BABESIOSIS INVESTIGATION FORM

BASIC DEMOGRAPHIC DATA

Last Name:_____ First Name:_____ Middle Name:_____

DOB: __ __ / __ __ /__ __ __ __ Age: _____ ☐ years ☐ months Current Sex: ☐ Female ☐ Male ☐ Unknown

Is the patient deceased? ☐ No ☐ Unknown ☐ Yes Date of Death: __ __ / __ __ /__ __ __ __

Street Address 1:_____ Street Address 2:_____

City:_____ State:_____ Zip Code:_____ County:_____

Home Phone: (__ __ __) - __ __ __ - __ __ __ __ Cell Phone: (__ __ __) - __ __ __ - __ __ __ __ Work Phone: (__ __ __) - __ __ __ - __ __ __ __ Ext. _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unknown

INVESTGIATION SUMMARY

Investigation Start Date: __ __ / __ __ /__ __ __ __ Investigation Status: ☐ Open ☐ Closed Investigator:_____

REPORTING SOURCE

Date of Report: __ __ / __ __ /__ __ __ __ Reporting Source:_____

CLINICAL

Physician's Name:_____ Phone Number: (__ __ __) - __ __ __ - __ __ __ __ Ext. _____

Was patient hospitalized for this illness? ☐ No ☐ Unknown ☐ Yes If yes: Hospital Name:_____

Admission Date: __ __ / __ __ /__ __ __ __ Discharge Date: __ __ / __ __ /__ __ __ __ Duration of Stay _____ day(s)

Diagnosis Date: __ __ / __ __ /__ __ __ __ Illness Onset Date: __ __ / __ __ /__ __ __ __ Illness End Date: __ __ / __ __ /__ __ __ __

Age at Onset: _____ ☐ days ☐ hours ☐ minutes ☐ months ☐ unknown ☐ weeks ☐ years

Did the patient die from this illness? ☐ No ☐ Unknown ☐ Yes Date of Death: __ __ / __ __ /__ __ __ __

EPIDEMIOLOGIC

Where was the disease acquired? ☐ Indigenous within jurisdiction ☐ Out of Country ☐ Out of jurisdiction, from another jurisdiction ☐ Out of State ☐ Unknown

If the answer is out of country, jurisdiction, or state, where was the disease acquired?

Country: _____ State: _____ City: _____ County: _____

Case Status: ☐ Confirmed ☐ Not a Case ☐ Probable ☐ Suspect ☐ Unknown MMWR Week: _____ MMWR Year:_____

ADMINISTRATIVE

General Comments:_____

_____

PHA4 SUPERVISOR REVIEW

Date Due: __ __ / __ __ /__ __ __ __ Investigation ready for supervisor review: ☐ Reviewed (Complete) ☐ Reviewed (Incomplete)

Date investigation ready for supervisor review: __ __ / __ __ /__ __ __ __ ☐ Reviewed (Not a case) ☐ Yes

Review comments (completed by supervisor):_____

CONTACT ATTEMPTS

Physician Contact Date(s):

1st Attempt: __ __ / __ __ /__ __ __ __ 2nd Attempt: __ __ / __ __ /__ __ __ __ 3rd Attempt: __ __ / __ __ /__ __ __ __

Patient Contact Date(s):

1st Attempt: __ __ / __ __ /__ __ __ __ Time: _____ ☐ AM ☐ PM 2nd Attempt: __ __ / __ __ /__ __ __ __ Time: _____ ☐ AM ☐ PM

3rd Attempt: __ __ / __ __ /__ __ __ __ Time: _____ ☐ AM ☐ PM

Regular Letter Mailed: __ __ / __ __ /__ __ __ __ Certified Letter Mailed: __ __ / __ __ /__ __ __ __

Was clinical information obtained from the physician or patient? ☐ Yes ☐ No

IF NO CLINICAL INFORMATION AVAILABLE, STOP HERE. OTHERWISE CONTINUE INVESTIGATION.

SIGNS AND SYMPTOMS

Objective

Fever (≥100.4°F): ☐ No ☐ Unknown ☐ Yes Anemia: ☐ No ☐ Unknown ☐ Yes Thrombocytopenia: ☐ No ☐ Unknown ☐ Yes

Subjective:

Arthralgia (joint pain): ☐ No ☐ Unknown ☐ Yes Headache: ☐ No ☐ Unknown ☐ Yes Sweats: ☐ No ☐ Unknown ☐ Yes

Chills: ☐ No ☐ Unknown ☐ Yes Myalgia (muscle pain): ☐ No ☐ Unknown ☐ Yes

EXPOSURES

Transfusion

Did the patient donate blood during the **21 days** before illness onset? ☐ No ☐ Unknown ☐ Yes Donation Date: __ __ / __ __ /__ __ __ __

Did the patient receive a blood or plasma transfusion during the **1 year** prior to specimen collection? ☐ No ☐ Unknown ☐ Yes

Transfusion Date: __ __ / __ __ /__ __ __ __ Was the transfusion epi-linked to a confirmed or probable case? ☐ No ☐ Unknown ☐ Yes

Tick Habitiat

During the **21 days** before illness onset, was patient exposed to a potential tick habitat (wooded/brushy/grassy area)? ☐ No ☐ Unknown ☐ Yes

CASE CLASSIFICATION

1	Did the patient have at least one objective or subjective sign or symptom of babesiosis? ☐ Fever (≥100.4°F) ☐ Anemia ☐ Thrombocytopenia ☐ Arthralgia ☐ Chills ☐ Headache ☐ Myalgia ☐ Sweats	☐ No ☐ Unknown ☐ Yes
2	Did the patient have at least one objective sign or symptom of babesiosis? ☐ Fever (≥100.4°F) ☐ Anemia ☐ Thrombocytopenia	☐ No ☐ Unknown ☐ Yes
3	Is the patient a blood donor or recipient epidemiologically linked to a confirmed or probable case?	☐ No ☐ Unknown ☐ Yes
4	Was at least one of the following confirmatory laboratory results demonstrated? ☐ Identification of intraerythrocytic (inside RBC) *Babesia* organisms in a blood smear by light microscopy; **or** ☐ *Babesia microti* DNA detected in a whole blood specimen by PCR; **or** ☐ *Babesia* spp. Genomic sequences detected in a whole blood specimen by nucleic acid amplification; **or** ☐ Isolation of *Babesia* organisms from a whole blood specimen by animal inoculation.	☐ No ☐ Unknown ☐ Yes
5	Was at least one of the following supportive laboratory results demonstrated? ☐ *B. microti* total immunoglobulin or IgG titer ≥ 1:256 by IFA (≥ 1:64 if epi-linked blood donor or recipient); **or** ☐ *B. microti* IgG by Immunoblot; **or** ☐ *B. divergens* total immunoglobulin or IgG titer ≥ 1:256 by IFA; **or** ☐ *B. duncani* total immunoglobulin or IgG titer ≥ 1:512 by IFA.	☐ No ☐ Unknown ☐ Yes

Confirmed: 1 & 4	Probable: 2 & 5 or 3 & 4 or 3 & 5	Suspect: 4 or 5