State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

Local ID Number: ___________________

BABESIOSIS CASE REPORT

Please complete this form only for laboratory confirmed cases of babesiosis that meet at least one of the case definition clinical conditions. For case definition, see pages 5 and 6. ***Completion of this form is not required*** *but encouraged to improve surveillance and understanding of this disease. Jurisdictions not participating in CalREDIE should* ***securely*** *email the completed form to IDB-SSS@cdph.ca.gov; otherwise, mail the completed form to IDB-SSS at the address above. Jurisdictions participating in CalREDIE should create a CalREDIE incident and enter the information directly into the CalREDIE system.*

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*
Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐ Years ☐ Months ☐ Days
Address Number & Street – Residence		*Apartment / Unit Number*	
City / Town		*State*	*Zip Code*
Census Tract	*County of Residence*	*Country of Residence*	
Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*		
Home Telephone	*Cellular Phone / Pager*	*Work / School Telephone*	
E-mail Address	*Other Electronic Contact Information*		
Work / School Location	*Work / School Contact*		

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male / transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	*If Yes, Est. Delivery Date (mm/dd/yyyy)*
Medical Record Number	*Patient's Parent/Guardian Name*
Occupation Setting (see list on page 8)	*Other Describe/Specify*
Occupation (see list on page 8)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: ____________________

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 7)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 7)*
- ☐ Asian Indian ☐ Korean
- ☐ Bangladeshi ☐ Laotian
- ☐ Cambodian ☐ Malaysian
- ☐ Chinese ☐ Pakistani
- ☐ Filipino ☐ Sri Lankan
- ☐ Hmong ☐ Taiwanese
- ☐ Indonesian ☐ Thai
- ☐ Japanese ☐ Vietnamese
- ☐ Other: ____________________

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander *(check all that apply, see list on page 7)*
- ☐ Native Hawaiian ☐ Samoan
- ☐ Fijian ☐ Tongan
- ☐ Guamanian
- ☐ Other: ____________________

☐ White

☐ Other: ____________________

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

First three letters of patient's last name: | | | |

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

SIGNS AND SYMPTOMS

Symptomatic?	*Onset Date (mm/dd/yyyy)*	*Is the patient asplenic?*	*If patient had splenectomy, date of surgery (mm/dd/yyyy)*
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	

Signs / Symptoms	Yes	No	Unk	Signs / Symptoms	Yes	No	Unk
Fever				Sweats			
Anemia				Myalgia			
Thrombocytopenia				Arthralgia			
Headache				*Other signs/symptoms (specify)*			
Chills							

Specify any complications in the clinical course of infection (check all that apply)

☐ Acute respiratory distress ☐ Congestive heart failure ☐ Renal failure ☐ None
☐ Disseminated intravascular coagulation (DIC) ☐ Myocardial infarction ☐ Other:______________________

HOSPITALIZATION

Did patient visit the emergency room for illness?
☐ Yes ☐ No ☐ Unknown

Was patient hospitalized?	*If Yes, how many total hospital nights?*
☐ Yes ☐ No ☐ Unknown	☐ Still hospitalized as of _____________ (mm/dd/yyyy)

During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?
☐ Yes ☐ No ☐ Unknown

If there were any ER visits or hospital stays related to this illness, specify details in the Hospitalization – Details section on next page.

HOSPITALIZATION – DETAILS

Hospital Name 1	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*

Hospital Name 2	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*

TREATMENT / MANAGEMENT

Received antimcrobial treatment?	*If Yes, which drugs? (check all that apply)*
☐ Yes ☐ No ☐ Unknown	☐ Clindamycin ☐ Quinine ☐ Atovaquone ☐ Azithromycin ☐ Other: _______________________

OUTCOME

Outcome?	*If Survived,* *Survived as of* ____________________________*(mm/dd/yyyy)*	
☐ Survived ☐ Died ☐ Unknown	*If Died, Date of Death (mm/dd/yyyy)*	*Was the death related to the infection?* ☐ Yes ☐ No ☐ Unknown

First three letters of patient's last name: | | | |

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY - SEROLOGY

Test	Result	If Positive, specify Babesia Species / Description	Titer
IFA - total antibody (Ig) ☐ Done ☐ Not done ☐ Unknown	*Result* ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Pending	*If Positive, specify Babesia Species*	*Titer*
	Collection Date (mm/dd/yyyy)	*Laboratory Name*	*Telephone Number*
IFA – IgG ☐ Done ☐ Not done ☐ Unknown	*Result* ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Pending	*If Positive, specify Babesia Species*	*Titer*
	Collection Date (mm/dd/yyyy)	*Laboratory Name*	*Telephone Number*
IFA – IgM ☐ Done ☐ Not done ☐ Unknown	*Result* ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Pending	*If Positive, specify Babesia Species*	*Titer*
	Collection Date (mm/dd/yyyy)	*Laboratory Name*	*Telephone Number*
Immunoblot ☐ Done ☐ Not done ☐ Unknown	*Result* ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Pending	*If Positive, specify Babesia Species*	
	Collection Date (mm/dd/yyyy)	*Laboratory Name*	*Telephone Number*
Blood smear ☐ Done ☐ Not done ☐ Unknown	*Result* ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Pending	*Description*	
	Collection Date (mm/dd/yyyy)	*Laboratory Name*	*Telephone Number*
PCR ☐ Done ☐ Not done ☐ Unknown	*Result* ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Pending	*If Positive, specify Babesia Species*	
	Collection Date (mm/dd/yyyy) / *Specimen Type*	*Laboratory Name*	*Telephone Number*
Other test (specify): ________________	*Result* ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Pending	*If Positive, specify Babesia Species*	
	Collection Date (mm/dd/yyyy) / *Specimen Type*	*Laboratory Name*	*Telephone Number*
Other test (specify): ________________	*Result* ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Pending	*If Positive, specify Babesia Species*	
	Collection Date (mm/dd/yyyy) / *Specimen Type*	*Laboratory Name*	*Telephone Number*

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD: 8 WEEKS PRIOR TO ILLNESS ONSET OR DIAGNOSIS (USE EARLIER DATE)

EXPOSURES / RISK FACTORS - TRANSFUSION

Question	If Yes, describe
Was patient's infection transfusion associated? ☐ Yes ☐ No ☐ Unknown	*If Yes, describe*
Was patient a blood donor identified during a transfusion investigation? ☐ Yes ☐ No ☐ Unknown	*If Yes, describe*

EXPOSURES / RISK FACTORS - OUTDOOR EXPOSURES

IN THE 8 WEEKS BEFORE SYMPTOM ONSET OR DIAGNOSIS (USE EARLIER DATE), DID THE PATIENT:

Exposure	Yes	No	Unk	If Yes, Specify as Noted
Engage in outdoor activities				*Type of Activity (check all that apply)* ☐ Camping ☐ Hiking ☐ Hunting ☐ Yard work ☐ Other:________________
Spend time outdoors in or near wooded or brushy areas				*Describe*
Notice any tick bites				*Date Noticed* (mm/dd/yyyy) / *Approximate Duration of Attachment* / *Where Obtained (geographic location)*

First three letters of patient's last name: | | | |

EPIDEMIOLOGIC INFORMATION (continued)

TRAVEL HISTORY

*Did patient travel **outside of county of residence** during the incubation period?* ☐ Yes ☐ No ☐ Unknown	*Did the patient travel **outside the U.S.** during the incubation period?* ☐ Yes ☐ No ☐ Unknown

If Yes for either of these questions, specify all locations and dates below.

TRAVEL HISTORY - DETAILS

Location (city, county, state, country)	**Date Travel Started (mm/dd/yyyy)**	**Date Travel Ended (mm/dd/yyyy)**

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date (mm/dd/yyyy)*

First Reported By
☐ Clinician ☐ Laboratory ☐ Other (specify):______________________

DISEASE CASE CLASSIFICATION

Case Classification (see case definition on next page)
☐ Confirmed ☐ Probable ☐ Suspected

OUTBREAK

Part of known outbreak? ☐ Yes ☐ No ☐ Unknown	*If Yes, extent of outbreak:* ☐ One CA jurisdiction ☐ Multiple CA jurisdictions ☐ Multistate ☐ International ☐ Unknown ☐ Other (specify): ______________

STATE USE ONLY

Case Classification
☐ Confirmed ☐ Probable ☐ Suspected ☐ Not a case ☐ Need additional information

First three letters of patient's last name: | | | |

CASE DEFINITION

BABESIOSIS (2025)

CLINICAL CRITERIA

- Objective: fever as reported by patient or healthcare provider, anemia, or thrombocytopenia
- Subjective: chills, sweats, headache, myalgia, or arthralgia

LABORATORY CRITERIA*

Confirmatory Laboratory Evidence

- Identification of intraerythrocytic *Babesia* organisms by light microscopy in a Giemsa, Wright, or Wright-Giemsa–stained blood smear; **OR**
- Detection of *Babesia* spp. DNA in a whole blood specimen through nucleic acid testing such as polymerase chain reaction (PCR) assay, nucleic acid amplification test (NAAT), or genomic sequencing that amplifies a specific target, in a sample taken within 60 days of illness onset; **OR**
- Serological evidence of a four-fold change[1] in IgG-specific antibody titer to *B. microti* antigen by indirect immunofluorescence assay (IFA) in paired serum samples (one taken within two weeks of illness onset and a second taken two to ten weeks after acute specimen collection)[2].

Presumptive Laboratory Evidence

- Serologic evidence** of an elevated IgG*** or total antibody reactive to *B. microti* antigen by IFA at a titer ≥1:256 in a sample taken within 60 days of illness onset

Supportive Laboratory Evidence

- Serologic evidence** of an elevated IgG*** or total antibody reactive to *B. divergens* antigen by IFA at a titer ≥1:256; **OR**
- Serologic evidence** of an elevated IgG*** or total antibody reactive to *B. duncani* antigen by IFA at a titer ≥1:512

[1] A four-fold change in titer is equivalent to a change of two dilutions (e.g., 1:64 to 1:256).

[2] A four-fold rise in titer should not be excluded as confirmatory laboratory criteria if the acute and convalescent specimens are collected within two weeks of one another.

* Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.

** Antibodies can be indicative of active or previously resolved infections, so it is recommended that laboratory results be evaluated in conjunction with information on symptoms and exposure whenever possible. If symptom information is available, specimens meeting supportive laboratory criteria should be collected within 60 days of illness onset.

*** While a single IgG serologic test is adequate for surveillance purposes, molecular testing or blood smear are recommended for clinical diagnosis, especially in cases where species other than *B. microti* are suspected.

EPIDEMIOLOGIC LINKAGE CRITERA

N/A

CRITERIA TO DISTINGUISH A NEW CASE OF BABESIOSIS FROM REPORTS OR NOTIFICATIONS WHICH SHOULD NOT BE ENUMERATED AS A NEW CASE FOR SURVEILLANCE

A new case is one that has not been previously enumerated within the same calendar year (January through December). Using calendar year allows case counting which more closely corresponds with the seasonality of babesiosis than using a number of months between case reports.

CASE CLASSIFICATION

Confirmed:

Meets confirmatory laboratory evidence criteria **AND** at least one of the objective or subjective clinical criteria.

Probable:

Meets presumptive laboratory evidence **AND** meets at least one of the objective clinical criteria.

Suspect:

Meets supportive laboratory evidence

First three letters of patient's last name: | | | |

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown