



# INVESTIGATION WORKSHEET

Confirmed    Probable    Suspect    Not a Case

## Babesiosis

Entered in DRSi?

Reported to health dept?

<https://drsi.health.mil/ADRSi>

POC: \_\_\_\_\_

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_

### DEMOGRAPHICS

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ FMP: \_\_\_\_\_ SEX: M F Unk RACE: \_\_\_\_\_

UNIT: \_\_\_\_\_ SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ DUTY STATUS: \_\_\_\_\_

ADDRESS: (Street) \_\_\_\_\_ DoD ID: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ (h)

(County) \_\_\_\_\_ (Country) \_\_\_\_\_ PHONE: \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ (c)

### CLINICAL INFORMATION

Provider: \_\_\_\_\_ Clinic/hospital: \_\_\_\_\_

Y N

Hospitalized Admit date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Deceased Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cause of death: \_\_\_\_\_

Y N

Symptomatic Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clinic date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fever Max Temp: \_\_\_\_\_ °F/°C ( Unk)

Chills

Headache

Body aches

Nausea

Fatigue

### TREATMENT

Treated with antibiotics? Y N

Type of antibiotic \_\_\_\_\_ Date Started \_\_\_\_\_ Duration \_\_\_\_\_

1. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_

2. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_

3. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_

Treated with anti-parasitics? Y N

Type of anti-parasitics \_\_\_\_\_ Date Started \_\_\_\_\_ Duration \_\_\_\_\_

1. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_

2. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_

3. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_

# LABORATORY RESULTS

# COMMENTS

Test <i>(type of test performed)</i>	Collection Date	Source <i>Circle Type</i>	Result	
Antibody	____/____/____	Serum Urine    CSF Other	Positive	Negative
Antigen	____/____/____	Serum Urine    CSF Other	Positive	Negative
PCR (DNA)	____/____/____	Serum Urine    CSF Other	Positive	Negative
Culture	____/____/____	Serum Urine    CSF Other	Positive	Negative
Screen	____/____/____	Serum Urine    CSF Other	Positive	Negative
Other <i>Describe below</i>	____/____/____	Serum Urine    CSF Other	Positive	Negative

## TRAVEL HISTORY

In the **(INCUBATION PERIOD)\*** before illness onset (when symptoms started), did the case.....

- |   |   |   |     |                            |            |                    |
|---|---|---|-----|----------------------------|------------|--------------------|
| 1. Recently travel?   | Y | N | Unk | (If yes) Reason for travel | Deployment | Visiting Friends   |
| 2. Was travel out of country?   | Y | N | Unk |                            | TDY        | Business (non-DoD) |
| 3. Did case receive theater/ country clearance before recent out-of-country trip? | Y | N | Unk |                            | Vacation   | Other: _____       |
- \*Incubation period: Variable, 1–3 weeks or longer for tickborne transmission, weeks to months for transfusion-associated transmission, more than 1 year in context of immunosuppression

Travel History (Deployment history) - Details (start with most recent travel/deployment)				
<i>Location (City, State, Country)</i>	<i># In Group (if applicable)</i>	<i>Principal reason for trip</i>	<i>Date Travel Started</i>	<i>Date Travel Ended</i>