



INVESTIGATION WORKSHEET

Confirmed Not a Case

Epidemic typhus fever
Murine typhus fever
Scrub typhus fever

Typhus Fever

Entered in DRSi?

Reported to health dept?

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.

Outbreak investigations must be reported immediately to DRSi through the outbreak module <https://drsi.health.mil/ADRSi>

POC: _____

(____) - ____ - ____

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - ____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - ____ - ____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/hospital: _____

Y N

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____ Location: _____

Deceased Date of death: ____/____/____ Cause of death: _____

Y N

Symptomatic Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Max Temp: _____ °F/°C (unk)

Headache
Mylagia
Arthralgia
Nausea
Other (describe) _____
Describe any other relevant symptoms or clinical history:

TREATMENT

Treated with antibiotics? Y N

Type of antibiotic Date Started Duration

1. _____ / ____ / ____ _____

2. _____ / ____ / ____ _____

3. _____ / ____ / ____ _____

LABORATORY RESULTS

COMMENTS

Test <small>(type of test performed)</small>	Collection Date	Source <small>Circle Type</small>	Result		
Antibody	____/____/____	Serum Urine CSF Other	Positive	Negative	
Microscopic identification	____/____/____	Serum Urine CSF Other	Positive	Negative	
PCR (DNA)	____/____/____	Serum Urine CSF Other	Positive	Negative	
Culture	____/____/____	Serum Urine CSF Other	Positive	Negative	
Intraperitoneal inoculation in laboratory mice/rats	____/____/____	Serum Urine CSF Other	Positive	Negative	
Other <small>Describe below</small>	____/____/____	Serum Urine CSF Other	Positive	Negative	

TRAVEL HISTORY

In the **(INCUBATION PERIOD)*** before illness onset (when symptoms started), did the case.....

- | | | | | | | |
|--|---|---|-----|----------------------------|------------|--------------------|
| 1. Recently travel? | Y | N | Unk | (If yes) Reason for travel | Deployment | Visiting Friends |
| 2. Was travel out of country? | Y | N | Unk | | TDY | Business (non-DoD) |
| 3. Did case receive theater/country clearance before recent out-of-country trip? | Y | N | Unk | | Vacation | Other: _____ |
- *Incubation period: Epidemic typhus and murine 1–2 weeks, commonly 12 days. Scrub typhus 6–12 days

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

EXPOSURE HISTORY

Y N

Is there documented exposure to lice and/or ticks? If yes, when: ____/____/____ to ____/____/____

If yes, where: (city) _____ (state) _____ (country) _____

Describe tick(s): _____ Describe louse: _____

Please document exposure history (e.g., occupational exposures):