STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

# TICK-BORNE RICKETTSIAL DISEASE CASE REPORT

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CDC NO. (1-4) | CASE ID NUMBER

**Use for:** Spotted fever rickettsiosis(SFR), including Rocky Mountain spotted fever (RMSF), Ehrlichiosis (E. chaffeensis, E. ewingii, & undet.), and Anaplasmosis (A. phagocytophilum & undet.).

## PATIENT/PHYSICIAN INFORMATION

PATIENT'S NAME | DATE SUBMITTED (5-12) ____ / ____ / ____ MM/DD/YY

ADDRESS (NUMBER, STREET) | CITY

PHYSICIAN'S NAME | PHYSICIAN TELEPHONE NUMBER | NETSS ID NUMBER (IF REPORTED) (13-23) CASE ID — SITE — STATE

## DEMOGRAPHICS

1. STATE OF RESIDENCE (24-25) Postal Abrv.

2. COUNTY OF RESIDENCE (26-50)

☐ CHECK IF HISTORY OF TRAVEL OUTSIDE COUNTY OF RESIDENCE WITHIN 2 WEEKS OF ONSET OF SYMPTOMS.
IF YES, WHERE _____

3. ZIP CODE (51-59) —

4. SEX (60) 1 ☐ MALE 2 ☐ FEMALE

5. DATE OF BIRTH (61-68) ____ / ____ / ____ MM/DD/YY

6. RACE (69)
1 ☐ WHITE 3 ☐ AMERICAN INDIAN/ALASKAN NATIVE 9 ☐ NOT SPECIFIED
2 ☐ BLACK 4 ☐ ASIAN 5 ☐ PACIFIC ISLANDER

7. HISPANIC ETHNICITY (70) 1 ☐ YES 2 ☐ NO 3 ☐ UNK

## CLINICAL SIGNS, SYMPTOMS, AND OUTCOMES

8. SYMPTOMS (72)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **FEVER** | 1 ☐ YES | 2 ☐ NO | HEADACHE | 1 ☐ YES | 2 ☐ NO | LEUKOPENIA | 1 ☐ YES | 2 ☐ NO |
| RASH | 1 ☐ YES | 2 ☐ NO | MYALGIA | 1 ☐ YES | 2 ☐ NO | THROMBOCYTOPENIA | 1 ☐ YES | 2 ☐ NO |
| ESCHAR | 1 ☐ YES | 2 ☐ NO | ANEMIA | 1 ☐ YES | 2 ☐ NO | HEPATIC TRANSAMINASE ELEVATION | 1 ☐ YES | 2 ☐ NO |

9. DATE OF ONSET OF SYMPTOMS (73-80) ____ / ____ / ____ MM/DD/YYYY

10. WAS AN UNDERLYING IMMUNOSUPPRESSIVE CONDITION PRESENT? (81) 1 ☐ YES 2 ☐ NO 9 ☐ UNK SPECIFY CONDITION(S):

11. SPECIFY ANY LIFE-THREATENING COMPLICATIONS IN THE CLINICAL COURSE OF ILLNESS (82)
1 ☐ ADULT RESPIRATORY DISTRESS SYNDROME (ARDS) 3 ☐ MENINGITIS/ENCEPHALITIS 8 ☐ OTHER: _____
2 ☐ DISSEMINATED INTRAVASCULAR COAGULOPATHY (DIC) 4 ☐ RENAL FAILURE 9 ☐ NONE

12. WAS THE PATIENT HOSPITALIZED BECAUSE OF THIS ILLNESS? (83) 1 ☐ YES 2 ☐ NO 9 ☐ UNK (IF YES, DATE) (84-91) ____ / ____ / ____

13. DID THE PATIENT DIE BECAUSE OF THIS ILLNESS? (92) 1 ☐ YES 2 ☐ NO 9 ☐ UNK (IF YES, DATE) (93-100) ____ / ____ / ____

TREATMENT
1 ☐ YES 2 ☐ NO 9 ☐ UNK (IF YES, DATE) ____ / ____ / ____ DRUG _____ DOSAGE _____ DURATION IN DAYS _____

## LABORATORY DATA

14. NAME OF LABORATORY | CITY | STATE | ZIP CODE —

**Below, indicate Y (yes) or N (no) ONLY if the test or procedure was performed. LACK OF SELECTION indicates that the test or procedure was not performed.**

| 15. SEROLOGIC TESTS | SEROLOGY 1 COLLECTION DATE (101-108) ____ / ____ / ____ MM/DD/YYYY | | SEROLOGY 2* COLLECTION DATE (109-116) ____ / ____ / ____ MM/DD/YYYY | |
|---|---|---|---|---|
| | TITER | POSITIVE? | TITER | POSITIVE? |
| IFA-IgG | | 1 ☐ YES 2 ☐ NO (117) | | 1 ☐ YES 2 ☐ NO (118) |
| IFA-IgM | | 1 ☐ YES 2 ☐ NO (119) | | 1 ☐ YES 2 ☐ NO (120) |
| OTHER TEST (121-130) | | 1 ☐ YES 2 ☐ NO (131) | | 1 ☐ YES 2 ☐ NO (132) |

| 16. OTHER DIAGNOSTIC TESTS? | POSITIVE? |
|---|---|
| EIA/ELISA-IgG | 1 ☐ YES 2 ☐ NO |
| PCR ____ / ____ / ____ | 1 ☐ YES 2 ☐ NO (133) |
| Morulae visualization* | 1 ☐ YES 2 ☐ NO (134) |
| Immunostain | 1 ☐ YES 2 ☐ NO (135) |
| Culture | 1 ☐ YES 2 ☐ NO (136) |

* WAS THERE A FOURFOLD CHANGE IN ANTIBODY TITER BETWEEN THE TWO SERUM SPECIMENS? (137) 1 ☐ YES 2 ☐ NO

## EPIDEMIOLOGICAL FEATURES

17. TICK EXPOSURE
1. TICK BITE OR ATTACHMENT WITHIN 14 DAYS OF ONSET? 1 ☐ YES 2 ☐ NO 9 ☐ UNK
2. WAS PATIENT IN A KNOWN TICK HABITAT WITHIN 14 DAYS OF ONSET? 1 ☐ YES 2 ☐ NO 9 ☐ UNK
3. DID ANY OTHER HOUSEHOLD MEMBER HAVE A SIMILAR ILLNESS THIS YEAR? 1 ☐ YES 2 ☐ NO 9 ☐ UNK
4. OCCUPATION IF RELEVANT TO EXPOSURE? _____
IF YES TO QUESTION 1 OR 2, WHERE WAS EXPOSURE? (STATE, COUNTY) _____

TRANSFUSION AND TRANSPLANT EXPOSURE

| BLOOD DONOR | BLOOD TRANSFUSION RECEIVED | IF YES, WAS BLOOD BANK/HOSPITAL/ TRANSPLANT SERVICE NOTIFIED? |
|---|---|---|
| 1 ☐ YES 2 ☐ NO | 1 ☐ YES 2 ☐ NO | 1 ☐ YES 2 ☐ NO |
| ORGAN DONOR | ORGAN TRANSPLANT RECEIVED | |
| 1 ☐ YES 2 ☐ NO | 1 ☐ YES 2 ☐ NO | |

## FINAL DIAGNOSIS

18. CLASSIFY CASE BASED ON THE CDC CASE DEFINITION (138-148)
1 ☐ SFR (INCLUDING RMSF); 2 ☐ EHRLICHIOSIS – *E. chaffeensis* 3 ☐ ANAPLASMOSIS – *A. phagocytophilum* 4 ☐ EHRLICHIOSIS – *E. ewingii*
5 ☐ EHRLICHIOSIS/ANAPLASMOSIS – Undetermined

(149) 1 ☐ **CONFIRMED** 2 ☐ **PROBABLE**

## STATE HEALTH DEPARTMENT OFFICIAL WHO REVIEWED THIS REPORT

NAME | TITLE | DATE (MM/DD/YYYY) ____ / ____ / ____

OTHER EPIDEMIOLOGICAL DATA (TO INCLUDE PROBABLE SOURCE)