West Virginia Bureau for Public Health
Your Health Your Safety Our Purpose
Department of Health & Human Resources

Babesiosis

PATIENT DEMOGRAPHICS

Name (last, first): _____
Address (mailing): _____
Address (physical): _____
City/State/Zip: _____
Phone (home): _____ **Phone** (work/cell) : _____
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
Name: _____ *Phone:* _____

Birth date: __ / __ / ____ **Age**: _____
Sex: ☐Male ☐Female ☐Unk
Ethnicity: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk
Race: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐ Unk

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 ≥ to 1:256 (or ≥ 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 ≥ 1:256
☐ ☐ ☐ Demonstration of a *Babesia duncani* IFA total Ig or IgG antibody titer of ≥ 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)**	Onset date
Calendar dates:	**__ / ___/ ____**	**__ / ___ / ___**	___/____/_____
	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