ANAPLASMOSIS REPORTING FORM

EMAILS WILL NOT BE ACCEPTED FAX: 613-345-5777

After hours, weekends, statutory holidays, please call – the answering service will notify the person on-call.

Brockville Office Phone: **613-345-5685** Smiths Falls Office Phone: **613-283-2740**

Please complete the form using one of the following methods:

- **Fill out form electronically, print and fax to the above fax number**
- **Print a blank form, complete it manually and fax to the above fax number**
- **Fill out form electronically, save, and send by electronic fax to the above fax number**

(**Please Note:** Regular office hours are Monday to Friday 8:30 a.m. to 4:30 p.m.)

FOR HEALTH UNIT USE ONLY	
IPHIS CASE ID:	**IPHIS CLIENT ID:**

REPORTING SOURCE		
Name:	Report Date (y/m/d):	Time:
Agency:	Phone #:	
Fax #:	Cell #:	

CLIENT INFORMATION			
Last Name:	First Name:		Gender:
DOB (y/m/d):	Phone #:	Cell #:	
Address:	City:	Postal Code:	
Name of Parent/Guardian (if applicable):			
Occupation:	Place of Employment:		
FAMILY PHYSICIAN:	Phone #:	Fax #:	

SIGNS, SYMPTOMS AND LABORATORY FINDINGS
Onset Date (y/m/d):
Signs, Symptoms and Laboratory Findings (check all that apply):
Asymptomatic ☐ Fever ☐ Chills ☐ Malaise ☐ Myalgia ☐ Severe Headache ☐ Arthralgia ☐
GI Symptoms ☐ Stiff Neck ☐ Anemia ☐ Leukopenia ☐ Other*, please list in notes section ☐

DIAGNOSTIC TESTING INFORMATION
Serological Testing – Acute (sample collected within 2 weeks of symptom onset) : ☐
Collection Date (y/m/d):
IFA-IgG Titre Result: Not Detected ☐ <1:64 ☐ 1:64 ☐ 1:128 ☐ 1:256 ☐ 1:512 ☐ 1:1024 ☐ ≥1:1024 ☐
Serological Testing – Convalescent (sample collected within 2-4 weeks after acute test and/or ≥2 weeks after onset) : ☐
Collection Date (y/m/d):
IFA-IgG Titre Result: Not Detected ☐ <1:64 ☐ 1:64 ☐ 1:128 ☐ 1:256 ☐ 1:512 ☐ 1:1024 ☐ ≥1:1024 ☐
Other diagnostic test(s) (eg. PCR) - specify:

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CASE CLASSIFICATION		
Refer to https://files.ontario.ca/moh-ophs-anaplasmosis-en-2023.pdf		
Confirmed ☐	Probable ☐	Does Not Meet Case Definition ☐

PATIENT MEDICAL RISK FACTORS
Immunocompromised due to medical condition or treatment YES ☐ NO ☐
Recent recipient of blood transfusion in the year before symptom onset YES ☐ NO ☐
Suspected co-infection with another tick-borne disease YES ☐ NO ☐ If yes, please specify in notes section (indicate if tested):
Received organ/tissue transplant in the year before symptom onset YES ☐ NO ☐

PATIENT EXPOSURE/RISK FACTOR HISTORY IN 21 DAYS PRIOR TO ONSET OF ILLNESS
History of a known tick bite in 3 weeks prior to symptom onset YES ☐ NO ☐
Travelled outside of the province YES ☐ NO ☐ If yes, location:
Lived/worked in endemic area YES ☐ NO ☐ If yes, location:
Conducted activities (camping, hiking, working, or other activities) in wooded/tall grass areas YES ☐ NO ☐
Does not always wear adequate protective clothing in wooded/tall grass areas(i.e.long pants, long sleeves)YES ☐ NO ☐
Does not always use insect repellent when outdoors in wooded/tall grass areas YES ☐ NO ☐
Does not always check self for ticks after being outdoors in wooded/tall grass area YES ☐ NO ☐
Occupation – patient is a hunter or trapper YES ☐ NO ☐
Outdoor dog or cat shares bed or living space YES ☐ NO ☐

HOSPITALIZATION AND TREATMENT	
Client was hospitalized due to this illness YES ☐ NO ☐ If yes, name of hospital:	
Client has been treated for Anaplasmosis YES ☐ NO ☐ If yes, please specify in notes section:	
Client is deceased YES ☐ NO ☐	Date of death, if applicable (y/m/d):

ADDITIONAL NOTES

*Additional signs and symptoms: abdominal pain, anorexia, body aches, cough, immature neutrophils elevated, liver enzymes elevated, nausea, rash, respiratory symptoms (general), thrombocytopenia, weak

Information is collected under the authority of the Health Protection and Promotion Act, 1990, for the purpose of planning and providing public health services. Questions concerning the collection of this information should be directed to the Manager, Infectious Disease Program, Community Health Protection Department at the Leeds, Grenville and Lanark District Health Unit, 458 Laurier Blvd., Brockville, ON K6V 7A3; 613-345-5685

Clients Initials