

Colorado Tick Fever: a Mini Review

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Introduction

Colorado Tick Fever (CTF), which is also known as American mountain fever or Mountain tick fever, is a viral disease that caused by infection with the Colorado tick fever virus (CTFV). The Colorado tick fever virus is a member of the Coltivirus genera. The bite of an infected adult wood tick will commonly cause the CTF to humans. There is no evidence of natural person-to-person transmission, but rare cases of transmission by blood transfusion can be seen.

The non-specific nature of the symptoms is the reason for the complication in diagnosis of persons with CTF. Infected persons will experience fever, headache, muscular, chills, and skeletal pain, and malaise. These signs and symptoms can be confused with other infectious and non-infectious diseases. A petechial (spotted) rash occurs in 5-12% of CTF cases.

Depending on the patient's age and general health the clinical manifestations of CTF can be ranged from mild to life-threatening. The initial symptoms of CTF usually occur within 3-7 days after a tick bite, although the incubation period can be as long as 20 days. The first symptoms of the disease will include fever, headache, muscular and skeletal pain, chills, and malaise. The other symptoms may include

vomiting, stomach pain, nausea, light sensitivity and sore throat. Almost half of all patients will experience a two-staged "saddleback" fever that is characterized by 2 to 3 days of acute fever which is followed by a brief remission of the fever, along with a second acute fever that may be more harmful than the first. In very rare cases, the patients will experience the illnesses of the Central Nervous System (CNS) ranging from mild to encephalitis with coma and death.

Based on the patient's signs and symptoms and confirmation depends on laboratory testing the initial diagnosis will be done. The absence of a hemorrhagic rash and the appearance of a saddleback fever common to Rocky Mountain spotted fever are clinical indicators of CTF. Leukopenia, is the decrease in the number of circulating white blood cells and is the most common laboratory finding in CTF. The immunofluorescent staining of blood smears are used to identify CTFV antigens, however using PCR, confirmed diagnosis can be made.

Conclusion

There is no specific treatment for CTF. Treatment for the CTF includes treatment of fever and pain with acetaminophen and analgesics along with standard infection control procedures.

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