Suspect Royal a case Royal a case Royal a case Royal a case Royal avairable Referred to another state! Referred to a	Ehrlich	nioses / Ana	FOR STATE USE ONLY								
			Ag	☐ Suspec							
Last name:	Investigator:		Phone nu		r state:						
Last name:			I none na								
First and middle	CASE										
Maridan name:	First and middle				_				:		
Address line:							Eat 4	delivery	1 1		
Annotation Indian or Alaskan Native Unknown State County: Hispanic or Latino Not Hispanic or Latino Unknown Parent/Guardian Parent/Guardia							☐ Married ☐ Separated				
State: County: Hawaiian or Pacific Islander Asian Incomplete Parent/Guardan P				☐ American I - Race: ☐ Black or Ai			Indian or Alaskan Native Unknown frican American White				
Parent/Guardian Parent/Gua											
Pacility phone:	resident:	☐ Yes ☐ No ☐ Unkno	, – .			r Latino					
Diagnosis date:	·			Parent/Guar	rdian	/)		T			
Display	* * * * * * * * * * * * * * * * * * * *	() 1)	/pe:	pn	ione: _	()-	<u>-</u>	1 ype:			
Last name: Survived this illness Died from this ilness Died from this illness Died from this illness Died fro				_							
Dutbreak name:	Onset date: /	/ date:			L	ast name:					
County:	Event outcome:			ness n <u>ij</u>	F	rst name:					
County:		☐ Yes ☐ No ☐ Unkno	own	forma	Prov	rider type:] ARNP ☐ M] DO ☐ N		□PA		
County:				der in	Faci	lity name:					
County:	setting:		Address line 1:								
County:	·	_			Addre	ess line 2:					
County:	acquired: In USA, outside reporting state			Zip code:				City:			
Laboratory:		=	State:								
Laboratory:		<u></u>	ountry:			Phone : _()	_ Type: _			
Date received:	LABORATORY F	INDINGS									
Result type:	Laboratory:	_	_ Ac	ccession #:			Collection date:	/	1		
Organism: E. chaffeensis E. ewingii E. undetermined A. phagocytophilum A. undetermined Laboratory: Accession #: Collection date: / / Date received: / / Specimen source: Test type: Result type: Preliminary Final Result date: / / Result: Positive Negative Organism: E. chaffeensis E. ewingii E. undetermined A. phagocytophilum A. undetermined Laboratory: Accession #: Collection date: / / Date received: / / Specimen source: Test type: Result type: Preliminary Final Result date: / / Result: Positive Negative	Date received:	1 1	Specime	en source:			Test type:				
Laboratory: Accession #: Collection date:/ / Date received:/ / Specimen source: Test type: Result type: Preliminary Final Result date:/ / Result: Positive Negative Organism: E. chaffeensis E. ewingii E. undetermined A. phagocytophilum A. undetermined Laboratory: Accession #: Collection date:/ / Date received:/ / Specimen source: Test type: Result type: Preliminary Final Result date:/ / Result: Positive Negative	• • •							☐ Positive	☐ Negative		
Date received:	Organism: 🗌 E.	chaffeensis	☐ <i>E.</i> undeterr	mined	\. phag	ocytophilum	☐ A. undetermined				
Result type:	Laboratory:		Ac	ccession #:			Collection date:	/	/		
Organism: E. chaffeensis E. ewingii E. undetermined A. phagocytophilum A. undetermined Laboratory: Accession #: Collection date: / / Date received: / / Specimen source: Test type: Result type: Preliminary Final Result date: / / Result: Positive Negative	Date received:		Specime	en source:			Test type:				
Laboratory: Accession #: Collection date: / / Date received: / / Specimen source: Test type: Result type: Preliminary Final Result date: / / Result: Positive Negative								☐ Positive	☐ Negative		
Date received: / / Specimen source: Test type: Result type:	Organism: 🗌 E. o	chaffeensis	☐ E. undeterm	nined \square A.	. phago	ocytophilum					
Result type: Preliminary Final Result date: / / Result: Positive Negative	Laboratory:		_ Ac	ccession #:			Collection date:	/	1		
···	Date received:	1 1	Specime	en source:			Test type:				
Organism: \square <i>E. chaffeensis</i> \square <i>E. ewingii</i> \square <i>E.</i> undetermined \square <i>A. phagocytophilum</i> \square <i>A.</i> undetermined	• •							☐ Positive	☐ Negative		

CONFIDENTIAL PATIENT NAME: ______ lowa Department of Public Health

OCCUPATIONS													
Interpret 'occupati	on' very lo	oosely an	d consid	ler every	perso	n to have a	at least or	ne 'occupat	ion'				
Occupation type:					=	Job title:							
Worked after symptom onset:	☐ Yes	□No	Unki	nown	Fac	ility name:							
Date worked from:	/	/											
Date worked to:	/	/											
Removed from duties:	☐ Yes	☐ No	☐ Unki	nown								ity:	
Date removed:	/	/			_	Phone:	()		Type:				
Attend or provide of	d school:	☐ Yes	No No No No	Unl	known known		Work ir Dire	ı a health ca	re setting: are duties:	☐ Yes	☐ No	Unknown Unknown	
Occupation type:						.loh title:							
Worked after symptom onset:													
Date worked from:													
Date worked to:					='								
Removed from	☐ Yes				-							ity:	
Date removed:	_	_	_										
Har Attend or provide c	ndle food:	☐ Yes ☐ Yes									_	_	
'	d school:		No No	Unl	known		Dire	a health ca ect patient ca ealth care wo	are duties:		=	☐ Unknown ☐ Unknown	
HOSPITALIZATION	IS								31				
Was the case hospi	talized?] Yes 🔲	No □ l	Jnknown									
Hospital:					Isola	ated at entr	/: □ Y€	es 🗌 No	Unk	Isolation t	ype (entry	/):	
Admission date:	/	/			Dis	charge date	e:	/ /		Days h	ospitalize	d:	
Currently isolated:	☐ Yes	□ No [Unk	Cu	rrent is	solation type	e:						
CLINICAL INFO &	DIAGNOS	IS											
Fever:	☐ Yes	☐ No	☐ Unk	Onset D	Date:	/	/	Duration	n (days):		Highest known f		°F/C
Other symptoms:			•	Life threa	atenin	g complica	tions:	_	· · · · <u> </u>		_		
☐ Anorexia ☐ Fatigue ☐ Headache ☐ Muscle pain	☐ Anorexia ☐ Nausea ☐ Adult respiratory distress syndrome ☐ Fatigue ☐ Rash ☐ Disseminated intravascular coagulopathy ☐ Headache ☐ vomiting ☐ Meningitis/Encephalitis ☐ Muscle pain ☐ Renal failure												
The following questions are relevant for Lyme disease only.													
Did the health care Erythema migrans diagnosed by physician present:	· 	for the ca	_	Onset [ease? 🔲	Yes □ N	_	n greater tha	an or equa	l to 5 cm:	☐ Yes ☐ No l	□ Unk
Late													
OTHER LAB FINDI													
Higher antibod	ly result ir than in se] Yes [□ No □	Unkn	own			Leukope	enia: 🗌	Yes 🗌	No 🗌 Unknow	vn
Thro	mbocytop	enia: [] Yes [□ No □	Unkn	own	Elevate	ed hepatic t	ransamina	ises:	Yes 🗌	No 🗌 Unknow	/n

Fax: 515-281-5698

CONFIDENTIAL PATIENT NAME:		Iowa Departm	ent of Public Health						
Antibiotics prescribed? ☐ Yes ☐ No ☐ Unknown									
Antibiotic: Antibiotic:		Antibiotic:							
Date Date	/ /	Date	/						
Dose: Dose:			,						
Unit: ☐ mg ☐ ml ☐ IU Unit: [Unit: ☐ mg	□ ml □ lU						
# of times a # of times a	Route:	# of times a day:	Route:						
Therapeutic medications prescribed: ☐ Yes ☐ No ☐ Unknown	List medications:								
INFECTION TIMELINE									
Enter onset date in dark-line	Oncot	COMMUNICABLE PERIO							
box. Enter dates for start of exposure period and start and end of communicable period. The incubation period Ehrlichioses/Anapla days after tick exposu	I for Ismosis is 7-14 ure.	Ehrlichiosis/Anaplasmosis is not directly transmitted person to person.							
RISK FACTORS/TRAVEL	••••••	• • • • • • • • • • • • • • • • • • • •	••••••						
Did the case spend time in a wooded, brushy, or grassy area withi	n 14 days of the onset of symp	toms?							
Location name:									
Address:	-								
	o: Is Lyme disease er	ndemic in this county? Y	es 🗌 No 🔲 Unk						
Location name:									
Address:	-								
City/State/County: Zip	o: Is Lyme disease er	ndemic in this county? 🗌 Y	es □ No □ Unk						
In the 14 days prior to onset of symptoms did the case find a tick on his/her body?									
NOTES:									

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