

Lyme Disease

Agency: _____

Investigator: _____

Phone number: _____

FOR STATE USE ONLY

Status: Confirmed Probable
 Suspect Not a case
Reviewer initials: _____
Referred to another state: _____

CASE

Last name: _____
First and middle name: _____

Date of Birth: ____ / ____ / ____ Estimated? Age: _____

Maiden name: _____ Suffix: _____

Gender: Female Male Other _____

Address line: _____

Pregnant: Yes No Unk Est. delivery date: ____ / ____ / ____

Zip: _____ City: _____

Marital status: Single Married Separated
 Divorced Parent with partner Widowed

State: _____ County: _____

Race: American Indian or Alaskan Native Unknown
 Black or African American White
 Hawaiian or Pacific Islander Asian

Phone: (____) - ____ - ____ Type: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Long-term care resident: Yes No Unknown

Parent/Guardian name: _____

Facility name: _____

Parent/Guardian phone: (____) - ____ - ____ Type: _____

EVENT

Diagnosis date: ____ / ____ / ____ Onset date: ____ / ____ / ____

Event outcome: Survived this illness Died from this illness
 Died unrelated to this illness Unknown

Outbreak related: Yes No Unknown

Outbreak name: _____

Exposure setting: _____

Epi-linked: Yes No Unknown

Location acquired: In USA, in reporting state
 In USA, outside reporting state
 Outside USA
 Unknown

State: _____ Country: _____

Last name: _____

First name: _____

Provider title: ARNP MD DO NP PA

Facility name: _____

Address line 1: _____

Address line 2: _____

Zip code: _____ City: _____

State: _____ County: _____

Phone: (____) - ____ - ____ Type: _____

Healthcare provider information

LABORATORY FINDINGS

Laboratory: _____ Accession #: _____ Collection date: ____ / ____ / ____

Date received: ____ / ____ / ____ Specimen source: _____ Test type: _____

Result type: Preliminary Final Result date: ____ / ____ / ____ Result: Positive Negative

Organism: ***Borrelia burgdorferi***

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Date received: ____ / ____ / ____ Specimen source: _____ Test type: _____

Result type: Preliminary Final Result date: ____ / ____ / ____ Result: Positive Negative

Organism: ***Borrelia burgdorferi***

Laboratory: _____ Accession #: _____ Collection date: ____ / ____ / ____

Date received: ____ / ____ / ____ Specimen source: _____ Test type: _____

Result type: Preliminary Final Result date: ____ / ____ / ____ Result: Positive Negative

Organism: ***Borrelia burgdorferi***

OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.

Occupation type: _____ Job title: _____
 Worked after symptom onset: Yes No Unknown Facility name: _____
 Date worked from: ____/____/____ Address: _____
 Date worked to: ____/____/____ Zip code: _____
 Removed from duties: Yes No Unknown City: _____ State: _____ County: _____
 Date removed: ____/____/____ Phone: (____)____-____-____ Type: _____
 Handle food: Yes No Unknown Work in a health care setting: Yes No Unknown
 Attend or provide child care: Yes No Unknown Direct patient care duties in lab or health care setting: Yes No Unknown
 Attend school: Yes No Unknown Health care worker type: _____
 Work in a lab setting: Yes No Unknown

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 Work in a lab setting: Yes No Unknown

HOSPITALIZATIONS

Was the case hospitalized? Yes No Unknown

Hospital: _____ Isolated at entry: Yes No Unk Isolation type (entry): _____
 Admission date: ____/____/____ Discharge date: ____/____/____ Days hospitalized: _____
 Currently isolated: Yes No Unk Current isolation type: _____

CLINICAL INFO & DIAGNOSIS

Fever: Yes No Unk Onset Date: ____/____/____ Duration (days): _____ Highest known fever: _____ °F/C

- Other symptoms:** Arthralgia Fatigue Headache Mild, stiff neck Muscle pain
- Life threatening complications:** Adult respiratory distress syndrome Disseminated intravascular coagulopathy Meningitis/Encephalitis Renal failure

Did the health care provider for the case diagnose Lyme disease? Yes No Unk

Erythema migrans diagnosed by physician present:

Yes No Unk Onset Date: ____/____/____ Lesion greater than or equal to 5 cm: Yes No Unk

- Late manifestations:** 2nd/3rd degree atrioventricular (AV) block Recurrent, brief attacks of joint swelling Bilateral facial palsy Lymphocytic meningitis Encephalitis/Encephalomyelitis Radiculoneuropathy Cranial neuritis

OTHER LAB FINDINGS

Higher antibody result in CSF than in serum: Yes No Unknown Leukopenia: Yes No Unknown
 Thrombocytopenia: Yes No Unknown Elevated hepatic transaminases: Yes No Unknown

TREATMENT

