

# Lyme Disease

COUNTY

FOR STATE USE ONLY

#

\_\_\_/\_\_\_/\_\_\_ case report

- confirmed  
 presumptive  
 suspect

\_\_\_/\_\_\_/\_\_\_ interstate

Date investigation initiated: \_\_\_/\_\_\_/\_\_\_

## CASE IDENTIFICATION

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address \_\_\_\_\_  
Street City Zip

e-mail address \_\_\_\_\_

ALTERNATIVE CONTACT:  Parent  Spouse  Household Member  Friend  \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
indicate home (H); work (W); message (M)

Address \_\_\_\_\_  
Street City Zip

## SOURCES OF REPORT (check all that apply)

Lab  Infection Control Practitioner  
 Physician  \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
(first report)

Primary M.D. \_\_\_\_\_  
(if different)

Phone \_\_\_\_\_ OK to talk to patient?

## DEMOGRAPHICS

SEX

female  male

HISPANIC  yes  no  unknown

RACE

White  American Indian  
 Black  Asian/Pacific Islander  
 unknown  refused to answer  
 other \_\_\_\_\_

Worksites/school/day care center \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_  
m d y

or, if unknown, AGE \_\_\_\_\_

Occupations/grade \_\_\_\_\_

## BASIS OF DIAGNOSIS

### CLINICAL DATA

Dermatologic:

Erythema migrans (EM) (healthcare provider-diagnosed)  $\geq 5$  cm in diameter?  yes  no  unk

Multiple EM lesions?  yes  no  unk

if yes, number \_\_\_\_\_

Date of EM ONSET on \_\_\_/\_\_\_/\_\_\_  
m d y

Rheumatologic:

Arthritis characterized by brief attacks of swelling in one or more joints?  yes  no  unk

Neurologic:

Bell's palsy or other cranial neuritis?  yes  no  unk

Radiculoneuropathy?  yes  no  unk

Lymphocytic meningitis?  yes  no  unk

Encephalitis/Encephalomyelitis?  yes  no  unk

Cardiologic:

2nd or 3rd degree atrioventricular (AV) block?  yes  no  unk

### TICK INFORMATION

Ticks seen on patient?  crawling  embedded  not seen

Date tick seen \_\_\_/\_\_\_/\_\_\_  
m d y

Estimated hours embedded \_\_\_\_\_

Tick species (if unsure, specify limit, e.g., <24h):

*I. pacificus*  *I. dammini*  \_\_\_\_\_  unk

Stage:  larva  nymph  adult  unk

Where was the tick acquired? County \_\_\_\_\_ State \_\_\_\_\_

Location in the county (check one)  Northwest part  Northeast part

Central part  Southwest part  Southeast part

Where did exposure probably occur?

Park  Campground  Hiking Trail  Yard  Unk  Other

Name of location \_\_\_\_\_

### LABORATORY DATA

	Positive	Negative	Where Done?	Not Done/Unk
Culture	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Serology				
EIA	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
IFA	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
WB	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

Serology

Submitted to CPHL?  yes  no  unk

If yes:

Positive Negative

EIA

WB

CSF tested?  yes  no  unk

If yes, details \_\_\_\_\_

### OTHER HISTORY

Was the patient hospitalized for the current episode?  yes  no  unk

Was the patient pregnant at the time of illness?  yes  no  unk

Name of antibiotic(s) used this episode? \_\_\_\_\_ Use in days \_\_\_\_\_

Does the patient have any underlying illness?  yes  no  unk

If yes, specify \_\_\_\_\_

Does the patient have any pets?  yes  no  unk

If yes, specify \_\_\_\_\_

### COMMENTS:



## ADMINISTRATION

Lyme /June 2003

Case report sent to OHS on \_\_\_/\_\_\_/\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Phone \_\_\_\_\_ Investigation sent to OHS on \_\_\_/\_\_\_/\_\_\_  
m d y