

Rocky Mountain Spotted Fever

FOR STATE USE ONLY

Status: Confirmed Probable
 Suspect Not a case

Reviewer initials: _____

Referred to another state: _____

Agency: _____

Investigator: _____

Phone number: _____

CASE

Last name: _____

Date of Birth: ____ / ____ / ____ Estimated? Age: _____

First and middle name: _____

Gender: Female Male Other _____

Maiden name: _____ Suffix: _____

Pregnant: Yes No Unk Est. delivery date: ____ / ____ / ____

Address line: _____

Marital status: Single Married Separated
 Divorced Parent with partner Widowed

Zip: _____ City: _____

Race: American Indian or Alaskan Native Unknown

State: _____ County: _____

Black or African American White

Long-term care resident: Yes No Unknown

Hawaiian or Pacific Islander Asian

Facility name: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Facility phone: (____) - ____ - ____ Type: _____

Parent/Guardian name: _____

Parent/Guardian phone: (____) - ____ - ____ Type: _____

EVENT

Onset date: ____ / ____ / ____ Diagnosis date: ____ / ____ / ____

Last name: _____

Event outcome: Survived this illness Died from this illness
 Died unrelated to this illness Unknown

First name: _____

Outbreak related: Yes No Unknown

Provider type: ARNP MD DO NP PA

Outbreak name: _____

Exposure setting: _____

Facility name: _____

Epi-linked: Yes No Unk To whom: _____

Address line 1: _____

Location acquired: In USA, in reporting state
 In USA, outside reporting state
 Outside USA
 Unknown

Address line 2: _____

State: _____ Country: _____

Zip code: _____ City: _____

State: _____ County: _____

Phone: (____) - ____ - ____ Type: _____

Healthcare provider information

LABORATORY FINDINGS

Laboratory: _____ Accession #: _____ Collection date: ____ / ____ / ____

Date received: ____ / ____ / ____ Specimen source: _____ Test type: _____

Result type: Preliminary Final Result date: ____ / ____ / ____ Result: Positive Negative

Organism: **Rickettsia rickettsii**

Laboratory: _____ Accession #: _____ Collection date: ____ / ____ / ____

Date received: ____ / ____ / ____ Specimen source: _____ Test type: _____

Result type: Preliminary Final Result date: ____ / ____ / ____ Result: Positive Negative

Organism: **Rickettsia rickettsii**

Laboratory: _____ Accession #: _____ Collection date: ____ / ____ / ____

Date received: ____ / ____ / ____ Specimen source: _____ Test type: _____

Result type: Preliminary Final

Result date: ____ / ____ / ____

Result: Positive Negative

Organism: **Rickettsia rickettsii**

OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.

Occupation type: _____ Job title: _____
 Worked after symptom onset: Yes No Unknown Facility name: _____
 Date worked from: ____ / ____ / ____ Address: _____
 Date worked to: ____ / ____ / ____ Zip code: _____
 Removed from duties: Yes No Unknown City: _____ State: _____ County: _____
 Date removed: ____ / ____ / ____ Phone: (____)____-____-____ Type: _____
 Handle food: Yes No Unknown
 Attend or provide child care: Yes No Unknown
 Attend school: Yes No Unknown
 Work in a lab setting: Yes No Unknown
 Work in a health care setting: Yes No Unknown
 Direct patient care duties: Yes No Unknown
 Health care worker type: _____

Occupation type: _____ Job title: _____
 Worked after symptom onset: Yes No Unknown Facility name: _____
 Date worked from: ____ / ____ / ____ Address: _____
 Date worked to: ____ / ____ / ____ Zip code: _____
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 Handle food: Yes No Unknown
 Attend or provide child care: Yes No Unknown
 Attend school: Yes No Unknown
 Work in a lab setting: Yes No Unknown
 Work in a health care setting: Yes No Unknown
 Direct patient care duties: Yes No Unknown
 Health care worker type: _____

HOSPITALIZATIONS

Was the case hospitalized? Yes No Unknown

Hospital: _____ Isolated at entry: Yes No Unk Isolation type (entry): _____
 Admission date: ____ / ____ / ____ Discharge date: ____ / ____ / ____ Days hospitalized: _____
 Currently isolated: Yes No Unk Current isolation type: _____

CLINICAL INFO & DIAGNOSIS

Fever: Yes No Unk Onset Date: ____ / ____ / ____ Duration (days): _____ Highest known fever: _____ °F/C

Other symptoms:

- Anemia
- Fatigue
- Headache
- Muscle pain
- Nausea
- Rash
- vomiting

Life threatening complications:

- Adult respiratory distress syndrome
- Disseminated intravascular coagulopathy
- Meningitis/Encephalitis
- Renal failure

The following questions are relevant for Lyme disease only.

Did the health care provider for the case diagnose Lyme disease? Yes No Unk

Erythema migrans diagnosed by physician present: Yes No Unk

Onset Date: ____ / ____ / ____

Lesion greater than or equal to 5 cm: Yes No Unk

Late manifestations:

- 2nd/3rd degree atrioventricular (AV) block
- Bilateral facial palsy
- Encephalitis/Encephalomyelitis
- Cranial neuritis
- Recurrent, brief attacks of joint swelling
- Lymphocytic meningitis
- Radiculoneuropathy

OTHER LAB FINDINGS

