 9 Unknown	Headache	1 Yes 2 No 9 Unknown	Other, specify:	1 Yes 2 No 9 Unknown	Myalgia	1 Yes 2 No 9 Unknown	_____	_____	Anemia	1 Yes 2 No 9 Unknown			
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<b>11. Did the patient experience any severe complications in the clinical course of this illness?</b> 1 Yes 2 No 9 Unknown	<b>12. At the time of diagnosis, was the patient immunocompromised due to medical condition(s) or treatment(s)</b> (such as one of the following: chemotherapy for current illness, HIV, anti-rejection drugs post-transplant, corticosteroids >14 days [such as prednisone, methylprednisolone, or dexamethasone], rheumatoid arthritis [with use of immunomodulator])? 1 Yes 2 No 9 Unknown
<b>If the patient experienced severe complications due to this illness, specify the complication(s):</b> 1 Acute respiratory distress syndrome (ARDS) 2 Disseminated intravascular coagulation (DIC) 3 Meningitis/encephalitis 4 Organ failure 5 Other, specify: _____	<b>Specify condition(s) or treatment(s):</b> _____

<b>13. Was the patient hospitalized because of this illness?</b> 1 Yes 2 No 9 Unknown	<b>Admission date (mm/dd/yyyy):</b> _____	<b>Discharge date (mm/dd/yyyy):</b> _____	<b>14. Did the patient die from this illness or complications of this illness?</b> 1 Yes 2 No 9 Unknown
			<b>If yes, date (mm/dd/yyyy):</b> _____

<b>15. Were antibiotics prescribed for this infection?</b> 1 Yes 2 No 9 Unknown	<b>Specify antibiotic (if multiple antibiotics were prescribed, please specify in comments):</b> _____	<b>Date treatment was prescribed (mm/dd/yyyy):</b> _____	<b>Prescribed duration (days):</b> _____
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<b>16. In the year before symptom onset or diagnosis (use earlier date), did the patient receive a blood transfusion?</b> 1 Yes 2 No 9 Unknown	<b>16a. Date of blood transfusion (mm/dd/yyyy):</b> _____	<b>16b. Was the patient's infection transfusion-associated?</b> 1 Yes 2 No 9 Unknown
<i>If no or unknown, skip to Q. 17 below. Otherwise, continue with 16a, 16b, and 16c.</i>	<b>16c. If a blood product was implicated in the infection, specify which type(s):</b>	
	1 Plasma product 2 Platelet product 3 Red blood cells 4 Unknown 5 Other, specify: _____	

<b>17. In the year before symptom onset or diagnosis (use earlier date), did the patient receive an organ transplant?</b> 1 Yes 2 No 9 Unknown	<b>17a. Date of transplant (mm/dd/yyyy):</b> _____	<b>17b. Was the patient's infection transplant-associated?</b> 1 Yes 2 No 9 Unknown
<i>If no or unknown, skip to Q. 18 below. Otherwise, continue with 17a, 17b, and 17c.</i>	<b>17c. If the patient received an organ transplant, specify which organ(s):</b> _____	

18. Did the patient donate blood in the 30 days prior to symptom onset?

1 Yes 2 No 9 Unknown

If no or unknown, skip to Q. 19 below. Otherwise, continue with 18a, 18b, 18c, and 18d.

18a. Date of blood donation (mm/dd/yyyy):

\_\_\_\_\_

18b. Was the patient a blood donor identified during an investigation into a transfusion-associated infection?

1 Yes 2 No 9 Unknown

18c. If a blood product was implicated in the infection, specify which type(s):

1 Plasma product 2 Platelet product 3 Red blood cells  
4 Unknown 5 Other (please specify in comments)

18d. Was the blood bank/hospital/transplant service notified?

1 Yes 2 No 9 Unknown

19. Performing laboratory name (organization that performed diagnostic testing):

State (postal abbrev.):

20. Serology 1 collection date (mm/dd/yyyy): \_\_\_\_\_

Serology 2 collection date\* (mm/dd/yyyy): \_\_\_\_\_

Serologic Tests	Titer	Results		
IFA - IgG		Positive	Negative	Not performed
IFA - IgM		Positive	Negative	Not performed
Other, specify:		Positive	Negative	Not performed

Serologic Tests	Titer	Results		
IFA - IgG		Positive	Negative	Not performed
IFA - IgM		Positive	Negative	Not performed
Other, specify:		Positive	Negative	Not performed

If additional serology testing performed, please specify in comments.

\*Was there a fourfold change in antibody titer between the two IgG serum specimens?

Yes No

21. Other Diagnostic Tests:

Tests	Date Collected (mm/dd/yyyy)	Specimen Type	Results		
PCR			Positive	Negative	Not performed
Morulae visualization			Positive	Negative	Not performed
Immunostain			Positive	Negative	Not performed
Culture (confirmed by PCR)			Positive	Negative	Not performed

22. If PCR, immunostain, or sequencing performed, specify genus or species identified:

- |   |  |  |
|---|--|--|
| 1 <i>Anaplasma phagocytophilum</i>                  | 6 Genera <i>Ehrlichia</i> / <i>Anaplasma</i> | 10 <i>Rickettsia</i> species 364D                      |
| 2 <i>Ehrlichia chaffeensis</i>                      | 7 <i>Rickettsia africae</i>                  | 11 <i>Rickettsia</i> species (pan- <i>Rickettsia</i> ) |
| 3 <i>Ehrlichia ewingii</i>                          | 8 <i>Rickettsia parkeri</i>                  | 12 Spotted fever group <i>Rickettsiae</i>              |
| 4 <i>Ehrlichia muris eauclairensis</i>              | 9 <i>Rickettsia rickettsii</i>               | 13 Other, specify:                                     |
| 5 <i>Ehrlichia</i> species (pan- <i>Ehrlichia</i> ) |  | _____  |

23. Condition or event that constitutes the reason the notification is being sent:

- |  |  |
|--|--|
| 1 SFR (including RMSF)                     | 4 Ehrlichiosis - <i>E.ewingii</i>              |
| 2 Ehrlichiosis - <i>E. chaffeensis</i>     | 5 Undetermined human ehrlichiosis/anaplasmosis |
| 3 Anaplasmosis - <i>A. phagocytophilum</i> |  |

24. Case Outcome (only confirmed and probable cases to be reported to CDC):

- |             |              |           |
|-------------|--------------|-----------|
| 1 Confirmed | 3 Suspect    | 9 Unknown |
| 2 Probable  | 4 Not a Case |           |

State Health Department Official who reviewed this report:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: