West Virginia Bureau for Public Health
Your Health Your Safety Our Purpose
Department of Health & Human Resources

Tickborne Rickettsial Diseases

(Do not use for Lyme disease or babesiosis)

PATIENT DEMOGRAPHICS

***NAME** (last, first): _____
***ADDRESS** (mailing): _____
***ADDRESS** (physical): _____
***City/State/Zip**: _____
***Phone** (home): _____ **Phone** (work/cell) : _____
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
Name: _____ *Phone:* _____

***Birth date**: __ / __ / ____ ***Age**: _____
***Sex**: ☐Male ☐Female ☐Unk
***Ethnicity**: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk
***Race**: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigation Start Date:__ / __ / ____
Earliest date reported to LHD: __ / __ / ____
Earliest date reported to DIDE: __ / __ / ____

Entered in WVEDSS? ☐Yes ☐No ☐Unk
Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect
☐ Not a case ☐ Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: ☐Laboratory ☐Hospital ☐HCP ☐Public Health Agency ☐Other
Reporter Name: _____ Reporter Phone: _____
Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

***Onset date**: __ / __ / ____ **Diagnosis date**: __ / __ / ____ **Recovery date**: __ / __ / ____

Tickborne Rickettsial Disease (TBRD) Reported

☐Spotted Fever Rickettsiosis (RMSF) ☐*Ehrlichia chaffeensis* (HME)
☐*Anaplasma phagocytophilum* (HGE) ☐ *Ehrlichia ewingii*
☐Ehrlichiosis/Anaplasmosis undetermi
☐Other: _____

*Symptoms and Clinical Findings

Y N U
☐ ☐ ☐ Fever (Highest measured temperature: _____ °F)
☐ ☐ ☐ Headache
☐ ☐ ☐ Myalgia
☐ ☐ ☐ Malaise
☐ ☐ ☐ Rash
☐ ☐ ☐ Eschar
☐ ☐ ☐ Nausea
☐ ☐ ☐ Vomiting

Clinical Risk Factors

Y N U
☐ ☐ ☐ Underlying immunosuppressive condition
(Specify:_____)

Complications

Y N U
☐ ☐ ☐ Adult respiratory distress syndrome (ARDS)
☐ ☐ ☐ Renal failure
☐ ☐ ☐ Meningitis/Encephalitis
☐ ☐ ☐ Disseminated Intravascular Coagulopathy
☐ ☐ ☐ Other (Specify:_____)
☐ ☐ ☐ None

Hospitalization

Y N U
☐ ☐ ☐ Patient hospitalized for this illness
If yes, hospital name: _____
Admit date: __ / __ / ____ Discharge date: __ / __ / ____

Death

Y N U
☐ ☐ ☐ Patient died due to this illness
If yes, date of death: __ / __ / ____

*LABORATORY *(Please submit copies of all labs, including CBC, metabolic and/or CSF studies associated with this illness to DIDE)*

Y N U
☐ ☐ ☐ Anemia
☐ ☐ ☐ Thrombocytopenia
☐ ☐ ☐ Leukopenia
☐ ☐ ☐ Elevated hepatic transaminases
☐ ☐ ☐ Fourfold change in TBRD-specific* IgG antibody titer by IFA in paired serum specimens
☐ ☐ ☐ Elevated TBRD-specific* IgG antibody titer by IFA or other method in a single serum specimen
☐ ☐ ☐ Elevated TBRD-specific* IgM antibody titer by IFA or other method in a single serum specimen
☐ ☐ ☐ Detection of TBRD-specific* nucleic acid in a clinical specimen by PCR assay
☐ ☐ ☐ Demonstration of TBRD-specific* antigen in a biopsy or autopsy specimen by immunohistochemical (IHC) methods
☐ ☐ ☐ Isolation of TBRD from a clinical specimen in cell culture
☐ ☐ ☐ Identification of morulae in monocytes, granulocytes, or macrophages

*TBRD-specific = *Rickettsia rickettsii* (and other spotted fever group rickettsia), *Ehrlichia chaffeensis*, *Ehrlichia ewingii*, *Anaplasma phagocytophilum*

INFECTION TIMELINE

Instructions:
Enter onset date in grey box. Count backward to determine probable exposure period

	Exposure period		Onset date
Days from onset	_____ *(Enter Max Incubation)**	_____ *(Enter Min Incubation)**	
Calendar dates:	__ / ___ / ___	__ / __ / ___	__ / __ / ____

EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

☐ ☐ ☐ History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

☐ ☐ ☐ Exposure to wooded, brushy, or grassy areas (i.e. potential tick habitats)
If yes, where (County and State): _____
If yes**,** date: __/__/____

☐ ☐ ☐ Tick found on body
If yes, where was patient when tick found (County and State): _____
If yes, date found: __ / __ / ____
if yes, was tick attached?: ☐Yes ☐No ☐Unknown

☐ ☐ ☐ Potential occupational exposure (i.e., outdoor work in potential tick habitats)
If yes, list occupation:_____

Where did exposure most likely occur? **County:** _____ **State:**_____ **Country:** _____

PUBLIC HEALTH ISSUES

Y N U

☐ ☐ ☐ Case knows someone who had shared exposure and is currently having similar symptoms

☐ ☐ ☐ Epi link to another confirmed case of same condition

☐ ☐ ☐ Case is part of an outbreak

☐ ☐ ☐ Other:

PUBLIC HEALTH ACTIONS

Y N U

☐ ☐ ☐ Disease education and prevention information provided to patient and/or family/guardian

☐ ☐ ☐ Recommended environmental measures to patient/family to reduce risk around home

☐ ☐ ☐ Education or outreach provided to employer

☐ ☐ ☐ Facilitate laboratory testing of other symptomatic persons who have a shared exposure

☐ ☐ ☐ Patient is lost to follow-up

☐ ☐ ☐ Other:

WVEDSS

Y N U

☐ ☐ ☐ Entered into WVEDSS (**Entry date**: __ / __ / ____) **Case Status:** ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

NOTES

*Incubation periods: RMSF= 2-14 days Anaplasmosis= 5-10 days Ehrlichiosis= 5-10 days