

Babesiosis

PATIENT DEMOGRAPHICS

Name (last, first): _____ Address (mailing): _____ Address (physical): _____ City/State/Zip : _____ Phone (home): _____ Phone (work/cell): _____ Alternate contact : <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Name : _____ Phone : _____		Birth date : ___/___/___ Age : _____ Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk Ethnicity : <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk Race : <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/AK Native <small>(Mark all that apply)</small> <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Unk
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PROVIDER INFORMATION

Physician: _____ Phone: _____ Fax: _____
 Facility: _____ Address: _____
 City/State/Zip: _____ Date reported to health department: ___/___/___

REPORTING SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Public Health Agency Other: _____

CLINICAL INFORMATION

Onset date: ___/___/___ **Diagnosis date**: ___/___/___ **Recovery date**: ___/___/___

Clinical Findings
 Y N U
 Fever
 Anemia
 Thrombocytopenia
 Headache
 Chills
 Sweats
 Myalgia
 Arthralgia
 Other: _____

Treatment
 Y N U
 Case received antimicrobial treatment for infection
 If yes, which drugs (check all that apply)?
 Clindamycin Quinine Atovaquone
 Azithromycin Other: _____

Complications
 Y N U
 Acute respiratory distress
 Disseminated intravascular coagulation (DIC)
 Congestive heart failure (CHF)
 Myocardial Infarction
 Renal failure
 Case is asplenic (If yes, date of splenectomy: ___/___/___)
 Other: _____

Hospitalization
 Patient hospitalized for this illness
 If yes, hospital name: _____
 Admit date: ___/___/___

Death
 Patient died due to illness
 If yes, date of death: ___/___/___

LABORATORY INFORMATION

Laboratory confirmatory results

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

Laboratory supportive results

Demonstration of a *Babesia microti* IFA total Ig or IgG titer of \geq to 1:256 (or \geq 1:64 in epidemiologically linked blood donor or recipients)
 Demonstration of a *Babesia microti* immunoblot IgG positive results
 Demonstration of a *Babesia divergens* IFA total Ig or IgG antibody titer of \geq 1:256
 Demonstration of a *Babesia duncani* IFA total Ig or IgG antibody titer of \geq 1:512

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period.

Exposure Period

	Days from onset	-28 days (Max incubation)	-7 days (Min incubation)	
	Calendar dates:	__/__/____	__/__/____	Onset date __/__/____
		MM/DD/YYYY	MM/DD/YYYY	←

EPIDEMIOLOGIC EXPOSURES

Y N U

- History of travel during exposure period (if yes, complete travel history below):

Destination (city, state, and country)	Date of Arrival	Date of Departure	Reason for travel

- Exposure to wooded, brushy, or grassy areas (i.e. potential tick habitats)

If yes, where (county and state):

If yes, date: __/__/____

- Tick found on body

If yes, where was patient when tick found (county and state): _____

If yes, date found: __/__/____

- If yes, was tick found attached to body?

- Potential occupational exposure (i.e. outdoor work in potential tick habitats)

If yes, enter occupation: _____

Where did exposure most likely occur? County: _____ State: _____ Country: _____

PUBLIC HEALTH ISSUES

Y N U

- Identified by blood donor screening
- Donated blood, organs, or tissues prior to symptom onset
If yes, date of donation: __/__/____
If yes, donation agency: _____
If yes, what was donated? _____
- Infection was transfusion-associated
- Case is pregnant
If yes, enter due date: __/__/____
- Case knows someone had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Case is part an outbreak
- Other: _____

PUBLIC HEALTH ACTIONS

Y N U

- Notified blood or tissue bank or other facility where blood or organs were donated
- Notified patient obstetrician
- Disease education and prevention information provided to patient and/or family/guardian
- Recommended environmental measure to patient/family to reduce risk around home
- Education or outreach provided to employer
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Patient is lost to follow-up

WVEDDS

Y N U

- Entered into WVEDSS (Entry date: __/__/____) Case status: Confirmed Probable Suspect Not a case

NOTES