

## Tick-Borne Rickettsial Disease Case Report



Use for: Rocky Mountain spotted fever (RMSF), ehrlichiosis (human monocytic ehrlichiosis [HME]), and human granulocytic ehrlichiosis [HGE]).

Form Approved OMB 0920-0009

	_	PATIENT/PHYSIC	CIAN INFORMATION -			
Patient's name:  Address:			e submitted: //		one no.:	
(number, street) City:		NET	rss ID No.: (if reported)			
		DEMOC	GRAPHICS –	Case ID (13-18)	Site (19-21) State (22-23)	
1. State of residence:  Postal abrv: (24-25)  5. Date of	2. County of residence: (26-50)  Check, if history of travel outside cou	nty of residence within 3	30 days of onset of symptoms  American Indian	3. Zip code: (51-59)	4. Sex: (60)  1 Male 2 Female  7. Hispanic	
birth://	(mm/dd/yyyy)	1 White 3 2 Black 4	Maskanivalive	5 Pacific Islander 9 Not specified	ethnicity: 1 Yes	
8. INDICATE DISEASE TO BE REPORTED: (71) 1 RMSF 2 HME 3 HGE 4 Ehrlichiosis (unspecified, or other agent)  - CLINICAL SIGNS, SYMPTOMS, AND OUTCOMES -						
9. Was a clinically compatible illness present? (72)  10. Date of Onset of Symptoms:						
(fever or rash, plus one or more of the following signs: headache, myalgia, anemia, thrombocytopenia, leukopenia, or elevated hepatic transaminases)  1 YES 2 NO 9 Unk  1 YES 2 NO 9 Unk  1 (75-76) (mm/dd/yyyy)						
11. Was an underlying immunosuppressive condition present? (81)  1 YES 2 NO 9 Unk  Specify condition(s):  Disseminated intravascular coagulopathy (DIC) 4 Renal failure 9 None 8 Other:						
13. Was the patient hospitalized because of this illness? (83) (If yes, date)  14. Did the patient die because of this illness? (92) (If yes, date)						
13. Was the patient hosp	oitalized because of this illness? (83)	(If yes, date)	14. Did the patient die	because of this illness? (92)	(If yes, date)	
13. Was the patient hosp		(mm/dd/yyyy)	1 YES 2 N		/ (mm/dd/yyyy)	
1 YES 2 NO	D 9 Unk / /	(mm/dd/yyyy) LABORA		O 9 Unk (93-94) (95-96	/(mm/dd/yyyy)	
1 YES 2 NO	O 9 Unk (84-85) (86-87) (88-91)	(mm/dd/yyyy)  — LABORA  City:_	1 YES 2 N	O 9 Unk/	/(mm/dd/yyyy) Lip:	
1 YES 2 NO	D 9 Unk / /	(mm/dd/yyyy)  LABORA  City:_ edure was performe //yy)	1 YES 2 N	O 9 Unk/	(ip: focedure was not performed.	
1 YES 2 NO  15. Name of laboratory:  Below, indicate Y (Yes)  16. Serologic	20 9 Unk (84-85) (86-87) (88-91)  28) or N (No), ONLY if the test or proc  COLLECTION DATE (mm/dd/y)  Serology 1 / (103-4) (105-8)	(mm/dd/yyyy)  City:_ edure was performe  Serology 2* Titer	1 YES 2 N  NTORY DATA —  ed. Lack of selection  LECTION DATE (mm/dd/yyyy)  1-10/ (111-12) (113-16)	O 9 Unk (93-94) / (95-96)  State: Z indicates that the test or pr  17. Other Diagnostic Tests ?  PCR Morulae visualization*	(mm/dd/yyyy)	
1 YES 2 NO  15. Name of laboratory:  Below, indicate Y (Yes)  16.  Serologic Tests  IFA - IgG  IFA - IgM	Serology 1 / (103-4) / (105-8) / (10	(mm/dd/yyyy)City:City:	1 YES 2 N  ATORY DATA —  ed. Lack of selection  LECTION DATE (mm/dd/yyyy)  1-10) (111-12) (113-16) —  Positive?	O 9 Unk/	(ip: (mm/dd/yyyy)  Procedure was not performed.  Positive?  1 YES 2 NO (133)	
1 YES 2 NO  15. Name of laboratory:  Below, indicate Y (Yes)  16.  Serologic Tests  IFA - IgG	Serology 1 / (103-4) / (105-8) / (10	(mm/dd/yyyy)	1 YES 2 N  NOTORY DATA —  ed. Lack of selection  LECTION DATE (mm/dd/yyyy)  1-10) (111-12) (113-16) — Positive?  1 YES 2 NO (118)	O 9 Unk / Z State: Z indicates that the test or pr  17. Other Diagnostic	/ (97-100) (mm/dd/yyyy)  Zip:  cocedure was not performed.  Positive?  1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135)	
1 YES 2 NO  15. Name of laboratory: Below, indicate Y (Yes)  16. Serologic Tests  IFA - IgG  IFA - IgM  Other (121-130)	Serology 1 / (105-8) / (10	(mm/dd/yyyy)	1 YES 2 NO (118)  1 YES 2 NO (132)  1 YES 2 NO (137)	O 9 Unk / Z State: Z indicates that the test or pr  17. Other Diagnostic	(mm/dd/yyyy)   (mm/dd/yyyy)   (mm/dd/yyyyy)   (mm/dd/yyyyyy)   (mm/dd/yyyyyy)   (mm/dd/yyyyyy)   (mm/dd/yyyyyy)   (mm/dd/yyyyy)   (mm/dd/yyyyyy)   (mm/dd/yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy	
1 YES 2 NO  15. Name of laboratory:  Below, indicate Y (Yes)  16. Serologic Tests  IFA - IgG  IFA - IgM  Other (121-130) test:  * Was there a fourfold of	Serology 1 (103-4) 1 YES 2 NO (2010) (1-103-4) 1 YES 2 NO (2010) (2-103-4) 1 YES 2 NO	(mm/dd/yyyy)	1 YES 2 NO (118) 1 YES 2 NO (132) 1 YES 2 NO (137) 1 YES 2 NO (137) 1 YES 2 NO (137)	O 9 Unk/	Cocedure was not performed.   Positive?	
1 YES 2 NO  15. Name of laboratory:  Below, indicate Y (Yes)  16. Serologic Tests  IFA - IgG  IFA - IgM  Other (121-130)  * Was there a fourfold of 18. Classify case based on (138)  1 RMSF 2	Serology 1 (101-2) 1 YES 2 NO (1	(mm/dd/yyyy)	1 YES 2 NO (1120) 1 YES 2 NO (132) 1 YES 2 NO (137)	O 9 Unk / Z State: Z indicates that the test or pr  17. Other Diagnostic	Interpretation	
1 YES 2 NO  15. Name of laboratory:  Below, indicate Y (Yes)  16. Serologic Tests  IFA - IgG  IFA - IgM  Other (121-130)  * Was there a fourfold of (138)  1 RMSF 2  4 Ehrlichiosis (unit of the street of the stree	Serology 1 Titer  Positive?  () 1 YES 2 NO (		1 YES 2 N  STORY DATA —  ed. Lack of selection  LECTION DATE (mm/dd/yyyy)  1 YES 2 NO (118)  1 YES 2 NO (120)  1 YES 2 NO (132)  1 YES 2 NO (137)  DIAGNOSIS —  State Health Departm  49)  Name:	O 9 Unk / Z  State: Z  indicates that the test or pr  17. Other Diagnostic Tests?  PCR  Morulae visualization* Immunostain Culture  * Visualization of m	Interpretation	
1 YES 2 NO  15. Name of laboratory:  Below, indicate Y (Yes)  16. Serologic Tests  IFA - IgG  IFA - IgM  Other (121-130)  * Was there a fourfold of 18. Classify case based on (138)  1 RMSF 2	Serology 1 Titer  Positive?  () 1 YES 2 NO (	(mm/dd/yyyy)	1 YES 2 N  STORY DATA —  ed. Lack of selection  LECTION DATE (mm/dd/yyyy)  1 YES 2 NO (118)  1 YES 2 NO (120)  1 YES 2 NO (132)  1 YES 2 NO (137)  DIAGNOSIS —  State Health Departm  49)  Name:	O 9 Unk / Z  State: Z  indicates that the test or pr  17. Other Diagnostic Tests?  PCR  Morulae visualization* Immunostain Culture  * Visualization of m	Cip: (mm/dd/yyyy)	

Confirmed RMSF: A clinically compatible case with 1) a fourfold change in antibody titer to Rickettsia rickettsii antigen by IFA, CF, latex agglutination, microagglutination, or indirect hemagglutination antibody test in two serum samples, or 2) a positive PCR assay, or 3) immunostaining of antigen in a skin biopsy or autopsy sample, or 4) isolation and culture of R. rickettsii from a clinical specimen.

Probable RMSF: A clinically compatible case with 1) a single positive antibody titer by IFA (≥1:64 if IgG); or 2) a single CF titer ≥1:16; or 3) a single titer ≥1:128 by a latex agglutination, indirect hemagglutination antibody, or microagglutination test; or 4) a fourfold rise in titer or a single titer >1:320, by Proteus 0X-19 or 0X-2 test.

Confirmed Ehrlichiosis: A clinically compatible case with 1) a fourfold change in antibody titer to antigen from an Ehrlichia species by IFA in two serum samples, or 2) a positive PCR assay, or 3) the visualization of morulae in white blood cells with a single serum positive antibody titer by IFA, or 4) immunostaining of antigen in a skin biopsy or autopsy sample, or 5) isolation and culture of an Ehrlichia species from a clinical specimen.

Probable Ehrlichiosis: A clinically compatible case with 1) a single positive antibody titer by IFA, or 2) the visualization of morulae in white blood cells.



## Tick-Borne Rickettsial Disease Case Report



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ehrlichiosis (human monocytic ehrlichiosis [HME]), and human granulocytic ehrlichiosis [HGE]).

Form Approved

THE SAME BY A STANSPORTER BEST		DATIE	NT/DUVOIOL	NUMBORMATION		
		- PATIE	Date si Physic name:		/(mm/dd/yyyy)	one no.:
RATINGS STATES	10	THE CONTRACTOR OF THE CONTRACT	NAME OF THE OWNER	GID No.: (if reported)	Case ID (13-18)	Site (19-21) State (22-23)
1. State of residence:  Postal abrv: (24-25)	2. County of residence: (26-			APHICS –	3. Zip code: (51-59)	4. Sex: (60)  1 Male 2 Female
5. Date of birth: / (61-62) / (63-64)	(mm/dd/yyyy)	<b>6. Race:</b> (69) 1	White 3 Black 4	American Indian Alaskan Native Asian	5 Pacific Islander 9 Not specified	7. Hispanic ethnicity: 1 Yes (70) 2 No
8. INDICATE DISEASE	TO BE REPORTED: (71)	1 RMSF	2 <b>HME</b>	з <b>HGE</b> 4 <b>I</b>	Ehrlichiosis (unspecified,	or other agent)
- CLINICAL SIGNS, SYMPTOMS, AND OUTCOMES -  9. Was a clinically compatible illness present? (72)  (fever or rash, plus one or more of the following signs: headache, myalgia, anemia, thrombocytopenia, leukopenia, or elevated hepatic transaminases)  1 YES 2 NO 9 Unk  10. Date of Onset of Symptoms:  1 YES 2 NO 9 Unk  1 YES 2 NO 9 Unk						
11. Was an underlying im  1 YES 2 NO Specify condition(s):	nmunosuppressive condition ) 9 Unk	present? (81)	1 A	Adult respiratory distres	• • •	ll course of illness: (82) leningitis/encephalitis enal failure 9 None
13. Was the patient hospitalized because of this illness? (83) (If yes, date)  1 YES 2 NO 9 Unk(84-85) /(88-91)(mm/dd/yyyy)  1 YES 2 NO 9 Unk/						
15. Name of laboratory:						
			City		State	7in:
Below, indicate Y (Yes	s) or N (No), <u>ONLY</u> if the tes	t or procedure v	City: was performed.	Lack of selection		Zip: rocedure was not performed.
16. Serologic Tests	s) or N (No), <u>ONLY</u> if the tes COLLECTION DATE Serology 1 / / / / / / / / / / / / / / / Positir	(mm/dd/yyyy) Se	vas performed.  collecterology 2*	Lack of selection Positive?	n indicates that the test or positive for the desired indicates that the test or positive for the desired indicates that the test or positive for the desired indicates that the test or positive for the desired indicates that the test or positive for the desired indicates that the test or positive for the desired indicates that the test or positive for the desired indicates that the test or positive for the desired indicates that the test or positive for the desired indicates that the test or positive for the desired indicates that the test or positive for the desired indicates the desire	Positive?
Serologic Tests	COLLECTION DATE	(mm/dd/yyyy) - (105-8) ve?  NO (117) (	collecterology 2*	Positive?  YES 2 NO (118)	17. Other Diagnostic Tests ? PCR Morulae visualization*	Positive?  1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135)
IFA - IgM Other (121-130)	COLLECTION DATE	\(\text{Mm/dd/yyyy}\) \\ \tag{105-8} \\ \text{ve?} \\ \text{NO (117)} \( \text{(} \text{ NO (119)} \) \( \text{(} \text{)} \)	was performed.  collected (109-10)  Titer	Positive?  YES 2 NO (120)  YES 2 NO (120)	17. Other Diagnostic Tests?  PCR Morulae visualization* Immunostain Culture	Positive?  1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136)
IFA - IgM Other (121-130)	COLLECTION DATE	(mm/dd/yyyy) - (105-8) - Se ve?  NO (117) ( NO (119) ( NO (131) (	rology 2* Titer	Positive?  YES 2 NO (120)  YES 2 NO (120)	17. Other Diagnostic Tests?  PCR Morulae visualization* Immunostain Culture	Positive?  1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135)
IFA - IgM Other (121-130) test:	COLLECTION DATE   Serology 1	(mm/dd/yyyy) - (105-8) - Se ve?  NO (117) ( NO (119) ( NO (131) (	rology 2* Titer	Positive?  YES 2 NO (120)  YES 2 NO (132)  YES 2 NO (132)	17. Other Diagnostic Tests?  PCR Morulae visualization* Immunostain Culture	Positive?  1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136)
IFA - IgG  IFA - IgM  Other (121-130) test:  * Was there a fourfold cl  18. Classify case based on (138)  1 RMSF 2 H	COLLECTION DATE   Serology 1	(mm/dd/yyyy) - (105-8) - (	was performed.  COLLECTOR (109-10)  Titer	Prior Date (mm/dd/yyyy)    1	17. Other Diagnostic Tests?  PCR Morulae visualization* Immunostain Culture	Positive?  1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136) 1 YES 2 NO (136) norulae not applicable for RMSF.
IFA - IgG  IFA - IgM  Other (121-130) test:  * Was there a fourfold cl  18. Classify case based on (138)  1 RMSF 2 H  4 Ehrlichiosis (ur	COLLECTION DATE   Serology 1	(mm/dd/yyyy) - (105-8) - (	rology 2* (109-10) 1	Prior Date (mm/dd/yyyy)    1	17. Other Diagnostic Tests ?  PCR Morulae visualization* Immunostain Culture  * Visualization of materials of the content of t	Positive?  1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136) 1 YES 2 NO (136) norulae not applicable for RMSF.
IFA - IgG  IFA - IgM  Other (121-130) test:  * Was there a fourfold cl  18. Classify case based on (138)  1 RMSF 2 H	COLLECTION DATE   Serology 1	(mm/dd/yyyy) - (105-8) - (	was performed.  COLLECTOR (109-10)  Titer	Prion DATE (mm/dd/yyyy)    1	17. Other Diagnostic Tests ?  PCR Morulae visualization* Immunostain Culture  * Visualization of materials of the content of t	Positive?  1 YES 2 NO (133) 1 YES 2 NO (134) 1 YES 2 NO (135) 1 YES 2 NO (136) 1 YES 2 NO (136) norulae not applicable for RMSF.

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Confirmed Ehrlichiosis: A clinically compatible case with 1) a fourfold change in antibody titer to antigen from an Ehrlichia species by IFA in two serum samples, or 2) a positive PCR assay, or 3) the visualization of morulae in white blood cells with a single serum positive antibody titer by IFA, or 4) immunostaining of antigen in a skin biopsy or autopsy sample, or 5) isolation and culture of an Ehrlichia species from a clinical specimen.

Probable Ehrlichiosis: A clinically compatible case with 1) a single positive antibody titer by IFA, or 2) the visualization of morulae in white blood cells.

Public reporting burden of this collection of information is estimated to average 10 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Rd., NE (MS D-74); Atlanta, GA 30333; ATTN: PRA (0920-0009).



## Tick-Borne Rickettsial Disease Case Report



Use for: Rocky Mountain spotted fever (RMSF), ehrlichiosis (human monocytic ehrlichiosis [HME]), and human granulocytic ehrlichiosis [HGE]).

Form Approved OMB 0920-0009

		- PATIE	NT/PHYSICI	AN INFORMATION -		
Patient's name:			Date s	submitted:	/ (mm/dd/www)	
			Physic		/ <sub>(9-12)</sub> (mm/dd/yyyy) Pho	
Address:(number, street)			name			10.:
City:			NETS:	S ID No.: (if reported)		
			– DEMOGF	APHICS -	Case ID (13-18)	Site (19-21) State (22-23)
1. State of residence:	2. County of residence: (2)	6-50)	D E III O GI		3. Zip code: (51-59)	4. Sex: (60)
Postal					_	1 Male
abrv: (24-25)	Check, if history of travel	outside county of res	sidence within 30	days of onset of symptoms		—— 2 Female
5. Date of		6. Race:	White 3	American Indian	Pacific Islander	7. Hispanic
birth:/	(mm/dd/yyyy)	(55)	Black 4	Alaskan Native 5 Asian 9	Not specified	ethnicity: 1 Yes (70) 2 No
(61-02) (63-04)	(65-68)					
8. INDICATE DISEASE	TO BE REPORTED: (71)	1 RMSF	2 <b>HME</b>	3 HGE 4 Ehi	lichiosis (unspecified,	or other agent)
		- CLINICAL S	IGNS,SYMP	TOMS, AND OUTCOM	ES –	
	atible illness present? (72)				10. Date of Onset of	Symptoms:
	or more of the following signs enia, leukopenia, or elevated h			ES 2 NO 9 Unl	( (73-74) / (75-76) / (75-76)	(mm/dd/yyyy)
11. Was an underlying in	nmunosuppressive conditio	n present? (81)	12. Spec	ify any life-threatening co	omplications in the clinical	course of illness: (82)
1 YES 2 NO	O 9 Unk		1 1	Adult respiratory distress sy	vndrome (ARDS) 3 Me	eningitis/encephalitis
Specify condition(s):			2	Disseminated intravascular	coagulopathy (DIC) 4 Re	nal failure 9 None
			8	Other:		
13. Was the patient hosp	italized because of this illn	ess? (83) (If yes,	date)	14. Did the patient die	because of this illness? (92)	(If yes, date)
\/F0 \\		,		VEQ		
1 YES 2 NO	) 9 Unk <u>(84-85)</u> / (86-87)	(88-91)	dd/yyyy)	1 YES 2 NO	) 9 Unk/_ 	/ (mm/dd/yyyy)
45.11			– LABORAT	ORY DATA –		
15. Name of laboratory:			City:		State: Z	ip:
Below, indicate Y (Ye	s) or N (No), <u>ONLY</u> if the te	st or procedure v	vas performed	. Lack of selection in	ndicates that the test or pr	ocedure was not performed.
16. Serologic	COLLECTION DAT	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	rology 2*	CTION DATE (mm/dd/yyyy)	17. Other Diagnostic Tests ?	Positive?
Tests	Serology 1 / (103-4) / Titer Posi	(105-8)	(109-10	Positive?		
	1101		11101	1 0014101	PCR	1 YES 2 NO (133)
IFA - IgG	( ) 1 YES	2 NO (117) (	) 1	YES 2 NO (118)	Morulae visualization*	1 YES 2 NO (134)
	(=====/				Immunoctain	1 VEQ 2 NO (135)
IFA - IgM	() 1 YES	2 NO (119) <b>(</b>	) 1	YES 2 NO (120)	Immunostain Culture	1 YES 2 NO (135) 1 YES 2 NO (136)
IFA - IgM Other (121-130 test:	\	,	) 1	YES 2 NO (120) YES 2 NO (132)	Culture	
Other (121-130 test:	)	2 NO (131) (	) 1) 1 specimens? 1		Culture	1 YES 2 NO (136)
Other (121-130 test:	() 1 YES	2 NO (131) (	) 1) 1 specimens? 1 - FINAL DI	YES 2 NO (132) YES 2 NO (137)	Culture	1 YES 2 NO (136)
Other test:* Was there a fourfold o	() 1 YES	2 NO (131) (		YES 2 NO (132) YES 2 NO (137) AGNOSIS -	Culture	1 YES 2 NO (136) orulae not applicable for RMSF.
Other (121-130 test:* Was there a fourfold of 18. Classify case based on (138)	() 1 YES  thange in antibody titer between the CDC case definition (see	2 NO (131) (		YES 2 NO (132) YES 2 NO (137) AGNOSIS — State Health Department	Culture  * Visualization of m	1 YES 2 NO (136) orulae not applicable for RMSF.
Other test:  * Was there a fourfold of the control	() 1 YES	2 NO (131) ( en the two serum serviteria below):	– FINAL DI	YES 2 NO (132) YES 2 NO (137) AGNOSIS -	Culture  * Visualization of m	1 YES 2 NO (136) orulae not applicable for RMSF.
Other test:  * Was there a fourfold of the control	the CDC case definition (see	2 NO (131) ( en the two serum seriteria below):	- FINAL DI	YES 2 NO (132) YES 2 NO (137) AGNOSIS – State Health Departme	Culture  * Visualization of m  ent Official who reviewed to	1 YES 2 NO (136) orulae not applicable for RMSF. his report:
Other test:  * Was there a fourfold of the control	the CDC case definition (see	2 NO (131) ( en the two serum seriteria below):	- FINAL DIA	YES 2 NO (132) YES 2 NO (137) AGNOSIS — State Health Department	Culture  * Visualization of m  ent Official who reviewed to	1 YES 2 NO (136) orulae not applicable for RMSF.
Other test:  * Was there a fourfold of the control	the CDC case definition (see	2 NO (131) ( en the two serum seriteria below):	- FINAL DIA	YES 2 NO (132) YES 2 NO (137) AGNOSIS – State Health Departme	Culture  * Visualization of m  ent Official who reviewed to	1 YES 2 NO (136) orulae not applicable for RMSF.  his report:

Confirmed RMSF: A clinically compatible case with 1) a fourfold change in antibody titer to Rickettsia rickettsii antigen by IFA, CF, latex agglutination, microagglutination, or indirect hemagglutination antibody test in two serum samples, or 2) a positive PCR assay, or 3) immunostaining of antigen in a skin biopsy or autopsy sample, or 4) isolation and culture of R. rickettsii from a clinical specimen.

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Confirmed Ehrlichiosis: A clinically compatible case with 1) a fourfold change in antibody titer to antigen from an Ehrlichia species by IFA in two serum samples, or 2) a positive PCR assay, or 3) the visualization of morulae in white blood cells with a single serum positive antibody titer by IFA, or 4) immunostaining of antigen in a skin biopsy or autopsy sample, or 5) isolation and culture of an Ehrlichia species from a clinical specimen.

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