How to enter: Ehrlichiosis and Anaplasmosis**

Receive positive laboratory report

Positive culture or PCR from a clinical specimen OR a positive immunohistochemistry (IHC) result from a biopsy or autopsy specimen OR a positive paired serologic result, with evidence of at least a fourfold IgG rise between the acute (taken within 1 week of onset) and convalescent (taken two to four weeks after acute specimen) titers

Enter as Suspect Case

Investigation

Single positive serologic result, either IgM or IgG or identification of morulae in the cytoplasm of monocytes or macrophages by microscopic examination

Any other lab result

Does the case have fever and one or more of the following: headache, myalgia, anemia, leukopenia, thrombocytopenia, or elevated AST/ALT?

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Yes

Confirmed*

Probable*

Suspect

Not a Case*

No

Unknown

*: Case Report Form should be faxed to CEDS

**: Labs should indicate the organism being tested for. Ehrlichia ewingii is only detectable by PCR. If two positive “supportive” lab results are reported with the same titer strength or if the species name is not given (i.e. Ehrlichiosis PCR), the condition should be reported as “Ehrlichiosis/Anaplasmosis Unknown”. If a case is positive for both Ehrlichia (or Anaplasma) and Rocky Mountain spotted fever, and meets the case definition for both conditions, it should be reported as both Ehrlichia (or Anaplasma) and RMSF, regardless of which titer is stronger.