Investigation #:

# Transfusion-Associated Babesiosis: Investigation Information

Form completed by:								
Name:		Phone:						
Affiliation:		Email:	Email:					
Date completed:								
Categorization (see Criteria below):  Definite  Probable  Possible  Ruled Out  Pending as of () Unknown						)		
Classification Criteria *								
1) Laboratory evidence	[	⊐ Yes	□ No	🗆 Unknown				
2) Evidence that the rec	ion [	⊐ Yes	□ No	🗆 Unknown				
<ol> <li>Laboratory evidence donor by testing of th segment), or cocomp</li> </ol>	in the [	⊐ Yes	□ No	□ Unknown				
4) Laboratory evidence	ient(s) [	⊐ Yes	□ No	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 <u>two</u> 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: (<u>http://www.cdc.gov/nhsn/TOC\_BIOManual.html</u>).

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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:					

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		Investigation #:						
Transfusion-Associated Babesiosis: Recipient Information								
□ Initial	(Index) Recip	oient 🗆 Additional	(Non-Index	) Reci	pient	Case	ID#	
CDC Ca	se Status (C	DC case classification	i): □ Co	onfirm	ed	□ Suspec	ct □ Unkno	own
Demogr	<b>aphics</b> 1 Male 1 Female 1 Unknown	Age: □ days State of residency:	□ months	□ yea	ars Race (select all that apply	□ Am □ Asi □ Bla □ Wh □ Oth □ Unl	erican India an or Pacifi ck/African A ite ite spown	n or Alaska Native c Islander American
Transfu	sion informa	ation						
Summar	ize the numb	er and type of cellular	component	s tran	sfused in the yea	ar (12-mor	nth period) b	efore
	RBC ( liquid, frozen, apheresis)       Use the generic Transfusion-Transmitted Infections form to track donations and identify implicated donor(s).							d Infections cated donor(s).
Date(s)	of relevant tra	ansfusion(s):			,			
Reason(	s) for relevar	nt transfusion(s): □ S	Surgery 🗆 T	raum	a 🗆 Underlying	medical co	ondition 🗆 (	Other:
Diagnostic testing (approximate dates [mm/yyyy] are acceptable)         Date of diagnosis (mm/dd/yyyy):       □ Not applicable □ Unknown         Were any pre-transfusion       specimens tested for evidence of Babesia infection? □ Yes □ No □ Unknown         If yes, specify pertinent test(s) and results:								
т	est type	Testing facility (name, city, state)	Specime	n	Date specimen collected	Babesia species	a Titer	Result
Were an	y <u>post-trans</u>	fusion specimens test	ted for evide	ence c	of <i>Babesia</i> infect	ion? □Y	res □ No	□ Unknown
ii yes,	specify peru	Testing facility	S. Encoimo		Date specimen	Babesia	a Titor	Deput
-	est type	(name, city, state)	Specime	n	collected	species	s liter	Result
Did the recipient receive antimicrobial treatment for <i>Babesia</i> infection? □ Yes □ No □ Unknown If yes, which drugs (select all that apply)? □ Clindamycin □ Quinine □ Atovaquone □ Azithromycin □ Other:								
Clinical information (approximate dates [mm/vvvv] are acceptable)								
Date of symptom onset (mm/dd/yyyy):								
Clinical manifestations (select all that apply)								
Yes No	o Unk	· ·	Yes No	Unk		Yes N	lo Unk	
	□ Fev	ver			Headache			Myalgia
	□ Ane	emia			Chills			Arthralgia
Other cli	□ Thi nical manifes	rombocytopenia			Sweats			

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Investigation #:

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Transfusion-Associa	ted Babesio	sis: Recipient	Information	(cont.)			
Underlying medical conditions (select all that apply; approximate dates [mm/yyyy] are acceptable)							
Sickle cell anemia     Leuke	emia/lymphoma	□ Alloger	neic stem cell tran	splant			
□ Thalassemia □ Other	cancer, specify: _	□ Other t	ransplant, specify				
□ Other hemoglobinopathy □ Other	anemia, specify: _	Other t	hrombocytopenia	, specify:			
□ Not applicable □ Unkne	own						
Is the recipient asplenic? □ Yes □ N If splenectomy, date of surgery (mm/d	lo □ Unknown ld/yyyy):	Functionally asplenic	c? □Yes □	No 🗆 Unknown			
History of diagnosis or treatment of other diseases (select all that apply):	tickborne	Lyme disease D Ana Other:	aplasmosis    □ Eh □ Unknown	nrlichiosis			
Risk factors (in addition to transfusion	n)						
Is there a possibility that this case was tie	ck transmitted? □	]Yes □No □Nota	ipplicable 🗆 Unk	nown			
Is there a possibility that this case was co	ongenital? 🗆 Yes	□ No □ Not applic	able 🗆 Unknowr	1			
If yes, was the patient's mother tested	for evidence of B	abesia infection? □	Yes □ No □ U	nknown			
If yes, what were the results of the results of the second s	ne testing?	sitive 🗆 Negative 🗆	Indeterminate	∃ Unknown			
In the year (12-month period) before the	he relevant blood	transfusion, did the	recipient:				
Live in/travel to the Northeast or upper N	lidwest? □ Yes	□ No □ Unknown		6 M - A			
If yes, indicate where, how long (<1 w time was during lune. September (sel	eek, 1–4 weeks, 5	or more weeks), and	whether any part	of that			
		New Jersey		□ .lune–Sept			
□ Maine	□ June-Sept	□ New York	<u> </u>	□ June–Sept			
□ Maryland	□ June–Sept	□ Pennsylvania		□ June–Sept			
□ Massachusetts	□ June–Sept	Rhode Island		□ June–Sept			
Minnesota	□ June–Sept	□ Vermont		□ June–Sept			
□ New Hampshire	□ June–Sept	🗆 Wisconsin		□ June–Sept			
Engage in outdoor activities?   Yes	□No □Unknown						
If yes, indicate which, where, and whe	ther any of that tim	ne was during June-S	eptember (select	all that apply):			
□ Camping Where? □ Ji	une–Sept	Outdoor sports	Where?	□ June–Sept			
□ Hiking Where? □ J	une-Sept	□ Gardening	Where?	□ June–Sept			
Hunting Where?	une–Sept	Work related	Where?	□ June–Sept			
□ Other:			Where?	□ June–Sept			
Spend time in or near wooded or brushy	areas? 🗆 Yes	🗆 No 🛛 Unknown					
Notice any tick bites? □ Yes □ No □	Unknown Whe	n (date)?	Where	e?			
Notes:							

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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:	Rac all th	e (select hat apply):	□ Amer □ Asian □ Black □ White □ Other □ Unkn	rican Indian n or Pacific I «African An e r, specify: _ own	or Alaska Islander nerican	a Native	
Donation information	(approximate dates [	mm/yyyy] are	acceptable	)				
Date(s) of relevant dona	ation(s):, .	, -						
For the index donation: Was a retained segment or cocomponent tested for evidence of <i>Babesia</i> infection? □ Yes □ No □ Unknown If yes, what were the results of the testing? □ Positive □ Negative □ Indeterminate □ Unknown Were 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 testi	ing							
Specify pertinent tests(s	s) and results:							
Test type	(name, city, state)	Specimen	Date specin collected	nen l d s	Babesia species	Titer	Result	
L								
Clinical information (approximate dates [mm/yyyy] are acceptable)								
Date of diagnosis (mm/dd/yyyy):								
Date of symptom onset (mm/dd/yyyy):       Inot applicable       Unknown         Symptoms (if any)       before       relevant donation(s):         Symptoms (if any)       after       relevant donation(s):         Other clinical manifestations (if any):       Inot applicable       Unknown								
History of diagnosis or treatment of other tickborne          □ Lyme disease          □ Anaplasmosis          □ Ehrlichiosis         diseases (check all that apply):          □ Other:								

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Transfusion-Associated Babesiosis: Donor Information (cont.)						
Risk factors						
In the year (12-month period) before	e the relevant bloo	d donation(s). did the	e donor:			
Live in/travel to the Northeast or uppe	Midwest? □ Yes	$\square No \square Unknown$				
If yes indicate where how long (<1		5 or more weeks) and	whether any part of	of that		
time was during June-September (	select all that apply):			n that		
	□.lune_Sent	□ New Jersev		□.lune_Sent		
□ Maine	_ ⊡ June_Sent			⊡ June–Sent		
□ Marvland	_ ⊡ June–Sept	Pennsylvania		□ June–Sept		
□ Massachusetts	_ ⊡une_Sent	□ Rhode Island		⊡ June–Sent		
☐ Minnesota	June_Sept	□ Vermont	<u> </u>	□ June–Sept		
□ New Hampshire	_ □ June-Sept	□ Wisconsin		□ June–Sept		
Engago in outdoor activities?						
If you indicate which where and y		n mawaa during luna S	antombor (aclast a	ll that apply):		
				ii that apply).		
□ Camping vvnere?	□ June-Sept		Where?	□ June-Sept		
Hiking Where?	⊔ June–Sept		Where?	□ June-Sept		
	⊔ June–Sept			□ June-Sept		
				□ Julie–Sept		
Spend time in or near wooded or brus	ny areas? ⊔ Yes			<b>_</b>		
Notice any tick bites?  Ves  No		en (date)?	Where	?		
Notes:						

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