

LYME DISEASE CASE REPORT FORM

The Infectious Disease Epidemiology Section has received a report that may indicate Lyme disease in the patient listed below. *If this patient does not have Lyme disease, please indicate that below and send the form back to us.* Please report the following information so that we may report accurately on the status of your patient.

PATIENT/PHYSICIAN INFORMATION

Patient's Name: _____	Provider Name: _____
Street Address: _____	Practice: _____
City, State, Zip: _____	City, State, Zip _____
Patient Phone: _____	Phone: _____ Fax: _____

DEMOGRAPHICS

Date of birth: ____/____/____	Hispanic Ethnicity: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unknown
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

LABORATORY FINDINGS

<u>EIA/IFA</u> (IgM and/or IgG) <input type="checkbox"/> positive <input type="checkbox"/> equivocal	<u>Western Blot (WB)</u> IgM: <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not done
Collect Date: ____/____/____ <input type="checkbox"/> negative <input type="checkbox"/> not done	Collect Date: ____/____/____ IgG: <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not done
Other Test _____	

EXPOSURE AND CLINICAL SIGNS AND SYMPTOMS

Date of symptom onset: ____/____/____
 If unknown, was it within 30 days before ____/____/____ (date of blood draw)? yes no unknown

Is this a new diagnosis of Lyme disease in this patient? yes no unknown
 Date of diagnosis: ____/____/____

Has this patient been diagnosed with Lyme disease in the past? yes no unknown
 If yes, month/year of diagnosis: ____/____

Exposure: Where was the patient most likely exposed? County _____ State _____

<u>Case definition signs and symptoms</u>	yes	no	unknown		
EM rash (> 5 cm in diameter, observed by healthcare provider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Other signs and symptoms</u> (check all that apply): <input type="checkbox"/> Arthralgias <input type="checkbox"/> Myocarditis <input type="checkbox"/> Bundle branch block <input type="checkbox"/> Neck pain <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Other rash <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Palpitations <input type="checkbox"/> Fatigue <input type="checkbox"/> Paresthesias <input type="checkbox"/> Fever/Sweats/Chills <input type="checkbox"/> Peripheral neuropathy <input type="checkbox"/> Headache <input type="checkbox"/> Visual/auditory impairment <input type="checkbox"/> Myalgias <input type="checkbox"/> Symptom(s) not listed	
Arthritis (objective episodes of joint swelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bells palsy or other cranial neuritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Radiculoneuropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lymphocytic meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Encephalomyelitis*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CSF tested for antibodies to B. burgdorferi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Antibody to B. burgdorferi higher in CSF than in serum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2 nd or 3 rd degree atrioventricular block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
*CSF titer must be higher than serum titer.					

Was the patient hospitalized for this illness? yes no unknown

Treatment: _____

Comments: _____

Thank you very much for your cooperation. Please fax this sheet to our confidential fax at (802) 951- 4061 or return it in the enclosed envelope to:

Vermont Department of Health
 108 Cherry St.
 P.O. Box 70, Drawer 41 – IDEP
 Burlington, VT 05402



LYME DISEASE SURVEILLANCE CASE DEFINITION (07-ID-11)

Clinical description: a systemic, tickborne disease with protean manifestations, including dermatologic, rheumatologic, neurologic, and cardiac abnormalities. The best clinical marker for the disease is the initial skin lesion (i.e., erythema migrans {EM}) that occurs in 60%-80% of patients.

Surveillance case definition: this surveillance case definition was developed for national reporting of Lyme disease; it is not intended to be used in clinical diagnosis.

Case classifications:

Confirmed case:

- EM with a known exposure (as defined below), *or*
- EM with laboratory evidence (as defined below) of infection and without a known exposure *or*
- At least one late manifestation that has laboratory evidence of infection

Probable:

- Physician-diagnosed Lyme disease that has laboratory evidence of infection with non-confirmatory* signs and symptoms

Suspect:

- Laboratory evidence of infection but no clinical information available (e.g. a laboratory report)

Definitions and Clarifications:

Erythema migrans (EM). For purposes of surveillance, EM is defined as a skin lesion that typically begins as a red macule or papule and expands over a period of days to weeks to form a large round lesion, often with partial central clearing. A single primary lesion must reach greater than or equal to 5 cm in size. Secondary lesions also may occur. Annular erythematous lesions occurring within several hours of a tick bite represent hypersensitivity reactions and do not qualify as EM. For most patients, the expanding EM lesion is accompanied by other acute symptoms, particularly fatigue, fever, headache, mildly stiff neck, arthralgia, or myalgia. These symptoms are typically intermittent. The diagnosis of EM must be made by a physician. Laboratory confirmation is recommended for persons with no known exposure.

Confirmatory late manifestations. Late manifestations include any of the following when an alternate explanation is not found:

1. Musculoskeletal system. Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints, sometimes followed by chronic arthritis in one or a few joints. Manifestations not considered as criteria for diagnosis include chronic progressive arthritis not preceded by brief attacks and chronic symmetrical polyarthrititis. Additionally, arthralgia, myalgia, or fibromyalgia syndromes alone are not criteria for musculoskeletal involvement.
2. Nervous system. Any of the following, alone or in combination: lymphocytic meningitis; cranial neuritis, particularly facial palsy (may be bilateral); radiculoneuropathy; or, rarely, encephalomyelitis. Encephalomyelitis must be confirmed by demonstration of antibody production against *B. burgdorferi* in the CSF, evidenced by a higher titer of antibody in CSF than in serum. Headache, fatigue, paresthesia, or mildly stiff neck alone are not criteria for neurologic involvement.
3. Cardiovascular system. Acute onset of high-grade (2nd-degree or 3rd-degree) atrioventricular conduction defects that resolve in days to weeks and are sometimes associated with myocarditis. Palpitations, bradycardia, bundle branch block, or myocarditis alone are not criteria for cardiovascular involvement.

***Non-confirmatory.** Non-confirmatory signs and symptoms include:

Fever, sweats, chills, fatigue, neck pain, arthralgias, myalgias, fibromyalgia syndromes, cognitive impairment, headache, paresthesias, visual/auditory impairment, peripheral neuropathy, encephalopathy, palpitations, bradycardia, bundle branch block, myocarditis, or other rash.

Exposure. Exposure is defined as having been (less than or equal to 30 days before onset of EM) in wooded, brushy, or grassy areas (i.e., potential tick habitats) in a county in which Lyme disease is endemic. A history of tick bite is not required.

Disease endemic to county. A county in which Lyme disease is endemic in which at least two confirmed cases have been acquired in the county or in which established populations of a known tick vector are infected with *B. burgdorferi*.

Laboratory evidence. For the purpose of surveillance, the definition of a qualified laboratory assay is (1) a positive culture for *B. burgdorferi*, (2) two-tier testing with IgM or IgG immunoblot seropositive interpreted using established criteria, or (3) single-tier IgG immunoblot seropositive interpreted using established criteria. Additional assays may be added based on periodic review of the scientific literature and strong evidence of comparable or better performance than qualifying assays.