

# Rocky Mountain Spotted Fever

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## **RMSF Background**

Rocky Mountain Spotted Fever is caused by *Rickettsia rickettsii*, and is transmitted to humans only by the bite of certain ticks. Contrary to its name, RMSF is much more common in Virginia and North Carolina than in the Rocky Mountains, though it is found throughout most of the U.S. Ninety five percent of cases occur in the warm months between April and September (when people and ticks are in the woods together). RMSF is most common in children and wilderness travelers. In 1990, 651 cases were reported in the U.S.

## **RMSF Course**

The normal course for RMSF is about two weeks of severe illness. It is, as the name would lead you to suspect, characterized by a spotty macular (that is, non-palpable) red rash and high fever. However, the classical syndrome is not all that common (sudden onset, high spiking fever, severe headache, myalgias (muscle aches), weakness, and a rash beginning on the extremities, including palms and soles, then spreading to the trunk). Often, the picture is confused by gradual onset, nonproductive cough, nausea, vomiting, diarrhea, and abdominal pain; a significant minority of patients never notice a rash. Anyone with sudden fever and rash should get medical evaluation with-out delay, as RMSF and related diseases may be fatal.

## **Recognizing RMSF**

RMSF is not likely to occur while a SAR team member is still in the wilderness: the incubation period is two days to a week. However, WEMTs and others involved in outdoor recreation, especially in the mid-Appalachian region, are more likely to contract the disease than others. If someone who was in the mid-Appalachian woods a week ago develops symptoms of RMSF, especially someone who had a tick attached, get him or her to a physician immediately, and mention the possibility of RMSF.

## **Treating RMSF**

If a team member may have RMSF, and it will be a long time until reaching medical care, the antibiotics tetracycline or doxycycline are the usual treatment; DON'T give sulfonamide antibiotics such as sulfamethoxazole/trimethoprim (e.g., Bactrim), as they might make the disease worse.