

# Ehrlichioses / Anaplasmosis

### FOR STATE USE ONLY

Status:  Confirmed  Probable  NR  
 Suspect  Not a case  
 Reviewer initials: \_\_\_\_\_  
 Referred to another state: \_\_\_\_\_

Agency: \_\_\_\_\_

Investigator: \_\_\_\_\_

Phone number: \_\_\_\_\_

## CASE

Last name: \_\_\_\_\_  
 First and middle name: \_\_\_\_\_  
 Maiden name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Address line: \_\_\_\_\_  
 Zip: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ County: \_\_\_\_\_  
 Long-term care resident:  Yes  No  Unknown  
 Facility name: \_\_\_\_\_  
 Facility phone: ( )- - Type: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Estimated?  Age: \_\_\_\_\_  
 Gender:  Female  Male  Other \_\_\_\_\_  
 Pregnant:  Yes  No  Unk Est. delivery date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Marital status:  Single  Married  Separated  
 Divorced  Parent with partner  Widowed  
 Race:  American Indian or Alaskan Native  Unknown  
 Black or African American  White  
 Hawaiian or Pacific Islander  Asian  
 Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Unknown  
 Parent/Guardian name: \_\_\_\_\_  
 Parent/Guardian phone: ( )- - Type: \_\_\_\_\_

## EVENT

Onset date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Diagnosis date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Event outcome:  Survived this illness  Died from this illness  
 Died unrelated to this illness  Unknown  
 Outbreak related:  Yes  No  Unknown  
 Outbreak name: \_\_\_\_\_  
 Exposure setting: \_\_\_\_\_  
 Epi-linked:  Yes  No  Unk To whom: \_\_\_\_\_  
 Location acquired:  In USA, in reporting state  
 In USA, outside reporting state  
 Outside USA  
 Unknown  
 State: \_\_\_\_\_ Country: \_\_\_\_\_

Healthcare provider information

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Provider type:  ARNP  MD  DO  NP  PA  
 Facility name: \_\_\_\_\_  
 Address line 1: \_\_\_\_\_  
 Address line 2: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone : ( )- - Type: \_\_\_\_\_

## LABORATORY FINDINGS

Laboratory: \_\_\_\_\_ Accession #: \_\_\_\_\_ Collection date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Specimen source: \_\_\_\_\_ Test type: \_\_\_\_\_  
 Result type:  Preliminary  Final Result date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result:  Positive  Negative  
 Organism:  *E. chaffeensis*  *E. ewingii*  *E. undetermined*  *A. phagocytophilum*  *A. undetermined*

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 Organism:  *E. chaffeensis*  *E. ewingii*  *E. undetermined*  *A. phagocytophilum*  *A. undetermined*

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 Organism:  *E. chaffeensis*  *E. ewingii*  *E. undetermined*  *A. phagocytophilum*  *A. undetermined*

**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: \_\_\_\_\_

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 Worked after symptom onset:  Yes  No  Unknown Facility name: \_\_\_\_\_  
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**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:**

- Anorexia
- 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:**

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

**OTHER LAB FINDINGS**

Higher antibody result in CSF than in serum:  Yes  No  Unknown

Leukopenia:  Yes  No  Unknown

Thrombocytopenia:  Yes  No  Unknown

Elevated hepatic transaminases:  Yes  No  Unknown

**TREATMENT**

