NJDOH EHRLICHIOSIS / ANAPLASMOSIS INVESTIGATION WORKSHEET CDRSS #: ____________

DEMOGRAPHICS

Patient Last Name	First Name	Middle Initial	DOB: _____ / _____ / _____

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

Ethnicity
☐ Hispanic
☐ Non-Hispanic

Indicate Disease Investigated
☐ Anaplasmosis - *Anaplasma phagocytophilum* ☐ Ehrlichiosis - *Ehrlichia chaffeensis*
☐ Ehrlichiosis/Anaplasmosis - Undetermined ☐ Ehrlichiosis - *Ehrlichia ewingii*

Pregnancy status
☐ Pregnant
☐ Not pregnant
☐ N/A ☐ Unknown

CLINICAL INFORMATION

Date first seen by a medical professional	Onset Date	Diagnosis:
_____ / _____ / _____	_____ / _____ / _____	

Signs/Symptoms	Response	Onset Date
Anemia	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Chills	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Elevated liver enzymes	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Fever, Tmax ________F	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Headache	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Jaundice	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Leukopenia	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Myalgia	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Rash	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Thrombocytopenia	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Vomiting	☐ Yes ☐ No ☐ Unk.	_____ / _____ / _____
Other *specify*:		_____ / _____ / _____

Was an underlying immunosuppressive condition present:
☐ Yes, *specify*____________________
☐ No
☐ Unknown

Specify any life-threatening complications in the clinical course of illness:
☐ Adult respiratory distress syndrome (ARDS)
☐ Meningitis/encephalitis
☐ Disseminated intravascular coagulopathy
☐ Renal failure
☐ Other: ______________________________
☐ None

Was patient hospitalized because of this illness?
☐ Yes, *specify location and date(s)*

Hospital name: ____

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

Diagnosis:____

☐ No ☐ Unknown

Did the patient die because of this illness?
☐ Yes, *specify date* _____ / _____ / _____
☐ No
☐ Unknown

TREATMENT INFORMATION

Treatment	Dosage	Dates
☐ Doxycycline		_____ / _____ / _____ to _____ / _____ / _____
☐ Rifampin		_____ / _____ / _____ to _____ / _____ / _____
☐ Other: ______________________		_____ / _____ / _____ to _____ / _____ / _____
☐ Not treated		

RISK FACTORS

Risk factor	Response
In the 14 days prior to illness onset/diagnosis, did the patient spend time outdoors in grassy or wooded areas?	☐ Yes ☐ No ☐ Unk.
In the 14 days prior to illness onset/diagnosis, did the patient notice a tick bite? *If yes, specify location of tick bite:.*	☐ Yes ☐ No ☐ Unk.
In the 30 days prior to illness onset/diagnosis, did the patient receive a blood transfusion? *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 30 days prior to illness onset/diagnosis, did the patient receive an organ transplant? *If yes, list type of organ, date, hospital:*	☐ Yes ☐ No ☐ Unk.

ADDITIONAL CASE NOTES