

# Tennessee Department of Health Tickborne Rickettsial Disease Form

Revised: 11/2017

Please fill out this form as completely as possible and send or fax to Central Office: Communicable and Environmental Diseases and Emergency Preparedness  
Andrew Johnson Tower, 4th Floor, 710 James Robertson Parkway, 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* (EC)  *Ehrlichia ewingii* (EE)  
 Anaplasmosis (AP)  *Ehrlichia* unspecified (EU)

INVESTIGATION

Investigator name: \_\_\_\_\_ Date assigned to investigation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Jurisdiction: \_\_\_\_\_ Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Investigation status:  Open  Closed

Case Status:  Confirmed  Probable  Suspect  Not a Case

## Laboratory

SEROLOGY	Serologic test	Serology 1	Titer/Units	Pathogen	Collection Date	Serology 2	Titer/Units	Pathogen	Collection Date
	IFA IgG	<input type="checkbox"/> Pos <input type="checkbox"/> Neg				<input type="checkbox"/> Pos <input type="checkbox"/> Neg			
	IFA IgM	<input type="checkbox"/> Pos <input type="checkbox"/> Neg				<input type="checkbox"/> Pos <input type="checkbox"/> Neg			
	EIA IgG	<input type="checkbox"/> Pos <input type="checkbox"/> Neg				<input type="checkbox"/> Pos <input type="checkbox"/> Neg			
	EIA IgM	<input type="checkbox"/> Pos <input type="checkbox"/> Neg				<input type="checkbox"/> Pos <input type="checkbox"/> 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

## Clinical Information

SIGNS / SYMPTOMS

**Patient must have**  Fever **AND** one or more of the following:  
 Headache  
 Muscle aches  
 Rash / eschar (primarily SFR)  
 Anemia  
 Leukopenia (Ehrlichiosis/Anaplasmosis)  
 Thrombocytopenia  
 Elevated hepatic transaminases

Illness onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Symptom resolution date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Underlying immunosuppression present?**  
(Specify) \_\_\_\_\_

**Life-threatening complications?**

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

HOSPITAL

**Was the patient hospitalized for this illness?**  
 Yes (Hospital): \_\_\_\_\_  No  Unknown  
**Admission:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Discharge:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Attending Physician:** \_\_\_\_\_  
 Admitted to ICU? (Dates) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Did the patient die? (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

OTHER

History of tick bite or exposure within two weeks of illness onset?  
 Travel within two weeks of illness onset? (Details) \_\_\_\_\_  
\_\_\_\_\_