Division of Emergency Preparedness and Infectious Disease
3 Capitol Hill – Room 106
Providence, RI 02908

Borrelia miyamotoi Case Report Form

To report or request forms:
Office: (401) 222-2577
After hours: (401) 276-8046
Fax: (401) 222-2488
www.health.ri.gov/diseases/for/providers

Demographic Information			
Last Name:	*First Name:*		*MI:*
Street Address:			
City:	*State:*	*Zip Code:*	*County:*
Date of Birth:	*Age:*	*Sex:* ☐Male ☐Female ☐ Other ☐Unknown	
Phone Number:		*Email Address:*	
Race: ☐White ☐Black/African American ☐Asian ☐American Indian/Alaskan Native ☐Native Hawaiian/Pacific Islander ☐Other ☐Unknown			*Ethnicity:* ☐Hispanic/Latino ☐Not Hispanic/Latino

Reporting Information		
Reporter:	*Phone Number:*	*Report date:*
Report type: ☐Fax ☐Phone ☐Lab Report ☐Other		*Interview date:*

Provider and Hospitalization Information		
Date first seen by provider:	*Hospitalized:* ☐Yes ☐No ☐Unknown	
Provider:	*Treating physician:*	
Facility:	*Hospital:*	
Provider Phone Number:	*Admission date:*	*Discharge date:*
Outcome: ☐Recovered, no complications ☐Recovered, complications (specify) _____ ☐Recovered, information on complications presently unavailable ☐Died (please specify cause and date of death)_____ ☐Unknown		

Laboratory Information				
Lab test	***Collection Date***	***Result***	***Specimen Type***	***Laboratory***
B. miyamotoi/Relapsing Fever PCR				
B. miyamotoi/Relapsing Fever IgG EIA				
B. miyamotoi/Relapsing Fever IgM EIA				
B. miyamotoi/Relapsing Fever combined IgM/IgG EIA				
Other:				
Concurrent testing for other tickborne diseases				

Symptom and Clinical Information	
Onset date:	*Underlying Conditions?* ☐None ☐Unknown ☐Pregnant ☐Immunocompromised
	List immunocompromising conditions:

Symptoms			
Fever: ☐Yes ☐No ☐Unknown		*Dyspnea:* ☐Yes ☐No ☐Unknown	
If yes, highest temperature:		*Cough:* ☐Yes ☐No ☐Unknown	
If yes, relapsing? ☐Yes ☐No ☐Unknown		*Anorexia:* ☐Yes ☐No ☐Unknown	
Headache: ☐Yes ☐No ☐Unknown		*Jaundice:* ☐Yes ☐No ☐Unknown	
Chills: ☐Yes ☐No ☐Unknown		*Abdominal Pain:* ☐Yes ☐No ☐Unknown	
Myalgia: ☐Yes ☐No ☐Unknown		*Nausea:* ☐Yes ☐No ☐Unknown	

Arthralgia: ☐Yes ☐No ☐Unknown		*Vomiting:* ☐Yes ☐No ☐Unknown	
Malaise/fatigue: ☐Yes ☐No ☐Unknown		*Diarrhea:* ☐Yes ☐No ☐Unknown	
Rash: ☐Yes ☐No ☐Unknown		*Photophobia:* ☐Yes ☐No ☐Unknown	
Describe rash:		*Dizziness:* ☐Yes ☐No ☐Unknown	
		Confusion/Cognitive impairment: ☐Yes ☐No ☐Unknown	
Other skin manifestations: ☐Yes ☐No ☐Unknown		*Meningitis/encephalitis:* ☐Yes ☐No ☐Unknown	
Describe skin manifestation:		*Other Clinical Notes:*	
Lymphadenopathy: ☐Yes ☐No ☐Unknown			
Location/appearance of lymphadenopathy:			

Clinical Information			
Thrombocytopenia: ☐Yes ☐No ☐Unknown	*Platelet count:*		
Leukopenia: ☐Yes ☐No ☐Unknown	*Leukocyte count:*		
Neutropenia: ☐Yes ☐No ☐Unknown	*Neutrophil count:*		
Elevated Liver Enzymes: ☐Yes ☐No ☐Unknown	*ALT:*	*AST:*	

Chest X-ray:
☐Not Done ☐Unknown ☐Infiltrates or Nodules ☐Pleural effusion ☐Clear/Normal

Treatment Information

Treatment for B. miyamotoi

Antibiotics Prescribed:	***Dosage/Route/Frequency:***	***Start date:***	***End date:***

Treatment for concurrent tickborne infections

Antibiotics prescribed:	***Dosage/Route/Frequency:***	***Start date:***	***End date:***

Exposure Information

In the 30 days before illness onset did the patient:

Have exposure to ticks or tick habitat?	☐Yes ☐No ☐Unknown	***Date(s):***
Have a tick bite?	☐Yes ☐No ☐Unknown	
Receive or donate blood?	☐Yes ☐No ☐Unknown	
Received blood?	☐Yes ☐No ☐Unknown	
Donated blood?	☐Yes ☐No ☐Unknown	
Receive or donate an organ?	☐Yes ☐No ☐Unknown	
Received organ?	☐Yes ☐No ☐Unknown	
Donated organ?	☐Yes ☐No ☐Unknown	
Travel in-state?	☐Yes ☐No ☐Unknown	
If yes, location of travel:		
Travel out of state?	☐Yes ☐No ☐Unknown	
If yes, location of travel:		
Other notes about exposure:		