Tennessee Department of Health

Tickborne Rickettsial Disease Form

Revised: 01/2012

Please fill out this form as completely as possible and send or fax to Central Office: Tennessee Department of Health, Communicable and Environmental Disease Services, 1st Floor, Cordell Hull Bldg., 425 5th Ave. North, Nashville, TN 37243, Phone: 615.741.7247 Fax: 615.741.3857

DEMOGRAPHICS

CASE ID#:_____

Name: Last _____ **First** _____ **Middle** _____ **DOB:** ____/____/_____

Reported Age: _____ □ Days □ Months □ Years **Sex:** □ Male □ Female □ Unknown

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone: Home _____ **Work** _____ **Cell** _____

Ethnicity: □ Hispanic □ Not Hispanic

Race: □ American Indian / Alaskan □ Asian □ Black / African-American □ Hawaiian / Pacific Islander □ White □ Other

INVESTIGATION SUMMARY

Disease(s) under investigation: □ Spotted fever rickettsiosis (e.g. RMSF) □ *Ehrlichia chaffeensis* □ *Ehrlichia ewingii* □ Anaplasmosis □ *Ehrlichia* unspecified

INVESTIGATION

Investigator name: _____

Jurisdiction: _____

Date assigned to investigation: _____/_____/_____

Investigation start date: _____/_____/_____

Ordering Provider: _____

_____

HOSPITAL

Was the patient hospitalized for this illness?

□ Yes (Hospital): _____ □ No □ Unknown

Admission: ____/____/_____ **Discharge:** ____/____/_____

Attending Physician: _____

Admitted to ICU? □ Yes: (Date)_____ □ No

Did the patient die? □ Yes: (Date)_____ □ No

LABORATORY

SEROLOGY

Serologic test	Serology 1	Titer/Units	Pathogen	Date	Serology 2	Titer/Units	Pathogen	Date
IFA IgG	□ Pos □ Neg				□ Pos □ Neg			
IFA IgM	□ Pos □ Neg				□ Pos □ Neg			
EIA IgG	□ Pos □ Neg				□ Pos □ Neg			
EIA IgM	□ Pos □ Neg				□ Pos □ Neg			
Other/Additional								

LABORATORY

Laboratory performing test: _____

City, state: _____

Specimen: _____

Other laboratory: _____

City, state: _____

Specimen:_____

OTHER TESTS

PCR □ Positive □ Negative

Test date_____

Immunostain □ Positive □ Negative

Test date_____

Culture □ Positive □ Negative

Test date_____

CLINICAL INFORMATION

SIGNS / SYMPTOMS

To count as cases, patients must have:

□ Fever **AND** one or more of the following:
□ Headache
□ Muscle aches
□ Rash or eschar (Spotted Fever Ric. only)
□ Anemia
□ Thrombocytopenia
□ Elevated hepatic transaminases
□ Leukopenia (Anaplasmosis or Ehrlichiosis only)

Additional symptoms of interest:

□ Fatigue □ Malaise
□ Joint pain □ Cough
□ Sore throat □ Stiff neck
□ Nausea □ Seizures
□ Vomiting □ Altered mental status
□ Diarrhea
□ Chills □ Sweats

Illness onset date: ___/___/_____

Symptoms resolved: ___/___/_____

Life-threatening complications

□ Adult respiratory distress syndrome (ARDS)
□ Disseminated intravascular coagulopathy (DIC)
□ Meningitis / encephalitis
□ Renal failure
□ None

OTHER

Underlying immunosuppression present? □ Yes (Specify)_____ □ No

History of tick bite or exposure within two weeks of illness onset? □ Yes □ No

Travel within two weeks of illness onset? □ Yes □ No

(Details) _____

_____

CASE STATUS

(consult case definitions for details)

□ **Confirmed**
□ **Probable**
□ **Suspect**
□ **Noncase**