

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: