

# Lyme Disease

COUNTY

## FOR STATE USE ONLY

#

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

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

- ☐ confirmed  
☐ presumptive  
☐ suspect

## 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

GENDER \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_  
m d y  
or, if unknown, AGE \_\_\_\_\_

RACE  
\_\_\_\_\_

Worksites/school/DCC \_\_\_\_\_

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

## BASIS OF DIAGNOSIS

### CLINICAL DATA

#### Dermatologic:

Erythema migrans (EM) (healthcare provider-diagnosed)  $\geq 5$  cm in diameter?

Multiple EM lesions? ☐ yes ☐ no ☐ unk

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

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

#### Musculoskeletal system:

Recurrent brief attacks (weeks or months) of objective joint swelling in one or more joints? ☐ yes ☐ no ☐ unk

#### Nervous system:

Any of the following signs that cannot be explained by any other etiology, alone or in combination: lymphocytic meningitis; cranial neuritis, particularly facial palsy (unilateral or bilateral); radiculoneuropathy; or, rarely, encephalomyelitis ☐ yes ☐ no ☐ unk

#### Cardiovascular System

Acute onset of 2nd-degree or 3rd-degree atrioventricular conduction defects that resolve in days to weeks. ☐ yes ☐ no ☐ unk

Fever ☐ 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*

Stage: ☐ larva ☐ nymph ☐ adult ☐ unk

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

Location within the County (Ex: north) \_\_\_\_\_

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"/>
NAAT	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Biopsy/autopsy tissues	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
<b>Serology</b>				
EIA	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
IFA	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
WB IgM	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
WB IgG	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Standard two-tier test (STTT)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Modified two-tier test (MTT)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

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 43-102/January 2025

Case report (43-36) sent to OHD on \_\_\_/\_\_\_/\_\_\_

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

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