

1st COPY – STATE HEALTH DEPARTMENT Babesiosis Case Report Form

Form Approved OMB No. **0920**-0728 Exp. Date 1/31/2017

Patient's name:	Da	ate submitted: _	(mm/o	(mm/dd/yyyy)				
Address:	C	Clinic		ian's e no.:				
City:	IETSS ID No.: (if reported)			- State				
Classify case based on the CD	C case definition:	Confirmed	Probable [specif	y: (a)	(b)i (b)ii] Suspect		
Demographic and Clinical Data For dates, be as specific as possibl	e. However, approxim	ates [e.g., mm/v	/vv] are acceptable.					
State of residence: County of res	sidence:	Zip code:	Sex:	Date o	f birth:	Age:		
Postal			Male Female			years months		
abrv:			Unknown	(mm/d	d/yyyy)	days		
Race (check all that apply): White Black/African	Ame	ka Native or erican Indian n	Pacific Isl Not speci	ander	Ethnicity:	Hispanic/Latino Not Hispanic/Latino Unknown		
Was the case-patient symptomatic? If yes, date of onset:			se-patient asplenic? enectomy, date of s			Jnk (mm/dd/yyyy)		
Clinical Manifestations		· · ·						
Yes No Unk	Yes No	o Unk	Y	es No l	Jnk			
Fever		Headach	ne		Myalgia			
Anemia		Chills			Arthralgi	а		
Thrombocytopenia		Sweats						
Other clinical manifestations (specif	iy):							
Specify any complications in the clinical course of infection: Congestive heart failure Renal failure None Acute respiratory distress Congestive heart failure Renal failure None Disseminated intravascular coagulation (DIC) Myocardial infarction Other:								
infection? Yes No Unk If yes, number of days:	-	Was the	s, date of death: e death related to th	e infectio	(mm/dd/yy n? Yes	yy) No Unk		
Did the case-patient receive antimicrobial treatment for this infection? Yes No Unk								
If yes, which drugs (select all tha	at apply)? Clindamy	/cin Quinine	Atovaquone	Azithrom	iycin Othe	r:		
Epidemiologic Factors Was the case-patient's infection transfusion associated? Yes No Unk Was the case-patient a blood donor identified during a transfusion investigation? Yes No Unk								
In the eight weeks before sympto	om onset or diagnosi	s (use earlier da						
Engage in outdoor activities?	Yes No Unk	If yes, which:	Other:	Hiking	Hunting	Yard work		
Spend time outdoors in or near wooded or brushy areas? Yes No Unk								
Notice any tick bites? Yes No Unk When and where (geographic location)? Travel out of? County State Country When and where?								
Travel out of? County St	ate Country Wh	en and where?						
Laboratory Testing for Babesia								
Please include available results, es		t to case classific	cation.					
	Date specimen Titer collected	Result	Test	<i>Babesi</i> species	snecir	nen Result		
IFA – total antibody (Ig)	F	Pos Neg ndeterminate	Blood Smear	N/A		Pos Neg Indeterminate		
IFA - IgG	F	Pos Neg	PCR			Pos Neg		
		ndeterminate Pos Neg	Other (specify):			Indeterminate Pos Neg		
IFA - IgM		ndeterminate				Indeterminate		
Immunoblot	N/A	Pos Neg ndeterminate	Other (specify):			Pos Neg Indeterminate		
Public reporting burden of this collection of informa naintaining the data needed, and completing and re inless it displays a currently valid OMB control nu burden to CDC/ATSDR Information Collection Rev	viewing the collection of inform mber. Send comments regarding	nation. An agency may this burden estimate or	not conduct or sponsor, and r any other aspect of this col	a person is n lection of inf	ot required to respo ormation, including	nd to a collection of information		

CDC 50.153 (E), September 2010, CDC Adobe Acrobat 9.4, S508 Electronic Version, April 2014



2nd COPY - CDC Babesiosis Case Report Form

Form Approved OMB No. **0920**-0728 Exp. Date 1/31/2017

	Date submittee	Date submitted: (mm/dd/yyyy)					
	Clinician's nan	e:	Clinician's Phone no.:				
	NETSS ID No.	: (if reported)] –				
Classify case based on the CDC case definitio	n: Confirmed	Probable [specify: (a	a) (b)i (b)ii] Suspect				
Demographic and Clinical Data							
For dates, be as specific as possible. However, app State of residence: County of residence:	Zip code		of birth: Age:				
Postal	p	Male	years				
abrv:		Female (mm/	dd/yyyy) months days				
Race (check Alaska Native or Ethnicity: Hispanic/Latino							
all that apply): White							
Black/African American							
Was the case-patient symptomatic? Yes No If yes, date of onset: (mm/dd/yyyy)		case-patient asplenic? Ye splenectomy, date of surgery:	s No Unk (mm/dd/yyyy)				
Clinical Manifestations							
Yes No Unk Ye	es No Unk	Yes No					
Fever		ache	Myalgia				
Anemia	Chill		Arthralgia				
Thrombocytopenia	Swe	IIS					
Other clinical manifestations (specify):							
Specify any complications in the clinical course of infection: Acute respiratory distress Congestive heart failure Renal failure None							
Disseminated intravascular coagulation (DIC) Myocardial infarction Other:							
Was the case-patient hospitalized (at least overnight) for this Did the case-patient die? Yes No Unk							
infection? Yes No Unk If yes, date of death:(mm/dd/yyyy) If yes, number of days: Was the death related to the infection? Yes No Unk							
Did the case-patient receive antimicrobial treatment for this infection? Yes No Unk							
If yes, which drugs (select all that apply)? Clindamycin Quinine Atovaquone Azithromycin Other:							
Epidemiologic Factors							
Was the case-patient's infection transfusion associa	ted? Yes	No Unk					
Was the case-patient a blood donor identified during a transfusion investigation? Yes No Unk							
In the eight weeks before symptom onset or diagnosis (use earlier date), did the case-patient:							
	Unk If yes, which	_h . Camping Hiking	Hunting Yard work				
Spend time outdoors in or near wooded or brushy areas? Yes No Unk							
Notice any tick bites? Yes No Unk When and where (geographic location)?							
Travel out of? County State Country When and where?							
Have out of . County Clate County	when and when						
Laboratory Testing for Babesia							
Please include available results, especially those re	levant to case clas	sification.	. Date				
Test Babesia specimen Titer collected	Result	Test Babe speci	sia specimen Result				
IFA – total antibody (Ig)	Pos Neg Indeterminate	Blood Smear N/A	Pos Neg Indeterminate				
IFA - IgG	Pos Neg	PCR	Pos Neg				
	Indeterminate Pos Neg	Other (specify):	Indeterminate Pos Neg				
IFA - IgM	Indeterminate		Indeterminate				
Immunoblot N/A	Pos Neg Indeterminate	Other (specify):	Pos Neg Indeterminate				
	Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information						
inless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0728).							

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Case Definition

Confirmed case:

A case that has confirmatory laboratory results and meets at least one of the objective or subjective clinical evidence criteria, regardless of the mode of transmission (can include clinically manifest cases in transfusion recipients or blood donors).

Probable case:

(a) A case that has supportive laboratory results and meets at least one of the objective clinical evidence criteria (subjective criteria alone are not sufficient); or

(b) A case that is in a blood donor or recipient epidemiologically linked to a confirmed or probable babesiosis case (as defined above) and:

- i. has confirmatory laboratory evidence but does not meet any objective or subjective clinical evidence criteria; or
- ii. has supportive laboratory evidence and may or may not meet any subjective clinical evidence criteria but does <u>not</u> meet any objective clinical evidence criteria.

Suspect case:

A case that has confirmatory or supportive laboratory results, but insufficient clinical or epidemiologic information is available for case classification (e.g., only a laboratory report was provided).

Clinical evidence

- <u>Objective</u>: one or more of the following: fever, anemia, or thrombocytopenia.
- Subjective: one or more of the following: chills, sweats, headache, myalgia, or arthralgia.

Epidemiologic evidence for transfusion transmission

Epidemiologic linkage between a transfusion recipient and a blood donor is demonstrated if all of the following criteria are met: (a) In the transfusion recipient:

- i. Received one or more red blood cell (RBC) or platelet transfusions within one year before the collection date of a specimen with laboratory evidence of *Babesia* infection; and
- i. At least one of these transfused blood components was donated by the donor described below; and
- iii. Transfusion-associated infection is considered at least as plausible as tick-borne transmission; and

(b) In the blood donor:

- i. Donated at least one of the RBC or platelet components that was transfused into the above recipient; and
- ii. The plausibility that this blood component was the source of infection in the recipient is considered equal to or greater than that of blood from other involved donors. (More than one plausible donor may be linked to the same recipient.)

Laboratory criteria for diagnosis

Laboratory confirmatory:

- Identification of intraerythrocytic Babesia organisms by light microscopy in a Giemsa, Wright, or Wright-Giemsa–stained blood smear; or
- Detection of Babesia microti DNA in a whole blood specimen by polymerase chain reaction (PCR); or
- Detection of Babesia spp. genomic sequences in a whole blood specimen by nucleic acid amplification; or
- Isolation of Babesia organisms from a whole blood specimen by animal inoculation.

Laboratory supportive:

- Demonstration of a Babesia microti Indirect Fluorescent Antibody (IFA) total immunoglobulin (Ig) or IgG antibody titer of greater than or equal to (≥) 1:256 (or ≥1:64 in epidemiologically linked blood donors or recipients); or
- Demonstration of a Babesia microti Immunoblot IgG positive result; or
- Demonstration of a Babesia divergens IFA total Ig or IgG antibody titer of greater than or equal to (≥) 1:256; or
- Demonstration of a *Babesia duncani* IFA total Ig or IgG antibody titer of greater than or equal to (\geq) 1:512.

Notes: