



- Flea-borne Typhus
Spotted Fever Rickettsiosis
Rickettsia, unspecified
Anaplasmosis Ehrlichiosis
Other (Describe):

Rickettsial Disease Case Investigation

NBS Patient ID: \_\_\_\_\_

PLEASE PRINT LEGIBLY

Confirmed Probable Suspect\* Not a Case
\*Only for anaplasmosis and ehrlichiosis

Patient Information
Clinical Information
Clinical Signs and Symptoms
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: Male Female Unknown
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_
Patient Phone: \_\_\_\_\_ County of Residence: \_\_\_\_\_
Race: Asian American Indian/Alaskan Native
Black or African American Native Hawaiian/Pacific Islander
White Unknown Other: \_\_\_\_\_
Ethnicity: Hispanic Not Hispanic Unknown
Physician: \_\_\_\_\_ Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Was the patient hospitalized for this illness? Yes No Unknown ER Visit
If yes, provide name and location of hospital: \_\_\_\_\_
Dates of hospitalization: Admission \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge \_\_\_\_/\_\_\_\_/\_\_\_\_
Date of illness Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_
Does the patient have an underlying chronic illness? Yes No Unknown
Is the patient immunosuppressed? Yes No Unknown
Is there a more likely clinical explanation for this patient's symptoms? Yes No Unknown
If yes, provide explanation: \_\_\_\_\_
Was the patient pregnant during illness? Yes No Unknown N/A
Is the patient deceased? Yes No Unknown
If yes, provide date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ (submit documentation)
Fever Fatigue/malaise
Headache Chills/sweats
Nausea/Vomiting Eschar
Myalgia Rash
Thrombocytopenia
Anemia
Leukopenia
Elevated C-reactive protein
Elevated liver function test
ALT: \_\_\_\_\_ AST: \_\_\_\_\_ ALP: \_\_\_\_\_ Bilirubin: \_\_\_\_\_
Description of rash (Select all that apply):
Macular Papular Petechial
Urticarial Pruritic Other: \_\_\_\_\_
Rash appeared on: \_\_\_\_\_
Other: \_\_\_\_\_

NBS Patient ID: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Specify any life-threatening complications in the clinical course of illness:

- Acute respiratory distress syndrome (ARDS)                       Meningitis/encephalitis
- Disseminated intravascular coagulopathy (DIC)                       Renal failure                       Sepsis
- Other: \_\_\_\_\_                       None

**Treatment**

Did the patient receive antibiotic treatment?     Yes     No     Unknown    Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, select all that apply:

- Tetracycline (other than Doxycycline)
- Doxycycline
- Other (explain): \_\_\_\_\_

Did patient respond to treatment?                       Yes     No     Unknown

**Epidemiology**

***If "yes" is checked for any of the questions in this section, please provide details in the comments section on page 3.***

Are fleas present at patient's environment?                       Yes     No     Unknown

Does the patient have a history of flea bites (in 3 weeks prior to onset)?                       Yes     No     Unknown

Are rodents present in patient's environment?                       Yes     No     Unknown

Are other wild animals present in patient's environment?                       Yes     No     Unknown

If yes, what kind: \_\_\_\_\_

Are dogs present at patient's environment?                       Yes     No     Unknown

Are cats present at patient's environment?                       Yes     No     Unknown

Does patient have a history of known tick exposure/attachment)?                       Yes     No     Unknown

If yes, was tick engorged (swollen with blood)?                       Yes     No     Unknown

Date of attachment: \_\_\_\_/\_\_\_\_/\_\_\_\_    How long (in hours) was tick attached? \_\_\_\_\_

Patient occupation: \_\_\_\_\_

*(give exact job, type of business or industry, work shift and % of time spent outside while at work)*

Did the patient travel outside his/her county of residence in 14 days prior to onset?     Yes     No     Unknown

***If yes, provide dates and locations on page 3.***

Was there recent exposure to outdoor areas?                       Yes     No     Unknown

If yes, was it (select one):     Residence     Occupational exposure     Recreational

**Travel Dates and Locations TWO WEEKS Prior to Illness Onset**

Date Ranges	Area/Street Address	City	State	Country

NBS Patient ID: \_\_\_\_\_

Patient Name: \_\_\_\_\_

**Laboratory Findings**  
*(Please list all rickettsial panel results)*

Date Collected	Source	Test (IFA, PCR)	Agent (ex. <i>R. typhi</i> IgM)	Result	Performing Lab

**Comments or Other Pertinent Epidemiological Data**

**Notes**

Differentiating Spotted Fever Rickettsioses (SFR) and Flea-borne Typhus:

As a result of significant cross-reactivity among rickettsial species, specimens should be tested against a panel\* of *Rickettsia* antigens, including, at a minimum, *R. rickettsii* and *R. typhi*, in an attempt to differentiate between SFR and flea-borne typhus. Additionally, the rickettsial IgM tests lack specificity (resulting in false positives); thus, IgG titers are considered to be much more reliable.

*\*Specimens may be forwarded to the DSHS Serology lab for rickettsial panel testing.*

**Completed by Investigating Agency**

Date First Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_ Investigation: Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporting Facility: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_ (Please print clearly)

Agency: \_\_\_\_\_ (PLEASE DO NOT ABBREVIATE)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_