## NJDOH EHRLICHIOSIS INVESTIGATION WORKSHEET

**MR #:** _____ **CDRSS #:** _____

### DEMOGRAPHICS

| **Patient Last Name** | **First Name** | **DOB:** | **Phone number** |
|---|---|---|---|
| | | ____ / ____ / ____ | |

| **Address** | **City** | **Municipality** |
|---|---|---|
| | | |

**Race**

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

**Ethnicity**

☐ Hispanic
☐ Non-Hispanic ☐ Unknown

| **Sex** | **Industry (work setting)** | **Occupation (job title)** |
|---|---|---|
| | | |

**Indicate Infection Investigated**

☐ *Ehrlichia chaffeensis* ☐ *Ehrlichia ewingii* ☐ *Ehrlichia muris eauclairensis* ☐ Other or Unspecified *Ehrlichia*

### CLINICAL INFORMATION

| **Date first seen by a medical professional** | **Onset Date** | **Diagnosis:** |
|---|---|---|
| ____ / ____ / ____ | ____ / ____ / ____ | |

| **Signs/Symptoms** | **Response** | **Onset Date** |
|---|---|---|
| Acute respiratory distress syndrome (ARDS) | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Anemia | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Asymptomatic | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Chills | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Disseminated Intravascular coagulation (DIC) | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Elevated liver enzymes | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Encephalitis | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Fatigue | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Fever, Tmax _____F | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Headache | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Jaundice | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Leukopenia | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Malaise | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Meningitis | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Myalgia | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Nausea | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Organ failure *specify:* | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Rash | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Sweats | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Thrombocytopenia | ☐ Yes ☐ No ☐ Unk. | ____ / ____ / ____ |
| Other *specify*: | | ____ / ____ / ____ |

**Did the patient experience any severe complications of the following in the clinical course of illness: acute respiratory distress syndrome, disseminated intravascular coagulation, meningitis, encephalitis, or organ failure?**

☐ Yes, *specify*_____ ☐ No ☐ Unknown

**In the 30 days prior to illness onset or diagnosis, did the patient donate blood?**

☐ Yes, *Date of blood donation:* _____ ☐ No ☐ Unknown

*Location of blood donation:* _____

**Was an underlying immunosuppressive condition present?**

☐ Yes, *specify*_____ ☐ No ☐ Unknown

**Was patient hospitalized because of this illness?**

☐ Yes, *specify location and date(s)*

Hospital name: _____

Admission: _____ / _____ / _____ Discharge: _____ / _____ / _____

Diagnosis:_____

☐ No

**Did the patient die because of this illness?**

☐ Yes, *specify date* _____ / _____ / _____

☐ No

☐ Unknown

## TREATMENT INFORMATION

| Treatment | Dosage | Dates |
|---|---|---|
| ☐ Doxycycline | | _____ / _____ / _____ to _____ / _____ / _____ |
| ☐ Other: _____ | | _____ / _____ / _____ to _____ / _____ / _____ |
| ☐ Other: _____ | | _____ / _____ / _____ to _____ / _____ / _____ |
| ☐ Not treated | | |

## RISK FACTORS

| Risk factor | Response |
|---|---|
| In the year days prior to illness onset/diagnosis, did the patient receive a blood transfusion?<br>*If yes, provide a list of transfusion date(s), hospital where transfused, type of blood product(s), and source of blood products:* | ☐ Yes ☐ No ☐ Unk. |
| In the year prior to illness onset/diagnosis, did the patient receive an organ transplant?<br>*If yes, list type of organ, date, hospital:* | ☐ Yes ☐ No ☐ Unk. |
| In the 14 days prior to illness onset/diagnosis, did the patient notice a tick bite?<br>*If yes, specify location of tick bite:*<br>*Date of tick bite:* _____ / _____ / _____ | ☐ Yes ☐ No ☐ Unk. |
| In the 14 days prior to illness onset/diagnosis, did the patient spend time outdoors in grassy or wooded areas? | ☐ Yes ☐ No ☐ Unk. |

## ADDITIONAL CASE NOTES