STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

TICK-BORNE RICKETTSIAL DISEASE CASE REPORT

Print Reset

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

Use for: 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 30 DAYS 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 2 ☐ BLACK 3 ☐ AMERICAN INDIAN/ALASKAN NATIVE 4 ☐ ASIAN 5 ☐ PACIFIC ISLANDER 9 ☐ NOT SPECIFIED

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

8. INDICATE DISEASE (PRESUMED) TO BE REPORTED (71)
1 ☐ RMSF; 2 ☐ EHRLICHIOSIS – *E. chaffeensis* 3 ☐ ANAPLASMOSIS – *A. phagocytophilum* 4 ☐ EHRLICHIOSIS – *E. ewingii*
5 ☐ EHRLICHIOSIS/ANAPLASMOSIS – Undetermined

CLINICAL SIGNS, SYMPTOMS, AND OUTCOMES

9. SYMPTOMS (72)

FEVER	1 ☐ YES 2 ☐ NO 9 ☐ UNK	MYALGIA	1 ☐ YES 2 ☐ NO 9 ☐ UNK	THROMBOCYTOPENIA	1 ☐ YES 2 ☐ NO 9 ☐ UNK
RASH	1 ☐ YES 2 ☐ NO 9 ☐ UNK	ANEMIA	1 ☐ YES 2 ☐ NO 9 ☐ UNK	HEPATIC TRANSAMINASE ELEVATION	1 ☐ YES 2 ☐ NO 9 ☐ UNK
HEADACHE	1 ☐ YES 2 ☐ NO 9 ☐ UNK	LEUKOPENIA	1 ☐ YES 2 ☐ NO 9 ☐ UNK	OTHER ☐ _____	

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

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

12. 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

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

14. 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

15. 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.

16. SEROLOGIC TESTS	SEROLOGY 1 COLLECTION DATE (101-108) ____ / ____ / ____ MM/DD/YYYY		SEROLOGY 2* COLLECTION DATE (109-116) ____ / ____ / ____ MM/DD/YYYY		17. OTHER DIAGNOSTIC TESTS?	POSITIVE?
	TITER	POSITIVE?	TITER	POSITIVE?		
IFA-IgG		1 ☐ YES 2 ☐ NO (117)		1 ☐ YES 2 ☐ NO (118)	EIA/ELISA/IgG	1 ☐ YES 2 ☐ NO
IFA-IgM		1 ☐ YES 2 ☐ NO (119)		1 ☐ YES 2 ☐ NO (120)	PCR ____ / ____ / ____	1 ☐ YES 2 ☐ NO (133)
OTHER TEST (121-130)		1 ☐ YES 2 ☐ NO (131)		1 ☐ YES 2 ☐ NO (132)	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

18. 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
IF YES TO QUESTION 1 OR 2, WHERE WAS EXPOSURE? (STATE, COUNTY) _____

FINAL DIAGNOSIS

19. CLASSIFY CASE BASED ON THE CDC CASE DEFINITION (138-148)
1 ☐ 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)