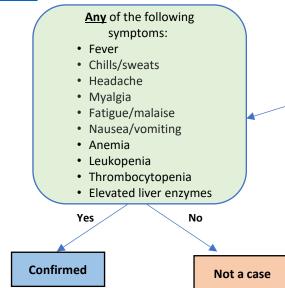
North Carolina Ehrlichiosis Surveillance Case Classification Algorithm

Refer to NC CD Manual for detailed information



Confirmatory laboratory evidence:

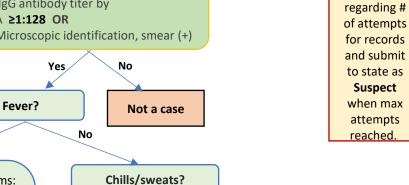
- PCR or NAAT (+) OR
- 4-fold change* in IgG-specific antibody titer by IFA in paired serum samples taken 2-10 weeks apart **OR**
- •Biopsy or autopsy IHC (+) OR

Yes

•Culture (+) with molecular confirmation (e.g., PCR or sequencing)

Presumptive laboratory evidence:

- IgG antibody titer by
- IFA ≥1:128 OR
- Microscopic identification, smear (+)



No

Any of the following symptoms:

Yes

No

- Headache
- Myalgia
- Fatigue/malaise
- Nausea/vomiting
- Anemia

Probable

- Leukopenia
- Thrombocytopenia
- Elevated liver enzymes

No Yes

Not a case

Any **ONE** of the following:

Yes

Anemia

Yes

Probable

- Leukopenia
- Thrombocytopenia
- · Elevated liver enzymes

Helpful Tips:

- Beginning January 2024, a single IgG titer of 1:64 does not meet laboratory criteria and does **not** require investigation.
- Collection date for presumptive laboratory evidence MUST be within 60 days of symptom onset – if not, then not a case.
- If patients have positive results for both anaplasmosis and ehrlichiosis, please refer to the case definition for determination of classification assignment
- *A four-fold change in titer is equivalent to a change of two dilutions (e.g., 1:64 to 1:256)

Any **TWO** of the following:

Not a case

Always

follow your

CD

investigation

policy

- Headache
- Myalgia
- Fatigue/malaise
- Nausea/vomiting

