Summer Fever Algorithm

The patient has spent any time in an area where ticks are likely to be present and is experiencing fever, headache, malaise and/or lymphadenopathy.

Does the patient have a rash?

YES

- Erythema migrans (single or multiple lesions)
  Consider Lyme disease

- Maculopapular
  Consider anaplasmosis
  (rash is uncommon)

- Maculopapular to petechial*
  Consider RMSF or ehrlichiosis
  *If petechial rash is on palms of hands and soles of feet (characteristic of RMSF), treat immediately

NO

- Blood Smear Review

Parasites in RBC*
  Consider babesiosis
  *If patient has an international travel history, malaria should be ruled out

- Complete Blood Count

WBC Normal
  Consider anaplasmosis, RMSF* or Lyme disease
  *Thrombocytopenia may be observed

- Morulae in WBC
  Consider anaplasmosis (HGA) or ehrlichiosis (HME)
  (seen in 1%-20% HME and 20%-80% HGA)

WBC low or normal, thrombocytopenia, low hematocrit, elevated reticulocytes
  Consider anaplasmosis or babesiosis

Normal hematocrit, thrombocytopenia, leukopenia
  Consider anaplasmosis or ehrlichiosis

Please remember to report all suspected or confirmed cases of babesiosis, anaplasmosis, ehrlichiosis, RMSF, and Lyme disease (including erythema migrans without lab testing) to PDPH by telephone (215) 685-6748 or fax (215) 238-6947. For assistance with laboratory confirmation of suspected tickborne infections, call the Division of Disease Control at (215) 685-6742.

Adapted from Maine Center for Disease Control and Prevention, Tick-Borne Diseases in Maine, Summer Fever Algorithm