### 1st COPY - STATE HEALTH DEPARTMENT

Form Approved OMB No. **0920**-0728



# **Babesiosis Case Report Form**

Patient's name:	Date subm	nitted:	(mm/do	d/yyyy)			
Address:	Clinician's	name:				inician's none no.:	
					·· ]_		
City:	NETSS ID	No.: (if repo	rted)	ID	Site		e
Classify case based on the CDC case definition:	Confirm	ned Pro	obable [specify	r: (a)	(b)i	(b)ii]	Suspect
<b>Demographic and Clinical Data</b> For dates, be as specific as possible. However, appro	vimates le a	mm/\\\\\\l	ire accentable				
State of residence: County of residence:	Zip c		Sex:	Date of	of birth:	Age:	
Postal			Male				years
abrv:			Female Unknown	(mm/c	ld/yyyy)	-	months days
Nacc (criccit	Alaska Native				Ethnicity:	Hispa	anic/Latino
all that apply): White	American Ind	dian	Pacific Isla		•		Hispanic/Latino
Black/African American	Asian		Not specifie	ed		Unkn	iown
Was the case-patient symptomatic? Yes No	Unk		tient asplenic?		s No	Unk	,
If yes, date of onset: (mm/dd/yyyy)		If splenect	omy, date of su	rgery: _		(mm/dd	/yyyy)
Clinical Manifestations  Yes No Unk  Yes	No Unk		Va	a Na	ا اماد		
Fever		Headache	res	s No	Myalg	າia	
Anemia		Chills			Arthra		
Thrombocytopenia		Sweats					
Other clinical manifestations (specify):							
Specificany complications in the clinical course of info	otion:						
Specify any complications in the clinical course of infe Acute respiratory distress		ive heart failu	re Renal f	failure		None	
Disseminated intravascular coagulation (DIC)	•	ial infarction	Other:			Tione	
Was the case-patient hospitalized (at least overnight)	for this	Did the case	-patient die?			Unk	
infection? Yes No Unk		If yes, dat	e of death:		(mm/do	l/yyyy)	
If yes, number of days:			th related to the	infection	n? Ye	s No	Unk
Did the case-patient receive antimicrobial treatment for							
If yes, which drugs (select all that apply)? Clind	amycin (	Quinine A	tovaquone <i>F</i>	Azithron	nycin O	ther:	
Epidemiologic Factors							
Was the case-patient's infection transfusion associate	d? Yes	No	Unk				
Was the case-patient a blood donor identified during a	a transfusion	investigation	? Yes	No	Unk		
In the eight weeks before symptom onset or diagn	osis (use ea			tient:			
Engage in outdoor activities? Yes No U	nk If yes,	WHICH.		liking	Hunt	ing	Yard work
Spend time outdoors in or near wooded or brushy areas? Yes No Unk							
•		ere (geograp	hic location)?				
		vhere?					

# Laboratory Testing for Babesia

Please include available results, especially those relevant to case classification.

Test	Babesia species	Date specimen collected	Titer	Result
IFA – total antibody (lg)				Pos Neg Indeterminate
IFA - IgG				Pos Neg Indeterminate
IFA - IgM				Pos Neg Indeterminate
Immunoblot			N/A	Pos Neg Indeterminate

Test	<i>Babesia</i> species	Date specimen collected	Result
Blood Smear	N/A		Pos Neg Indeterminate
PCR			Pos Neg Indeterminate
Other (specify):			Pos Neg Indeterminate
Other (specify):			Pos Neg Indeterminate



# **Babesiosis Case Report Form**

Clinician's name:		Date subn	nitted:	(mm/do	d/yyyy)					
Classify case based on the CDC case definition:  Comparable and Clinical Data  For dates, be as specific as possible. However, approximates [e.g., mm/yyyy] are acceptable.  State of residence:  County of r		Clinician's	name.							
Classify case based on the CDC case definition:  Confirmed  Probable [specify: (a) (b)i (b)ii]  Suspect  Classify case based on the CDC case definition:  Congraphic and Clinical Data For dates, be as specific as possible. However, approximates [e.g., mm/yyyy] are acceptable.  State of residence:  County of		Cirrician 3				· · ·				
Classify case based on the CDC case definition:    Classify case based on the CDC case definition:   Confirmed   Probable [specify:   (a)   (b)   (b)		NETSS ID	No.: (if repo			-       Site		 te		
Estate of residence:    County of residence:   County of residence:   Zip code:   Sex:   Male   Female   Male   Male										
State of residence:		imataa [a s								
Race (check all that apply): Black/African American					Date	of birth:	Age:			
Race (check all that apply):    Race (check all that apply):   Black/African American   Asian   Asian   Asian   Pacific Islander   Not specified   Pacific Islander   Pacific Islander   Not specified   Pacific Islander   Pacific Islander   Not specified   Pacific Islander		'						•		
Race (check all that apply):					(mm/d	ld/yyyy)				
American Indian pply): White Black/African American	Race (check A	laska Nativ	e or	O mano win		Ethnicity:	Hisp	<del>-</del>		
Was the case-patient symptomatic? Yes No Unk If yes, date of onset:		merican Ind	dian			Lamiony.	Not I	Hispanic/Latino		
If splenectomy, date of surgery:	Black/African American A	sian		Not specifi	ed		Unkr	nown		
Clinical Manifestations  Yes No Unk  Fever Anemia Chills Sweats  Other clinical manifestations (specify):  Specify any complications in the clinical course of infection: Acute respiratory distress Disseminated intravascular coagulation (DIC) Myocardial infarction  Was the case-patient hospitalized (at least overnight) for this infection? Yes No Unk If yes, number of days:  Did the case-patient receive antimicrobial treatment for this infection?  Was the case-patient receive antimicrobial treatment for this infection?  Was the case-patient receive antimicrobial treatment for this infection? Yes, which drugs (select all that apply)?  Clindamycin  Ouinine  Active respiratory distress Congestive heart failure Renal failure None Other:  No Unk  If yes, date of death:  Was the case-patient die? Yes No Unk  Unk  Unk  If yes, which drugs (select all that apply)?  Clindamycin Ouinine Activation? Yes No Unk  In the eight weeks before symptom onset or diagnosis (use earlier date), did the case-patient:  Engage in outdoor activities? Yes No Unk  If yes, which: Other:  No Unk  Hunting Yard work Other:  Spend time outdoors in or near wooded or brushy areas? Yes No Unk		Unk I								
Yes No Unk			If splenect	omy, date of su	rgery:		(mm/do	l/yyyy)		
Fever Anemia Chills Arthralgia Anemia Chills Arthralgia Anemia Chills Arthralgia  Thrombocytopenia Sweats  Other clinical manifestations (specify):  Specify any complications in the clinical course of infection: Acute respiratory distress Congestive heart failure Disseminated intravascular coagulation (DIC) Myocardial infarction  Was the case-patient hospitalized (at least overnight) for this infection? Yes No Unk If yes, date of death: If yes, date of death: If yes, date of death: If yes, which drugs (select all that apply)? Clindamycin Quinine Atovaquone Azithromycin Other:  Epidemiologic Factors  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:  Engage in outdoor activities? Yes No Unk If yes, which: Other:  Camping Hiking Hunting Yard work Other:  Spend time outdoors in or near wooded or brushy areas? Yes No Unk		Nia I Isala		V-	- N-	11-1-				
Anemia Thrombocytopenia Sweats  Other clinical manifestations (specify):  Specify any complications in the clinical course of infection: Acute respiratory distress Congestive heart failure Disseminated intravascular coagulation (DIC) Myocardial infarction Other:  Was the case-patient hospitalized (at least overnight) for this infection? Yes No Unk If yes, number of days: If yes, number of days:  Did the case-patient receive antimicrobial treatment for this infection? Yes No Unk If yes, which drugs (select all that apply)? Clindamycin Was the case-patient at elacted to the infection? Yes No Unk Was the case-patient's infection transfusion associated? Yes No Unk Was the case-patient ablood 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:  Engage in outdoor activities? Yes No Unk If yes, which:  Camping Hiking Hunting Yard work Other:  Spend time outdoors in or near wooded or brushy areas? Yes No Unk			Headache	Ye	S NO	_	ia			
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Specify any complications in the clinical course of infection:     Acute respiratory distress     Congestive heart failure     Disseminated intravascular coagulation (DIC)     Myocardial infarction     Other:  Was the case-patient hospitalized (at least overnight) for this infection? Yes No Unk     If yes, number of days:     If yes, number of days:     If yes, which drugs (select all that apply)?  Clindamycin     Quinine     Atovaquone     Azithromycin     Other:  Epidemiologic Factors  Was 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:  In the eight weeks before symptom onset or diagnosis (use earlier date), did the case-patient:  Engage in outdoor activities? Yes No Unk     If yes, which:										
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Engage in outdoor activities? Yes No Unk If yes, which: Camping Hiking Hunting Yard work Other:  Spend time outdoors in or near wooded or brushy areas? Yes No Unk	Was the case-patient a blood donor identified during a	transfusion	investigation	? Yes	No	Unk				
Spend time outdoors in or near wooded or brushy areas? Yes No Unk  Other:  Other:										
Spend time outdoors in or near wooded or brushy areas? Yes No Unk	Engage in outdoor activities? Yes No Un	ık If yes,	W/III(:II		Hiking	Huntii	ng	Yard work		
	Spend time outdoors in or near wooded or brushy a	reas?								
Notice any tick bites? Yes No Unk When and where (geographic location)?	Notice any tick bites? Yes No Unk Wi	hen and wh	ere (geograp	hic location)? _						
Travel out of? County State Country When and where?	Travel out of? County State Country	When and w	where?							

# Laboratory Testing for Babesia

Please include available results, especially those relevant to case classification.

Test	<i>Babesia</i> species	Date specimen collected	Titer	Result
IFA – total antibody (Ig)				Pos Neg Indeterminate
IFA - IgG				Pos Neg Indeterminate
IFA - IgM				Pos Neg Indeterminate
Immunoblot			N/A	Pos Neg Indeterminate

Test	<i>Babesia</i> species	Date specimen collected	Result
Blood Smear	N/A		Pos Neg Indeterminate
PCR			Pos Neg Indeterminate
Other (specify):			Pos Neg Indeterminate
Other (specify):			Pos Neg Indeterminate

#### 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 not 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

- Objective: 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
  - ii. 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 (≥) 1:512.

Notes:		