



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.

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

1. State of residence (postal abbrev.): _____		2. County of residence: _____		3. Sex: 1 ☐ Male 2 ☐ Female 9 ☐ Unknown	
4. Patient age (years) at time of case investigation: _____		5. Race (check all that apply): 1 ☐ White 4 ☐ Asian 7 ☐ Unknown 2 ☐ Black or African American 5 ☐ Native Hawaiian or Other Pacific Islander 8 ☐ Refused 3 ☐ American Indian or Alaska Native 6 ☐ Other race			6. Hispanic or Latino ethnicity: 1 ☐ Yes 2 ☐ No 9 ☐ Unknown
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 Destination (county, state, or country): _____ When did they arrive? (mm/dd/yyyy) _____ When did they depart? (mm/dd/yyyy) _____					
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)? _____	

9. Clinical evidence of tickborne rickettsial disease: 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: _____ Myalgia 1 ☐ Yes 2 ☐ No 9 ☐ Unknown Anemia 1 ☐ Yes 2 ☐ No 9 ☐ Unknown				10. Date of illness onset (mm/dd/yyyy): _____	
11. Did the patient experience any severe complications in the clinical course of this illness? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown If the patient experienced severe complications due to this illness, specify the complication(s): 1 ☐ Acute respiratory distress syndrome (ARDS) 2 ☐ Disseminated intravascular coagulation (DIC) 3 ☐ Meningitis/encephalitis 4 ☐ Organ failure 5 ☐ Other, specify: _____				12. At the time of diagnosis, was the patient immunocompromised due to medical condition(s) or treatment(s) (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 Specify condition(s) or treatment(s): _____	
13. Was the patient hospitalized because of this illness? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown		Admission date (mm/dd/yyyy): _____		Discharge date (mm/dd/yyyy): _____	
14. Did the patient die from this illness or complications of this illness? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown		If yes, date (mm/dd/yyyy): _____			
15. Were antibiotics prescribed for this infection? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown		Specify antibiotic (if multiple antibiotics were prescribed, please specify in comments): _____		Date treatment was prescribed (mm/dd/yyyy): _____ Prescribed duration (days): _____	
16. In the year before symptom onset or diagnosis (use earlier date), did the patient receive a blood transfusion? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown <i>If no or unknown, skip to Q. 17 below. Otherwise, continue with 16a, 16b, and 16c.</i>		16a. Date of blood transfusion (mm/dd/yyyy): _____		16b. Was the patient's infection transfusion-associated? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	
		16c. 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, specify: _____			
17. In the year before symptom onset or diagnosis (use earlier date), did the patient receive an organ transplant? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown <i>If no or unknown, skip to Q. 18 below. Otherwise, continue with 17a, 17b, and 17c.</i>		17a. Date of transplant (mm/dd/yyyy): _____		17b. Was the patient's infection transplant-associated? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	
		17c. If the patient received an organ transplant, specify which organ(s): _____			

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 ☐ *Anaplasma phagocytophilum*
2 ☐ *Ehrlichia chaffeensis*
3 ☐ *Ehrlichia ewingii*
4 ☐ *Ehrlichia muris eucairensis*
5 ☐ *Ehrlichia* species (pan-*Ehrlichia*)

6 ☐ Genera *Ehrlichia*/*Anaplasma*
7 ☐ *Rickettsia africae*
8 ☐ *Rickettsia parkeri*
9 ☐ *Rickettsia rickettsii*

10 ☐ *Rickettsia* species 364D
11 ☐ *Rickettsia* species (pan-*Rickettsia*)
12 ☐ Spotted fever group *Rickettsiae*
13 ☐ Other, specify:

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

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

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:
