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Ehrlichiosis  
1996 Case Definition  
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1996 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
Clinical Description  
A tick-borne febrile illness most commonly characterized by acute onset, accompanied by headache, myalgia, rigors and/or malaise. Clinical laboratory findings may include intracytoplasmic microcolonies (morulae) in leukocytes of peripheral smear, cerebrospinal fluid (CSF), or bone marrow aspirate or biopsy, cytopenias (especially thrombocytopenia and leukopenia), and elevated liver enzymes (especially alanine aminotransferase or aspartate aminotransferase).  
There are two clinically similar yet serologically distinct forms of ehrlichiosis: a) human granulocytic ehrlichosis (HGE), caused by infection with an  
Ehrlichia equi  
-like agent and found primarily in the upper midwest and northeast, and b) human monocytic ehrlichiosis (HME) caused by  
Ehrlichia chaffeensis  
infection and found primarily in the southeastern quadrant of the United States.  
Laboratory Criteria For Diagnosis  
Fourfold or greater change in antibody titer to  
Ehrlichia  
spp. antigen by immunofluorescence antibody (IFA) test in acute- and convalescent-phase specimens ideally taken greater than or equal to 4 weeks apart. HME diagnosis requires  
E. chaffeensis  
and HGE currently requires  
E. equi  
or HGE-agent antigen,  
OR  
Positive polymerase chain reaction assay. Distinct primers are used for the diagnosis of HGE and HME,  
OR  
Intracytoplasmic morulae identified in blood, bone marrow, or CSF leukocytes, and an IFA antibody titer greater than or equal to 64.  
Case Classification  
Probable  
A clinically compatible case with either a single IFA serologic titer greater than or equal to 64 or intracytoplasmic morulae identified in blood, bone marrow, or CSF leukocytes  
Confirmed  
A clinically compatible case that is laboratory confirmed  
Comments  
All laboratory testing should be conducted by experienced personnel with appropriate training and should include appropriate controls and reagents necessary for accurate etiologic diagnosis. States in which cases of HGE and/or HME have occurred may submit reports to CDC  
Related Case Definition(s)  
Ehrlichiosis | 2024 Case Definition  
Ehrlichiosis | 2000 Case Definition  
Ehrlichiosis | 1998 Case Definition  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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