DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333

Tick-Borne

Tick-Borne Rickettsial Disease Case Report



Use for: Rocky Mountain spotted fever (RMSF), ehrlichiosis (human monocytic ehrlichiosis [HME]), and human granulocytic ehrlichiosis [HGE]).

Form Approved OMB 0920-0009

- PATIENT/PHYSICIAN INFORMATION -								
Patient's name: Address:			Date submitte Physician's name:	d:(5-6)/(7-8)/	/(mm/dd/yyyy) Phc r	one 10.:		
(number, street) City:			NETSS ID No	: (if reported)	Case ID (13-18)	Site (19-21) State (22-23)		
			- DEMOGRAPHI	CS –	Case ID (13-16)	Site (19-21) State (22-23)		
1. State of residence: Postal abrv: (24-25)	2. County of residence: (26	-50)			3. Zip code: (51-59)	4. Sex: (60) 1 ☐ Male 2 ☐ Female		
5. Date of birth: (61-62) / (63-64)	(mm/dd/yyyy)	6. Race: (69) 1 Wh 2 Bla	iite 3∐ Alask	can Indian an Native 5[9[Pacific Islander	7. Hispanic ethnicity: 1 Yes (70) 2 No		
8. INDICATE DISEASE TO BE REPORTED: (71) 1 RMSF 2 HME 3 HGE 4 Ehrlichiosis (unspecified, or other agent)								
		- CLINICAL SIG	NS,SYMPTOMS,	AND OUTCOME				
9. Was a clinically compatible illness present? (72) (fever or rash, plus one or more of the following signs: headache, myalgia, anemia, thrombocytopenia, leukopenia, or elevated hepatic transaminases) 1 YES 2 NO 9 Unk 1 YES 2 NO 9 Unk								
11. Was an underlying i	mmunosuppressive conditior	n present? (81)	12. Specify any	life-threatening co	mplications in the clinical	course of illness: (82)		
1 YES 2 N	O 9 Unk		1 □ ∆dult re	spiratory distress sy	ndrome (ARDS) a Me	eningitis/encephalitis		
Specify condition(s)	- · - ·			nated intravascular	` ′ —	nal failure		
opeany continuon(e)	•		8 Other:	nateu mitavasculai	coagulopatily (Dio) 4 — lie	nariandre 9 None		
			8 Unier: _					
13. Was the patient hospitalized because of this illness? (83) (If yes, date) 14. Did the patient die because of this illness? (92) (If yes, date)								
1 ☐ YES 2 ☐ N	O 9 Unk <u>(84-85)</u> / (86-87)	(mm/dd/	/yyy) 1	_ YES 2 NO	9 Unk (93-94) / (95-96	/ (mm/dd/yyyy)		
	(/		LABORATORY D	ATA –	(1.1.1)			
15. Name of								
laboratory:			City:			ip:		
Below, indicate Y (Y	es) or N (No), <u>ONLY</u> if the tes	t or procedure wa	s performed. <u>Lac</u> l	c of selection in	dicates that the test or pr	ocedure was not performed.		
16. Serologic Tests	Serology 1 / (101-2) / (103-4)	Sero	logy 2* / (109-10) / (111-12)		17. Other Diagnostic Tests ?	Positive?		
	Titer Positi	ive?	<u> Fiter Po</u>	sitive?	PCR	1 YES 2 NO (133)		
IFA - IgG	() 1□ YES 2	.□ NO (117) () 1□ YES	2 NO (118)	Morulae visualization*	1 YES 2 NO (134)		
154 1 14	, , ,		·		Immunostain	1 YES 2 NO (135)		
IFA - IgM	() 1 YES 2	!L NO (119) () 1□ YES	2 NO (120)	Culture	1 YES 2 NO (136)		
Other (121-13)	" () 1□YES 2	.□ NO (131) () 1□ YES	2 NO (132)	* Visualization of mo	orulae not applicable for RMSF.		
*Was there a fourfold change in antibody titer between the two serum specimens? 1 YES 2 NO (197)								
was there a fourfold change in antibody titer between the two serum specimens? 1 1 YES 2 1 NO (137) - FINAL DIAGNOSIS -								
18. Classify case based on the CDC case definition (see criteria below): (138) State Health Department Official who reviewed this report:								
1 RMSF 2 HMF 3 HGF								
4 Ehrlichiosis (unspecified, or other agent):								
	, ,	(2□ PRC	BABLE .			Doto: , ,		
(139-148)		−Ј ∟	Title	·		Date: / /		
						· · · · · · · · · · · · · · · · · · ·		

Confirmed RMSF: A clinically compatible case with 1) a fourfold change in antibody titer to Rickettsia rickettsii antigen by IFA, CF, latex agglutination, microagglutination, or indirect hemagglutination antibody test in two serum samples, or 2) a positive PCR assay, or 3) immunostaining of antigen in a skin biopsy or autopsy sample, or 4) isolation and culture of R. rickettsii from a clinical specimen.

Probable RMSF: A clinically compatible case with 1) a single positive antibody titer by IFA (≥1:64 if IgG); or 2) a single CF titer ≥1:16; or 3) a single titer ≥1:128 by a latex agglutination, indirect hemagglutination antibody, or microagglutination test; or 4) a fourfold rise in titer or a single titer >1:320, by Proteus 0X-19 or 0X-2 test.

Confirmed Ehrlichiosis: A clinically compatible case with 1) a fourfold change in antibody titer to antigen from an Ehrlichia species by IFA in two serum samples, or 2) a positive PCR assay, or 3) the visualization of morulae in white blood cells with a single serum positive antibody titer by IFA, or 4) immunostaining of antigen in a skin biopsy or autopsy sample, or 5) isolation and culture of an Ehrlichia species from a clinical specimen.

Probable Ehrlichiosis: A clinically compatible case with 1) a single positive antibody titer by IFA, or 2) the visualization of morulae in white blood cells.

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– PATIENT/PHYSICIAN INFORMATION –							
			Date submitted: Physician's name:	(5-6) / (7-8) / (9-12)	(mm/dd/yyyy) Phor no		
			NETSS ID No.: (if rep		se ID (13-18) S	Site (19-21) State (22-23)	
1. State of residence:	2. County of residence: (26	50)		3. Zip	code: (51-59)	4. Sex: (60)	
Postal abrv: (24-25)	Check, if history of travel of	utside county of residen	ce within 30 days of onset of s	symptoms		1	
5. Date of birth: (61-62) / (63-64)	(65-68) (mm/dd/yyyy)	6. Race: (69) 1 Whit 2 Blace		ve 5∐ Pacı	ific Islander specified	. Hispanic ethnicity: 1 Yes (70) 2 No	
8. INDICATE DISEASI	TO BE REPORTED: (71)	1 RMSF 2	HME 3☐ HGE		sis (unspecified, o	r other agent)	
O Was a slinically same	otible illness present?	– CLINICAL SIGN	IS,SYMPTOMS, AND (In Data of Owent of C	umntomo	
9. Was a clinically compatible illness present? (72) (fever or rash, plus one or more of the following signs: headache, myalgia, anemia, thrombocytopenia, leukopenia, or elevated hepatic transaminases) 1 YES 2 NO 9 Unk 1 YES 2 NO 9 Unk							
11. Was an underlying in	nmunosuppressive condition	present? (81)	12. Specify any life-thro	eatening complica	tions in the clinical o	course of illness: (82)	
1 YES 2 N	O 9 ☐ Unk		1 Adult respiratory	v distress syndrome	(ARDS) 3 Mer	ningitis/encephalitis	
Specify condition(s):	· · ·			travascular coaqulo	` '	•	
. , , , , ,			8 Other:	arabbaiai boagaio	patily (Bio) 4 - Hon		
13. Was the patient hosp	oitalized because of this illne	ess? (83) (If yes, date) 14. Did the p	atient die because	e of this illness? (92)	(If yes, date)	
1 YES 2 NO	O 9 Unk (84-85) / (86-87)	(mm/dd/yy	yy) 1 TES	3 2 NO 9 □	Unk (93-94) / (95-96)	(mm/dd/yyyy)	
15. Name of City: State: Zip: - - - - - - - - -							
Below, indicate Y (Ye	es) or N (No), <u>ONLY</u> if the tes	t or procedure was	performed. <u>Lack of se</u>	<u>lection</u> indicates	s that the test or pro	cedure was not performed.	
16.	COLLECTION DATE	(mm/dd/yyyy)	COLLECTION DATE (mm/	(dd/yyyy) 17.	Other Diagnostic		
Serologic	Serology 1/_	Serolo	gy 2* / /		Tests ?	Positive?	
Tests	(101-2) (103-4) Titer Posit	- (105-8) - Tit	er Positive?	·			
				PCR		1 YES 2 NO (133)	
IFA - IgG	() 1 ☐ YES 2	□ NO (117) () 1∐YES 2∐N	10 (118)	rulae visualization*	1 YES 2 NO (134)	
IFA - IqM	() 1 ☐ YES 2	□ NO (119) () 1 YES 2 N	10 (100)	nunostain	1 YES 2 NO (135) 1 YES 2 NO (136)	
Other (121-130 test:	\/	_) 1 \Begin{array}{c} YES 2 \Box N	Cuit		rulae not applicable for RMSF.	
*Was there a fourfold change in antibody titer between the two serum specimens? 1 YES 2 NO (137) - FINAL DIAGNOSIS -							
18. Classify case based on the CDC case definition (see criteria below): State Health Department Official who reviewed this report:							
1 RMSF 2 HME 3 HGE							
4 Ehrlichiosis (unspecified, or other agent):							
		2 PRO	BABLE THE		D	oto. , ,	
(139-148)		−」∟	Title:		Di	ate: / / (mm/dd/yyyy)	

Confirmed RMSF: A clinically compatible case with 1) a fourfold change in antibody titer to Rickettsia rickettsii antigen by IFA, CF, latex agglutination, microagglutination, or indirect hemagglutination antibody test in two serum samples, or 2) a positive PCR

assay, or 3) immunostaining of antigen in a skin biopsy or autopsy sample, or 4) isolation and culture of R. rickettsii from a clinical specimen.

Probable RMSF: A clinically compatible case with 1) a single positive antibody titer by IFA (≥1:64 if IgG); or 2) a single CF titer ≥1:16; or 3) a single titer ≥1:128 by a latex agglutination, indirect hemagglutination antibody, or microagglutination test; or 4) a fourfold rise in titer or a single titer >1:320, by Proteus 0X-19 or 0X-2 test.

Confirmed Ehrlichiosis: A clinically compatible case with 1) a fourfold change in antibody titer to antigen from an Ehrlichia species by IFA in two serum samples, or 2) a positive PCR assay, or 3) the visualization of morulae in white blood cells with a single serum positive antibody titer by IFA, or 4) immunostaining of antigen in a skin biopsy or autopsy sample, or 5) isolation and culture of an Ehrlichia species from a clinical specimen.

Probable Ehrlichiosis: A clinically compatible case with 1) a single positive antibody titer by IFA, or 2) the visualization of morulae in white blood cells.

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		– PATIE	ENT/PHYSICIA	N INFORMATION -	_			
Patient's								
name:				Physician's (5-8) / (7-8) / (9-12) (mm/dd/yyyy) Phone				
Address:			name:				no.:	
(number, street)			NETOO	ID No (4				
City:			NEISS	ID No.: (if reported)				
			– DEMOGR	APHICS -	Ca	ise ID (13-18)	Site (19-21) State (22-23)	
1. State of residence:	2. County of residence: (26	-50)			3. Zii	p code: (51-59)	4. Sex: (60)	
Postal		,			0.1.	,	1 ☐ Male	
abrv: (24-25)	Check, if history of travel of	utside county of re	sidence within 30 c	lays of onset of symptoms			- —	
5. Date of	oncord, it flictory of traver of	6. Race:			<u> </u>		7. Hispanic	
birth:		(69) 1	White 3	American Indian Alaskan Native	5 Pac	cific Islander	ethnicity: 1 Yes	
(61-62) (63-64)	(mm/dd/yyyy)	2	Black 4	Asian	9 Not	t specified	(70) 2 No	
(01 02) (00 04)	(00 00)							
8. INDICATE DISEASE	TO BE REPORTED: (71)	1 RMSF	2 HME	3 ☐ HGE 4 ☐ I	Ehrlichio	sis (unspecified,	or other agent)	
		- CLINICAL S	SIGNS SYMPT	OMS, AND OUTCO	MES -			
9. Was a clinically comp	atible illness present? (72)	OEIIIIOAE C	siano,o i iii i	OMO, AND OUTOC		10. Date of Onset of	f Symptoms:	
	or more of the following signs	: headache. mval	gia, 1 YE	S 2 NO 9 U			- c,p.c	
anemia, thrombocytop	enia, leukopenia, or elevated h	epatic transamina	ases)	.0 2010 301	O'IIK	///////	(mm/dd/yyyy)	
						(73-74) (75-76)	(77-80)	
11. Was an underlying in	nmunosuppressive condition	n present? (81)	12. Speci	fy any life-threatening	g complic	ations in the clinica	Il course of illness: (82)	
1 ☐ YES 2 ☐ NO	O 9 Unk		1 🗆 A	dult respiratory distres	s syndrom	e (ARDS) 3□ M	leningitis/encephalitis	
Specify condition(s):			2 🗆 D	isseminated intravascu	ular coagul	opathy (DIC) 4 R	enal failure 9 □ None	
			8 🗆 0	ther:				
40 111 11		0 (15	1-1-)	44 80446			(16	
13. was the patient nosp	oitalized because of this illno	ess? (83) (If yes,	, date)	14. Did the patient d	ne becaus	SE OT THIS HINESS? (92	(ir yes, date)	
1 YES 2 NO	O 9 ☐ Unk / /	(mm/	/dd/yyyy)	1 YES 2	NO 9	Unk /	_/ (mm/dd/yyyy)	
	(84-85) (86-87)	(88-91)	– LABORATO	NDV DATA		(93-94) (95-9	6) (97-100)	
			- LABORATO	DATA -				
15. Name of laboratory:			City:			State:	Zip: -	
	es) or N (No). ONLY if the tes	st or procedure v		Lack of selection	n indicate		rocedure was not performed.	
	COLLECTION DATE	=	-	TION DATE (mm/dd/yyyy)			Tooland mad mor personnear	
16. Serologic	Serology 1//_		erology 2*	/ /	17.	utiler Diagnostic	Positive?	
Tests	(101-2) (103-4)	(105-8)	(109-10)	(111-12) (113-16)	_	Tests ?	T colure :	
	Titer Posit	ive?	Titer	Positive?	PC	R	1 YES 2 NO (133)	
IFA - IgG	() 1 ☐ YES 2	2□ NO (117) ((\ _	YES 2 NO (118)	Mo	rulae visualization*	1 YES 2 NO (134)	
ii A igu	()	110 (117)	(/	1123 2 110 (110)	lm	munostain	1 YES 2 NO (135)	
IFA - IgM	() 1□ YES 2	2 NO (119) (() 1	YES 2 NO (120)		Iture	1 YES 2 NO (136)	
Other (121-130			, \ \ \ \	lves . Dus				
test:	\=====/	2 NO (131)	(====-/	YES 2 NO (132)		* Visualization of n	norulae not applicable for RMSF.	
* Was there a fourfold change in antibody titer between the two serum specimens? 1 \sum YES 2 \sum NO (137)								
- FINAL DIAGNOSIS -								
18. Classify case based on the CDC case definition (see criteria below): State Health Department Official who reviewed this report:								
(138)								
1 HMSF 2 HME 3 HGE 1 CONFIRMED Name:								
4∐ Ehrlichiosis (u	nspecified, or other agent):	> 1					_	
		²└ P	ROBABLE	Title:			Date: / /	
(139-148)								
COMMENTS:								

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