

CHART FOR PATIENT SUSPECTED TO HAVE EHRLICHIOSIS AFTER TICK BITE

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Last Name Spouse
First Name Sex M F
Date of birth | | | | | | | | | |
Hospital Dept | | | |
Family Doctor
Patient's adress

Date of onset of symptoms | | | | | | | | | |

EXPOSURE FACTORS

Tick bite (*Ixodes* spp) Yes No
Hunters/contact with wild mammifere Yes No
Forest activities Yes No
Lyme positive serology Yes No

CLINICAL PRESENTATION

Fever (up to 38°C) Yes No
 Chills Yes No
 Headaches Yes No
 Myalgia Yes No
 Arthralgia Yes No
Vomiting Yes No
Diarrhea Yes No
Clinical evidence of pneumonia Yes No
 Abnormal Chest X ray Yes No
Rash Yes No
 Maculopapular Yes No
 Petechiae Yes No
Neurologic failure (confusion) Yes No
 Meningitis Yes No

LABORATORY DATA

Ehrlichia on Giemsa stained blood film Yes No
ASAT > 50 UI/l Yes No
Leukocytes < 3,5 Giga/l Yes No
Platelets < 150 Giga/l Yes No
Elevated serum creatinine Yes No

TIME SAMPLING OF FEBRILE PATIENTS SUSPECTED TO HAVE EHRlichiosis AFTER TICK BITE

At presentation

- 1-Collect tick if possible and store it in sterile tube with blade (For weeks)
(Used for PCR and cultivation of the causative organism)
- 2-Collect EDTA anticoagulated blood (5ml)
(Used for Cultivation and PCR)
- 3-Perform a blood film and stained it with Giemsa
(Used for direct detection of morulae in polynuclear neutrophiles)
- 4-Perform the first serum sample
(For detection of antibodies to ehrlichia , rickettsia, and bartonella)
- 5-Fill up the clinical and epidemiological chart
(For clinical evaluation of cases)

Treat the patient (**Doxycycline 200mg / Day in adults**) and schedule the second sera (Day 10-15 after admission) and the others (2 months and 6 months)



Send : Tick, EDTA blood, blood film, and the first serum at one time overnight
as soon as possible to :

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