Date: _____

Murine Typhus Case Investigation Form

PATIENT INFORMATION

Patient Name:		**Phone Number:**	
Address:		**Sex:** ☐ M ☐ F	**DOB:**
City:	**Parish:**	**State:**	**Zip Code:**
Ethnicity: ☐ Hispanic ☐ Non-Hispanic	**Race:** ☐ White ☐ African American ☐ Pacific Islander ☐ Native American ☐ Asian ☐ Other		**Occupation:**

CLINICAL INFORMATION

Symptom Onset Date:

☐ Headache	☐ Chills	☐ Myalgia	☐ Arthralgia
☐ Cough	☐ Diarrhea	☐ Skin Lesion / Insect Bite	☐ Abdominal Pain
☐ Nausea / Vomiting	☐ Confusion	☐ Rash	☐ Leukopenia
☐ Thrombocytopenia	☐ Elevated hepatic transaminases		

Other Clinical:

Were any underlying immunosuppressive conditions present? ☐ Yes ☐ No	**Describe:**
Any life-threatening complications in the clinical course of illness? ☐ Yes ☐ No	**Describe:**

TRAVEL INFORMATION

Travel outside of Parish in 30 days prior to onset? ☐ Yes ☐ No

Destination	Arrival	Departure

EXPOSURE

Does the patient have known flea exposure/bite? ☐ Yes ☐ No

If Yes, Date: **Location:**

Does the patient have history of rodent, opossum, or other mammal exposure (wild or domesticated)?: ☐ Yes ☐ No

If Yes, Date: **Location:**

Does the patient have pets at home? ☐ Yes ☐ No	**Dog #:**_____	**Cat #:**_____	**Other Animals #:**_____	**Type:**_____

Are any pets ill or have any recently died? ☐ Yes ☐ No	**Have any pets brought home dead animals?** ☐ Yes ☐ No

LAB / CASE STATUS

☐ Fourfold change in IgG	☐ PCR Positive	☐ CF ≥ 16	☐ Culture Positive
☐ IgM Positive, titer:_____	☐ IgG Positive, titer:_____	☐ Antigen detected in biopsy or autopsy by IHC	

Case Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a Case ☐ Out of state

Last Update: 8/23/18