NJDOH SPOTTED FEVER GROUP RICKETTSIOSIS INVESTIGATION WORKSHEET CDRSS #: _____

Patient Last Name	First Name	Middle Initial	DOB: ____ / ____ / ____	Ethnicity ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race
☐ White ☐ Black ☐ Asian ☐ Pacific Islander ☐ American Indian or Alaskan Native ☐ Unknown

Occupation	Industry / work setting

Was the patient hospitalized because of this illness?	Did the patient die because of this illness?
◯ Yes ◯ No ◯ Unknown Hospital: _____ Admitted: ____ / ____ / ____ Discharged: ____ / ____ / ____	◯ Yes ◯ No ◯ Unknown If yes, specify date of death: ____ / ____ / ____

Signs & Symptoms		Onset Date
*Anemia: Hgb_____	◯ Yes ◯ No ◯ Unknown	____ / ____ / ____
**Elevated liver enzymes: ALT _____ AST _____	◯ Yes ◯ No ◯ Unknown	____ / ____ / ____
Eschar (black, necrotic area at site of tick bite)	◯ Yes ◯ No ◯ Unknown	____ / ____ / ____
Fever reported by patient or HCP: _____ºF ***[If HCP reports NO or UNK, contact patient.]***	◯ Yes ◯ No ◯ Unknown	____ / ____ / ____
Headache	◯ Yes ◯ No ◯ Unknown	____ / ____ / ____
Myalgia/muscle pain	◯ Yes ◯ No ◯ Unknown	____ / ____ / ____
Rash	◯ Yes ◯ No ◯ Unknown	____ / ____ / ____
*Thrombocytopenia: Platelet count _____	◯ Yes ◯ No ◯ Unknown	____ / ____ / ____
Other:		____ / ____ / ____

Risk Factors	
In the 14 days before illness onset or diagnosis, did the patient spend time outdoors in grassy or wooded areas?	◯ Yes ◯ No ◯ Unk
In the 14 days prior to illness onset or diagnosis, did the patient notice a tick bite?	◯ Yes ◯ No ◯ Unk
Was an immunosuppressive condition present? If yes, specify: _____	◯ Yes ◯ No ◯ Unk
Other:	◯ Yes ◯ No ◯ Unk

Diagnostic Testing		
Was the patient tested for other tick-borne diseases as part of this illness? If yes, specify result(s) and date(s) collected: _____ _____		◯ Yes ◯ No ◯ Unk
Was an <u>acute serology</u> specimen collected?	◯ Yes ◯ No ◯ Unk Date: ____/____/____	If yes, please note result: ☐ Pos. (≥ ref range) ☐ Neg.
Was or will a convalescent serology specimen be collected?	◯ Yes ◯ No ◯ Unk Date: ____/____/____	If yes, please note result: ☐ Pos. (≥ ref range) ☐ Neg

Treatment – Did the patient receive:		
☐ Doxycycline	Start date: __ /___/___	End date: ___/___/___
☐ Other antibiotic: _____	Start date: __ /___/___	End date: ___/___/___

Were there any complications of spotted fever group rickettsiosis?

☐ None ☐ Adult Respiratory Distress Syndrome ☐ Renal failure ☐ Disseminated intravascular coagulopathy
☐ Meningitis / encephalitis Other _____

Comments:

*Below or **above the reference range of the lab where sample was analyzed