Photo Quiz

(For answer and discussion, see page 2796 in this issue [[doi:10.1128/JCM.02512-13](https://doi.org/10.1128/JCM.02512-13)].)

High Fevers in the High Desert in Oregon

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FIG 1 Blood film collected during third febrile episode; Wright-Giemsa stain. Magnification, $\times 1,000$.

A patient's wife called the Kaiser Permanente clinic and spoke to the advice registered nurse (RN) on behalf of her wife (the 56-year-old patient declined to come to the phone). The patient's wife stated that the patient had persistent fever and aches that had gotten progressively worse since the day before. The patient had last taken ibuprofen the previous morning. The patient's spouse stated that the patient had not experienced vomiting, diarrhea, rash, shortness of breath, wheezing, clammy skin, drainage/discharge, bleeding, or cough. The patient had also had two previous episodes of severe malaise, accompanied by fever and sweats. These episodes had occurred at the beginning of the previous month for 3 days and again 10 days prior to the present call for 2 days. The patient had associated joint and muscle pain during all of these episodes, but once the episodes resolved, she felt fine. Upon querying of the patient's spouse, it was discovered that the patient and her spouse had been camping in central Oregon in the high plateau desert region. The patient and her wife were unaware of any tick bites during that trip. The advice RN asked the patient to come to the clinic that afternoon.

At the clinic, the patient's physical examination showed an

alert woman in no acute distress. Her blood pressure was 138/88 mm Hg and then 138/80 mm Hg upon repeat testing. The patient's pulse was 69 beats/min, and her O₂ saturation was 100%. She showed no cervical adenopathy, her lungs were clear, her heart examination showed a regular rate and rhythm without murmur, her abdomen was soft and nontender, and her extremities showed no cyanosis, clubbing, or edema. Based on symptomology, history, and presentation, the clinic physician suspected an etiologic agent and had laboratory tests drawn for a complete blood count. The laboratory staff called the physician with the findings shown in Fig. 1.

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