U. S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333

CDC

ROCKY MOUNTAIN SPOTTED FEVER
(Tick-Borne Typhus Fever)
CASE REPORT

(Please forward to the State Health Department)

FORM APPROVED
OMB NO. 0920-0009

CDC ID No. ☐☐☐☐ (1-4)

Name of Patient

Address(Number, street)

City State Zip Code

Telephone Number(Area Code)

Physician's Name and Telephone Number

The First Three Letters of Patient's Last Name (5-7) ☐☐☐

State

County

AGE (8-9) ☐☐

SEX (10) ☐ 1 Male ☐ 2 Female

CDC USE ONLY
State (11-12) ☐☐ County (13-15) ☐☐☐

RACE/ETHNICITY (16)
- ☐ 1 White, not Hispanic
- ☐ 2 Black, not Hispanic
- ☐ 3 Hispanic
- ☐ 4 Asian or Pacific Islander
- ☐ 5 American Indian or Alaskan Native
- ☐ 6 Not Specified

SIGNS & SYMPTOMS

Date of Onset of Symptoms Mo. ☐☐ Day ☐☐ Yr. ☐☐ (17-22)

		YES	NO	UNKNOWN
Fever ≥ 100.5	(23)	☐ 1	☐ 2	☐ 9
Headache	(24)	☐ 1	☐ 2	☐ 9
Myalgias	(25)	☐ 1	☐ 2	☐ 9
Rash	(26)	☐ 1	☐ 2	☐ 9
Rash on Palms or Soles	(27)	☐ 1	☐ 2	☐ 9

TREATMENT AND OUTCOME

		YES	NO	UNKNOWN	IF YES, Date Started: Mo. Day	
Tetracycline	(28)	☐ 1	☐ 2	☐ 9	☐☐ ☐☐	(29-32)
Chloramphenicol	(33)	☐ 1	☐ 2	☐ 9	☐☐ ☐☐	(34-37)
Other (Drug): _____	(38)	☐ 1	☐ 2	☐ 9	☐☐ ☐☐	(39-42)
Hospitalization?	(43)	☐	☐	☐	IF YES, DATE: ☐☐ ☐☐	(44-47)

IF YES, Name of Hospital: _____

					Mo.	Day	Year	
Did patient die?	(48)	☐	☐	☐	☐☐	☐☐	☐☐	(49-54)

EPIDEMIOLOGIC FEATURES

Tick Exposure: (55)
- ☐ 1 Tick bite or attachment within 14 days of onset
- ☐ 2 If no tick bite or attachment, was patient in a known tick infested area within last 14 days?
- ☐ 3 No known tick bite, attachment or exposure to tick infested area
- ☐ 4 No exposure information available

	YES	NO	UNK.
Did any other family member have a similar illness this year? (56)	☐ 1	☐ 2	☐ 9
Travel outside of county within 14 days of onset (57)	☐ 1	☐ 2	☐ 9

IF YES, where: _____ State _____ County

CDC USE ONLY
State (58-59) ☐☐ County (60-62) ☐☐☐

LABORATORY DATA

Serology (Titers)

	S1 Mo. Day Yr. (63-68) ☐☐ ☐☐ ☐☐		S2 Mo. Day Yr. (69-74) ☐☐ ☐☐ ☐☐		S3 Mo. Day Yr. (75-80) ☐☐ ☐☐ ☐☐	
Indirect fluorescent antibody (IFA)	_____	(81)	_____	(82)	_____	(83)
Complement fixation (CF)	_____	(84)	_____	(85)	_____	(86)
Microagglutination (MA)	_____	(87)	_____	(88)	_____	(89)
Proteus OX19	_____	(90)	_____	(91)	_____	(92)
Proteus OX2	_____	(93)	_____	(94)	_____	(95)
Latex agglutination (LA)	_____	(96)	_____	(97)	_____	(98)
Indirect hemagglutination (IHA)	_____	(99)	_____	(100)	_____	(101)
Other (specify) (102) _____	_____	(103)	_____	(104)	_____	(105)

Detection of Rickettsial Agent

Rickettsial Isolation: (106)
- ☐ 1 Successful
- ☐ 2 Unsuccessful
- ☐ 3 Not attempted
- ☐ 9 Unknown

If attempted, give source of specimen: (107) _____

Fluorescent antibody of patient tissue (FA): (108)
- ☐ 1 Positive
- ☐ 2 Negative
- ☐ 3 Not attempted
- ☐ 9 Unknown

If attempted, give source of specimen: (109) _____

COMMENTS:

Report Completed By: (Name, Title, Institution)

DISPOSITION OF CASE (To Be Completed by State Health Department - See CDC Criteria)

DISPOSITION: (110)
- ☐ 1 Confirmed
- ☐ 2 Probable
- ☐ 3 Not confirmed

If confirmed, by what technique?
- (111) ☐ IFA (Sera)
- (112) ☐ CF
- (113) ☐ MA
- (114) ☐ LA
- (115) ☐ IHA
- (116) ☐ Isolation
- (117) ☐ FA of tissue
- (118) ☐ Other (specify)
- (119) _____

Disposition by: Name and Title Date

CDC 55.1 (Formerly 4.288)
Rev. 8-93

This report is authorized by law (Public Health Service Act, 42 USC 241). While your response is voluntary, your cooperation is necessary for the understanding and control of this public health problem. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, ATTN: PHA, Hubert H. Humphrey Bldg, Rm 721 B, 200 Independence Ave., SW, Washington, DC 20201, and to the Office of Management and Budget, Paperwork Reduction Project (0920-0009), Washington, DC 20503.

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