In September 2007, an 84-year-old woman from Illinois was admitted to the intensive care unit with a fever of 102.6°F and complaints of chills, nausea, abdominal pain, and dark urine. She had been experiencing chills for 48 h and onset of fever occurred on the day of presentation to the hospital. She had a past medical history of chronic obstructive pulmonary disease, coronary artery disease, and upper gastrointestinal bleeding. In January 2007, the patient traveled by cruise ship to Key West; a private island in Florida; the Cayman Islands; and Cozumel, Mexico. She stayed in a cabin in the Chippewa National Forest in northern Minnesota during July 2007. The patient had received multiple blood transfusions over the past year in Illinois and Minnesota for upper gastrointestinal bleeding. Two sets of blood cultures obtained on the date of hospital admission were negative. During the patient’s hospitalization in the intensive care unit, the laboratory technician noted abnormalities while examining the blood smear (figure 1) because of the patient’s anemia. Blood samples were then sent to the state laboratory and the US Centers for Disease Control and Prevention for additional evaluation.

What is your diagnosis?