NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2027
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# Hemovigilance Module
# Transfusion Transmitted Infection (TTI)
# Rapid Alert Form

***Required fields**

***Facility ID#:** _____ ***Reporter Name:** [Dropdown based on current Facility users] ***Patient ID:** _____

***Date of Birth:** ____/____/___ ***Medical Record #:** _____

***Sex:** ☐ M ☐ F ☐ Not Available/Missing ***State of Residence:** _____

* ☐ **Pathogen of interest[1] has been detected: [Multiselect Dropdown – Pathogens of Interest]**

* ☐ **Patient received a transfusion in the 30 days prior to symptom onset or infection identification**

[1]Pathogens of Interest:

Viruses: Cache Valley virus, Colorado tick fever virus, Dengue virus, Eastern Equine Encephalitis virus, Hepatitis A virus, Hepatitis E virus, Japanese Encephalitis virus, Oropouche virus, Powassan virus, St. Louis encephalitis virus, Tick-borne encephalitis virus, Chikungunya virus, Yellow Fever virus, Zika virus.

Bacteria: *Acinetobacter baumannii*, *Anaplasma phagocytophilum*, *Brucella* spp., *Coxiella burnetii* (Q Fever), *Ehrlichia* spp., *Leclercia adecarboxylata*, *Rickettsia rickettsii*.

Parasites: *Babesia* spp., *Leishmania* spp., *Plasmodium* spp. (Malaria).





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