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Ehrlichiosis  
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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 but serologically distinct forms of ehrlichiosis: human granulocytic ehrlichiosis (HGE) caused by infection with an  
Ehrlichia equi  
-like agent and found primarily in the upper midwest and northeast, and human monocytic ehrlichiosis (HME) caused by  
Ehrlichia chaffeensis  
infection and found primarily in the southeastern quadrant of the U.S.  
Laboratory Criteria For Diagnosis  
All laboratory testing must be conducted by experienced personnel with appropriate training and include appropriate controls and reagents necessary for accurate etiologic diagnosis.  
Fourfold or greater change in antibody titer to  
Ehrlichia  
spp. antigen by immunofluorescence antibody (IFA) test in acute and convalescent specimens ideally taken four weeks or more apart. HME diagnosis requires  
E. chaffeensis  
antigen and HGE diagnosis currently requires  
E. equi  
or HGE-agent antigen;  
OR  
Positive polymerase chain reaction (PCR) 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 ≥1:64.  
Case Classification  
Probable  
A clinically compatible case with a single IFA serologic titer ≥1:64 or intracytoplasmic morulae identified in blood, bone marrow or CSF leukocytes  
Confirmed  
A clinically compatible case that meets the laboratory criteria for diagnosis  
Related Case Definition(s)  
Ehrlichiosis | 2024 Case Definition  
Ehrlichiosis | 2000 Case Definition  
Ehrlichiosis | 1996 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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