## **North Carolina Anaplasmosis** Always follow your **Surveillance Case Classification** CD Confirmatory laboratory evidence: investigation • PCR or NAAT (+) OR Algorithm policy • 4-fold change\* in IgG-specific antibody titer **Presumptive laboratory evidence:** regarding # Refer to NC CD Manual for detailed information by IFA in paired serum samples taken 2-10 No of attempts • IgG antibody titer by weeks apart **OR** for records IFA **≥1:128 OR** • Biopsy or autopsy IHC (+) OR • Microscopic identification, smear (+) and submit •Culture (+) with molecular confirmation (e.g., **Any** of the following symptoms: to state as PCR or sequencing) • Fever Suspect Yes No Chills/sweats when max Headache attempts Yes Myalgia reached. Fever? Not a case Fatigue/malaise • Anemia Yes No • Leukopenia Thrombocytopenia Chills/sweats? Elevated liver enzymes **Any** of the following symptoms: Elevated CRP Headache No Myalgia Yes • Fatigue/malaise Yes No Anemia Not a case Leukopenia Any **ONE** of the following: Thrombocytopenia Confirmed Not a case • Anemia • Elevated liver enzymes Leukopenia Elevated CRP Thrombocytopenia Elevated liver Yes enzymes No **Helpful Tips:** Elevated CRP • Beginning January 2024, a single IgG titer of 1:64 does not meet laboratory criteria and Yes No does not require investigation. **Probable** Not a case • Collection date for presumptive laboratory evidence MUST be within 60 days of symptom onset - if not, then not a case. Any **TWO** of the following: **Probable** • If patients have positive results for both anaplasmosis and ehrlichiosis, please refer to the Headache Myalgia case definition for determination of classification assignment • Fatigue/malaise \*A four-fold change in titer is equivalent to a change of two dilutions (e.g., 1:64 to 1:256)

Yes

**Probable** 

No

Not a case