

Transfusion-Associated Babesiosis: Investigation Information

Form completed by:

Name: _____

Phone: _____

Affiliation: _____

Email: _____

Date completed: _____

Categorization (see Criteria below): Definite Probable Possible Ruled Out Pending as of (_____) Unknown

Classification Criteria *

- | | |
|--|---|
| 1) Laboratory evidence of <i>Babesia</i> sp. in the recipient | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 2) Evidence that the recipient was not infected prior to transfusion | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 3) Laboratory evidence of infection with the same <i>Babesia</i> sp. in the donor by testing of the donor, the recipient unit (or retained segment), or cocomponent from the original donation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 4) Laboratory evidence of same <i>Babesia</i> sp. in any other recipient(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

Classification Criteria *

Definite:

Laboratory evidence of the suspected pathogen in the transfusion recipient

AND

Evidence that the recipient was not infected with this organism prior to transfusion

AND either one of the following:

Laboratory evidence of infection with the same organism in the donor by testing of the donor, the recipient unit (or retained segment), or cocomponent from the original donation

OR

Laboratory evidence of infection with the same organism in another recipient that received blood from the same donor

Probable:

Laboratory evidence of the suspected pathogen in the transfusion recipient

AND any two of the following:

Evidence that the recipient was not infected with this organism prior to transfusion

OR

Laboratory evidence of infection with the same organism in the donor by testing of the donor, the recipient unit (or retained segment), or cocomponent from the original donation

OR

Laboratory evidence of infection with the same organism in another recipient that received blood from the same donor

Possible:Recipient infection fails to meet imputability criteria for **definite** or **probable** because essential information is missing, not available, or cannot be obtained.

* Adapted from the National Healthcare Safety Network's transfusion-transmitted infection case definition criteria: (http://www.cdc.gov/nhsn/TOC_BIOManual.html).

Transfusion-Associated Babesiosis: Investigation Form

Contact information	
CDC (Centers for Disease Control and Prevention), Parasitic Diseases Branch	
Phone: (404) 718-4745	Email: parasites@cdc.gov
AABB (formerly, the American Association of Blood Banks)	
Phone:	Email: BabesiaContact@aabb.org
Transfusion Service(s)	
Agency Name:	Point of Contact:
Phone:	Email:
Agency Name:	Point of Contact:
Phone:	Email:
Blood Collection Agency(ies)	
Agency Name:	Point of Contact:
Phone:	Email:
Agency Name:	Point of Contact:
Phone:	Email:
Location of transfusion(s): Medical Facility(ies)	
Agency Name:	Point of Contact:
Phone:	Email:
Agency Name:	Point of Contact:
Phone:	Email:
Treating Hospital(s)/Facility(ies)	
Agency Name:	Point of Contact:
Phone:	Email:
Agency Name:	Point of Contact:
Phone:	Email:
Health Department(s)	
Agency Name:	Point of Contact:
Phone:	Email:
Agency Name:	Point of Contact:
Phone:	Email:

CDC 50.153A (E), January 2012, CDC Adobe Acrobat 10.1 , S508 Electronic Version, January 2013

Transfusion-Associated Babesiosis: Recipient Information (cont.)**Underlying medical conditions (select all that apply; approximate dates [mm/yyyy] are acceptable)**

- Sickle cell anemia Leukemia/lymphoma Allogeneic stem cell transplant
 Thalassemia Other cancer, specify: _____ Other transplant, specify: _____
 Other hemoglobinopathy Other anemia, specify: _____ Other thrombocytopenia, specify: _____
 Not applicable Unknown

Is the recipient asplenic? Yes No Unknown Functionally asplenic? Yes No Unknown
 If splenectomy, date of surgery (mm/dd/yyyy): _____ Unknown

History of diagnosis or treatment of other tickborne diseases (select all that apply): Lyme disease Anaplasmosis Ehrlichiosis
 Other: _____ Unknown

Risk factors (in addition to transfusion)

Is there a possibility that this case was tick transmitted? Yes No Not applicable Unknown
 Is there a possibility that this case was congenital? Yes No Not applicable Unknown
 If yes, was the patient's mother tested for evidence of *Babesia* infection? Yes No Unknown
 If yes, what were the results of the testing? Positive Negative Indeterminate Unknown

In the year (12-month period) before the relevant blood transfusion, did the recipient:

Live in/travel to the Northeast or upper Midwest? Yes No Unknown
 If yes, indicate where, how long (<1 week, 1–4 weeks, 5 or more weeks), and whether any part of that time was during June–September (select all that apply):

<input type="checkbox"/> Connecticut	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> New Jersey	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Maine	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> New York	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Maryland	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Pennsylvania	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Massachusetts	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Rhode Island	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Minnesota	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Vermont	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> New Hampshire	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Wisconsin	_____	<input type="checkbox"/> June–Sept

Engage in outdoor activities? Yes No Unknown

If yes, indicate which, where, and whether any of that time was during June–September (select all that apply):

<input type="checkbox"/> Camping	Where? _____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Outdoor sports	Where? _____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Hiking	Where? _____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Gardening	Where? _____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Hunting	Where? _____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Work related	Where? _____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Other:	_____		Where? _____		<input type="checkbox"/> June–Sept

Spend time in or near wooded or brushy areas? Yes No Unknown

Notice any tick bites? Yes No Unknown When (date)? _____ Where? _____

Notes:

Transfusion-Associated Babesiosis: Donor Information**Case Status** (CDC case classification): Confirmed Probable Suspect Unknown **Case ID#** _____**Demographics**

Sex: Male Female Unknown Age: _____ years State of residency: _____

Race (select all that apply): American Indian or Alaska Native
 Asian or Pacific Islander
 Black/African American
 White
 Other, specify: _____
 Unknown

Donation information (approximate dates [mm/yyyy] are acceptable)

Date(s) of relevant donation(s): _____, _____, _____

For the index donation:Was a retained segment or cocomponent tested for evidence of *Babesia* infection? Yes No UnknownIf yes, what were the results of the testing? Positive Negative Indeterminate UnknownWere there additional recipients of cellular components from the index donation? Yes No Unknown**For other donations:**Were there recipients of cellular components? Yes No Unknown**Donor diagnostic testing**

Specify pertinent tests(s) and results:

Test type	Testing facility (name, city, state)	Specimen	Date specimen collected	<i>Babesia</i> species	Titer	Result

Did the donor receive antimicrobial treatment for *Babesia* infection? Yes No Unknown

If yes, which drugs

(select all that apply)?

 Clindamycin Quinine Atovaquone Azithromycin Other: _____**Clinical information (approximate dates [mm/yyyy] are acceptable)**Date of diagnosis (mm/dd/yyyy): _____ UnknownDate of symptom onset (mm/dd/yyyy): _____ Not applicable UnknownSymptoms (if any) **before** relevant donation(s): _____Symptoms (if any) **after** relevant donation(s): _____

Other clinical manifestations (if any): _____

History of diagnosis or treatment of other tickborne diseases (check all that apply): Lyme disease Anaplasmosis Ehrlichiosis Other: _____ Unknown

Transfusion-Associated Babesiosis: Donor Information (cont.)**Risk factors****In the year (12-month period) before the relevant blood donation(s), did the donor:**Live in/travel to the Northeast or upper Midwest? Yes No Unknown

If yes, indicate where, how long (<1 week, 1–4 weeks, 5 or more weeks), and whether any part of that time was during June-September (select all that apply):

<input type="checkbox"/> Connecticut	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> New Jersey	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Maine	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> New York	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Maryland	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Pennsylvania	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Massachusetts	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Rhode Island	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Minnesota	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Vermont	_____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> New Hampshire	_____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Wisconsin	_____	<input type="checkbox"/> June–Sept

Engage in outdoor activities? Yes No Unknown

If yes, indicate which, where, and whether any of that time was during June-September (select all that apply):

<input type="checkbox"/> Camping	Where? _____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Outdoor sports	Where? _____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Hiking	Where? _____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Gardening	Where? _____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Hunting	Where? _____	<input type="checkbox"/> June–Sept	<input type="checkbox"/> Work related	Where? _____	<input type="checkbox"/> June–Sept
<input type="checkbox"/> Other:	_____		Where? _____		<input type="checkbox"/> June–Sept

Spend time in or near wooded or brushy areas? Yes No UnknownNotice any tick bites? Yes No Unknown When (date)? _____ Where? _____**Notes:**