



Relapsing Fever

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____
 OK to talk to case? Yes No DK Date of interview ___/___/___

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Birth date ___/___/___ Age _____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____
Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk

CLINICAL INFORMATION

Onset date: ___/___/___ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
 Fever Highest measured temp: _____ °F
 Type: Oral Rectal Other: _____ Unk
 Recurring fever
 Number of attacks: _____
 Days between attacks: _____
 Chills
 Headache
 Muscle aches or pain (myalgia)
 Malaise
 Fatigue
 Arthritis or arthralgia
 Other symptoms consistent with illness
 Specify: _____

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness
 Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___
Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy Place of death _____

Laboratory

Collection date ___/___/___
 Source _____

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

P N I O NT

Borrelia blood culture by special methods
 Spirochetes in peripheral blood smear by dark field microscopy or Wright-Giemsa stain

NOTES

Predisposing Conditions

Y N DK NA
 Pregnant
 Estimated delivery date ___/___/___
 OB name, address, phone: _____

Clinical Findings

Y N DK NA
 Complications
 Specify: _____

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period

Days from onset: -18 -2

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

<p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Travel out of the state, out of the country, or outside of usual routine Out of: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Country Dates/Locations: _____ _____ _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Case knows anyone with similar symptoms</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Epidemiologic link to a confirmed human case</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If infant, birth mother had febrile illness</p>	<p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tick bite Location of tick exposure <input type="checkbox"/> WA county <input type="checkbox"/> Other state <input type="checkbox"/> Other country <input type="checkbox"/> Multiple exposures <input type="checkbox"/> Unk Date of exposure: ___/___/___</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slept in cabin or outside</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slept in places with evidence of rodents (e.g. animals, nest, excreta)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wild rodent or wild rodent excreta exposure Where rodent exposure probably occurred: _____</p>
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Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

- No risk factors or exposures could be identified
- Patient could not be interviewed

PATIENT PROPHYLAXIS/TREATMENT

Y N DK NA

Antibiotics prescribed for this illness Name: _____
 Date antibiotic treatment began: ___/___/___ # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset? Date: ___/___/___
 Agency and location: _____
 Specify type of donation: _____

PUBLIC HEALTH ACTIONS

Education on pest control
 Rodent Tick Other
 Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ___/___/___

Local health jurisdiction _____ Record complete date ___/___/___