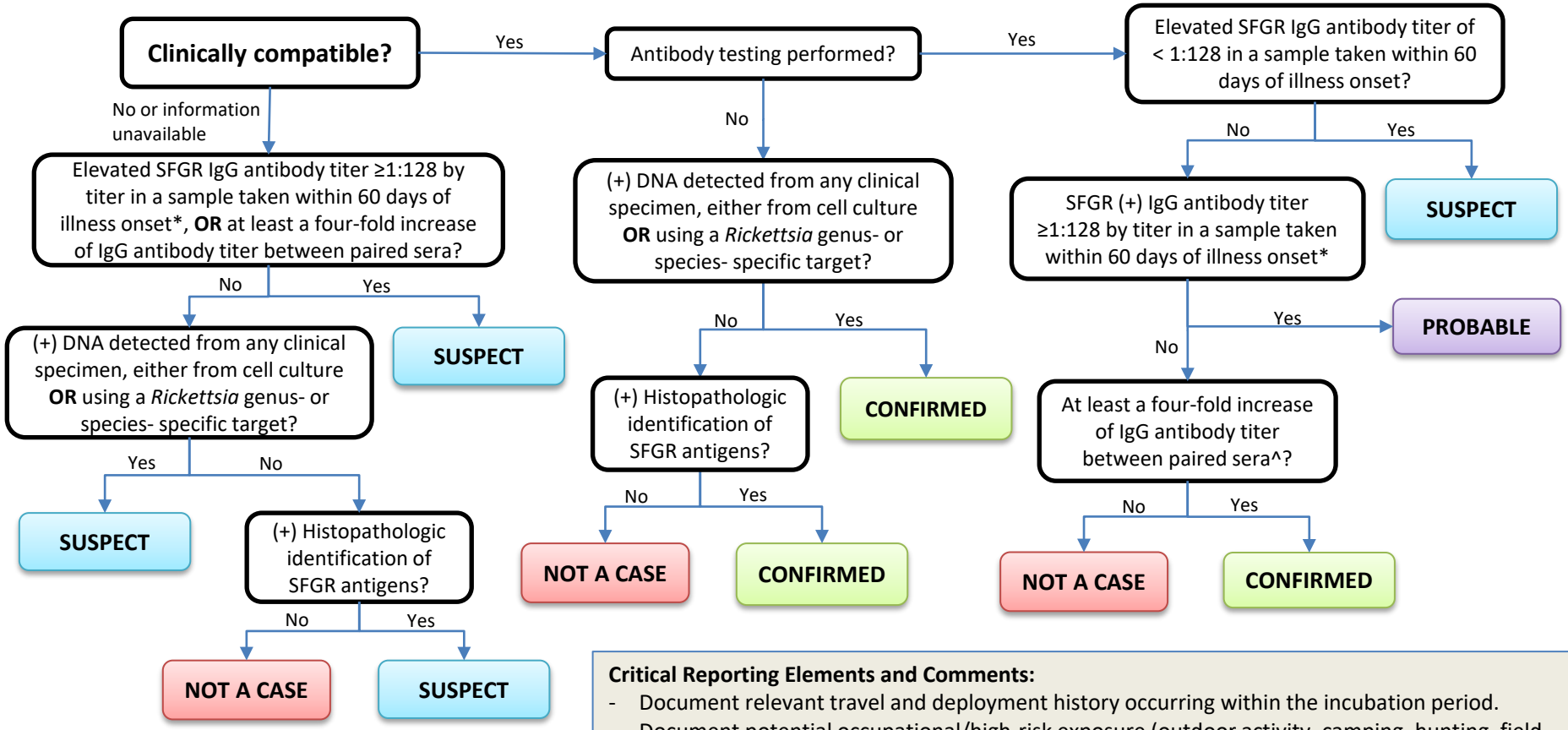
Spotted Fever Rickettsiosis

INCLUDES: Rocky Mountain Spotted Fever, Pacific Coast tick fever, African tick-bite fever, and others.
EXCLUDES: *Rickettsia prowazekii* and *Rickettsia typhi*. See the Typhus Fever case definition.



Clinical Description:
Spotted Fever group *Rickettsiae* (SFGR) are illnesses characterized by fever (reported by the patient or provider) and one or more of the following: rash, eschar, headache, myalgia, anemia, thrombocytopenia, or any hepatic transaminase elevation (AST or ALT). The macular or maculopapular rash appears on the fourth to seventh days following fever onset in most patients, often present on the palms and soles. Most often tick-borne, but some *Rickettsia* species can be transmitted by mites and fleas.

Critical Reporting Elements and Comments:
- Document relevant travel and deployment history occurring within the incubation period.
- Document potential occupational/high-risk exposure (outdoor activity, camping, hunting, field exercise, mission/duty related, etc.) to known arthropods.

NOTE: There can be antibody cross-reactivity between spotted fever and typhus group antigens. In cases where antibody titers are positive for both diseases, report the case under the disease most consistent with the case's clinical presentation, exposure history, and travel history.
***** This includes paired serum specimens without evidence of four-fold rise in titer, but with at least one single titer ≥1:128 in IgG-specific antibody titers reactive with SFGR antigen by IFA.
^ A four-fold rise in titer should not be excluded as confirmatory laboratory criteria if the acute and convalescent specimens are collected within 2 weeks of one another.
A person previously reported as a probable or confirmed case may be reported as a new case when there is an episode of new clinically compatible illness with confirmatory laboratory evidence.