# **BABESIOSIS**



#### **Case Definition**

#### **Confirmed case**

A case that has *confirmatory* laboratory results with or without clinical evidence criteria (can include transfusion transmission)

#### Probable case

A case that has supportive laboratory results AND

- meets clinical evidence criteria; OR
- is in a blood donor or recipient epidemiologically linked to a confirmed or probable babesiosis case.

## **Laboratory Evidence**

### Confirmatory laboratory tests include:

• Detection of *Babesia* species (e.g. *Babesia microti, Babesia duncani* or *Babesia divergens*) DNA in a whole blood specimen by amplification of a specific target Nucleic Acid Amplification Test (NAAT).

#### Supportive laboratory evidence:

- Serological evidence of elevated immunoglobulin (Ig) G (IgG) antibodies to B. microti in a single sample by indirect immunofluorescence assay (IFA) where the endpoint titre is ≥ 1:64; OR
- Identification of intraerythrocytic Babesia organisms by light microscopy in a Giemsa, Wright, or Wright-Giemsa-stained blood smear; OR
- Demonstration of a positive B. microti IgG immunoblot result by Centers for Disease Control and Prevention (CDC); OR
- Demonstration of a B. divergens total Ig or IgG antibody titre of ≥ 1:256 in an IFA; OR
- Demonstration of a B. duncani total Ig or IgG antibody titre of ≥ 1:512 in an IFA.

#### Clinical Evidence

Clinical criteria include fever and at least one of fatigue, chills, sweats, headache, anorexia, hemolytic anemia, or thrombocytopenia.<sup>1</sup>

#### Transfusion Transmission

Transmission can occur via blood transfusion, and rarely, via transplacental, perinatal, and solid organ transplantation. <sup>2;3-9</sup> *Babesia*-infected individuals can remain parasitemic for long periods following infection, and *Babesia* parasites can survive in blood products. <sup>9</sup> Babesiosis is the most commonly reported transfusion-transmitted tick-borne infection in the United States, and there has been one documented case to date in Canada. <sup>9</sup>

For the purposes of surveillance, epidemiologic linkage between a transfusion recipient and a blood donor is demonstrated if all the following criteria are met:

- 1. Laboratory evidence of Babesia infection in the recipient and donor; AND
- 2. Transfusion recipient received one or more red blood cell (RBC) or platelet unit(s) within one year before the collection date of the recipient's positive specimen; **AND**
- 3. Transfused unit(s) was/were plausibly infectious based on assessment of donor infectivity at time of donation of implicated unit(s); **AND**
- 4. Transfusion-associated infection is considered at least as plausible as tick-borne transmission.

## **Reporting Requirements**

Report confirmed and probable cases to DHW Surveillance via Panorama.

#### **Additional Forms**

None.

## **Data Entry**

Complete data entry in Panorama.

#### **Additional comments**

- Babesiosis is a provincially notifiable disease. Case counting will be applied as of May 23, 2023.
- These are definitions for surveillance and epidemiologic purposes only, and they do not represent clinical case definitions.
- Diagnostic testing should be performed by provincial public health laboratories and/or appropriate reference diagnostic centres (e.g., NML for molecular testing, National Reference Centre for Parasitology for *B. microti* IFA).
- Some forms of *Babesia* can be difficult to distinguish from *Plasmodium* on blood smears. Confirmation by a reference laboratory may be required if a patient's travel history and area of residence indicate exposure to *Babesia* is unlikely.
- In persons who are immunosuppressed or who have asymptomatic *Babesia* infections, active infections can be associated with lower antibody titers; titres may also be low early in the course of infection.

- Due to the persistence of elevated antibody titres in some patients, a single elevated titre may indicate
  either a recent or remote infection. Demonstration of an increase in titres or seroconversion between
  paired samples is therefore necessary for confirmation.
- Validated commercial IFAs and/or immunoblots specific for *B. divergens* and *B. duncani* are not currently available in Canada but samples may be submitted to reference centres such as the CDC who have validated assays for these rare pathogens. IgG immunoblot for *B.microti* is not available in Canada.

### References

- 1. Krause, PJ, Auwaerter, PG., Bannuru, RR., Branda, JA, Falck-Ytter, YT, Lantos, PM, Lavergne, V, Meissner, HC, Osani, MC, Rips, JG, Sood, SK, Vannier, E, Vaysbrot, EE, Wormser, GP. Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA): 2020 Guideline on Diagnosis and Management of Babesiosis. *Clinical Infectious Diseases*, 2021; 72(2), e49–e64. doi:10.1093/cid/ciaa1216
- 2. Fida M, Challener D, Hamdi A, O'Horo J, Abu Saleh O. Babesiosis: A Retrospective Review of 38 Cases in the Upper Midwest. Open Forum Infect Dis. 2019;6(7):1-5. doi:10.1093/ofid/ofz311.
- 3. Herwaldt B, Linden J V, Bosserman E, Young C, Olkowska D, Wilson M. Transfusion-associated babesiosis in the United States: A description of cases. Ann Intern Med. 2011;155(8):509-519. doi:10.7326/0003-4819-155-8-201110180-00362.
- 4. Krause P, Vannier E. Transplacental transmission of human babesiosis. Infect Dis Clin Pra. 2012;20(6):365-367.
- 5. Cornett JK, Malhotra A, Hart D. Vertical transmission of babesiosis from a pregnant, splenectomized mother to her neonate. Infect Dis Clin Pract. 2012;20(6):408-410. doi:10.1097/IPC.0b013e31825b20c1.
- 6. Linden J, Prusinski M, Crowder L, et al. Transfusion-transmitted and community-acquired babesiosis in New York, 2004 to 2015. Transfusion. 2018;58(3):660-668. doi:10.1111/trf.14476.
- 7. New D, Quinn J, Qureshi M, Sigler S. Vertically Transmitted Babesiosis. J Pediatr. 1997;131:163-164.
- 8. Drews SJ, Van Caeseele P, Bullard J, et al. Babesia microti in a Canadian blood donor and lookback in a red blood cell recipient. Vox Sang. 2021;(July):9-12. doi:10.1111/vox.13198.
- 9. Kain K, Bu Jassoum S, Fong I, Hannach B. Transfusion-transmitted babesiosis in Ontario: First reported case in Canada. Can Med Assoc J. 2001;164(12):1721-1723.