## NJDOH SPOTTED FEVER GROUP RICKETTSIOSIS INVESTIGATION WORKSHEET CDRSS #: \_\_\_\_\_\_

Patient Last Name First Name	Middle Initial		DOB:	Ethn		lienanie	
	/		☐ Hispanic ☐ Non-Hispanic ☐ Unknown				
Race White Black Asian Pacifi	c Islander	nder American Indian or Alaskan Na			tive Unknown		
Occupation Industry / work setting							
Was the patient hospitalized because of this illnes	Did the patient die because of this illness?						
Yes No Unknown		Yes No Unknown					
Hospital:		If yes, specify date of death://					
Admitted:/ / Discharged://			•		<del></del>		
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:°F [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:							

<sup>\*</sup>Below or \*\*above the reference range of the lab where sample was analyzed