

Lyme Disease

PATIENT DEMOGRAPHICS

*NAME (last, first): _____
 *ADDRESS (mailing): _____
 *ADDRESS (physical): _____
 *City/State/Zip: _____
 *Phone (home): _____ Phone (work/cell) : _____
 Alternate contact: Parent/Guardian Spouse Other
 Name: _____ Phone: _____

*Birth date: __/__/____ *Age: ____
 *Sex: Male Female Unk
 *Ethnicity: Not Hispanic or Latino
 Hispanic or Latino Unk
 *Race: White Black/Afr. Amer.
 (Mark all that apply) Asian Am. Ind/AK Native
 Native HI/Other PI Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: __/__/____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to State: __/__/____

Entered in WVEDSS? Yes No Unk
 Case Classification:
 Confirmed Probable Suspect
 Not a case Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Public Health Agency Other
 Reporter Name: _____ Reporter Phone: _____
 Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: __/__/____ Diagnosis date: __/__/____ Recovery date: __/__/____

*CLINICAL FINDINGS

- Y N U
 Diagnosed as Lyme disease by physician
 Physician-diagnosed erythema migrans (EM) measuring 5cm or greater in diameter
 Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints
 Cranial neuritis (e.g., Bell's palsy)
 Radiculoneuropathy
 Lymphocytic meningitis
 Encephalomyelitis
 Acute onset 2nd or 3rd degree atrioventricular conduction defects that resolve in days to weeks

Hospitalization

Y N U
 Patient hospitalized for this illness
 Hospital name: _____
 Admit date: __/__/____ Discharge date: __/__/____

Death

Y N U
 Patient died due to this illness If yes, date of death: __/__/____

VACCINATION HISTORY

Y N U
 Previously received Lyme disease vaccine
 If yes, date: __/__/____

TREATMENT

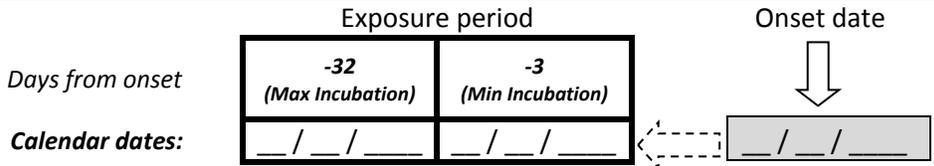
Y N U
 Patient received antibiotic therapy due to this infection
 If yes, specify:
 Type: _____ Duration: _____ days

LABORATORY (Please submit copies of all labs obtained on this case to DIDE)

- Y N U
 *Culture positive for *B. burgdorferi*
 *Serum antibody positive for *B. burgdorferi* by EIA or IFA
 *Western immunoblot positive for *B. burgdorferi*-specific IgM (onset ≤30 days)
 *Western immunoblot positive for *B. burgdorferi*-specific IgG
 *CSF tested for antibodies to *B. burgdorferi* by EIA or IFA
 *CSF antibody positive for *B. burgdorferi* by EIA or IFA
 *CSF antibody titer to *B. burgdorferi* greater than serum antibody titer to *B. burgdorferi*

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



EPIDEMIOLOGIC EXPOSURES (refer to above exposure period, do not complete this section if no EM is documented)

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

Exposure to wooded, brushy, or grassy areas (i.e. potential tick habitats)

If yes, where (County and State): _____

If yes, date: __/__/__

Tick found on body

If yes, where was patient when tick found (County and State): _____

If yes, date found: __/__/__

if yes, was tick attached?: Yes No Unknown

Potential occupational exposure (i.e., outdoor work in potential tick habitats)

If yes, list occupation: _____

Where did exposure most likely occur? County: _____ State: _____ Country: _____

PUBLIC HEALTH ISSUES

Y N U

Case knows someone who had shared exposure and is currently having similar symptoms

Epi link to another confirmed case of same condition

Case is part of an outbreak

Other:

PUBLIC HEALTH ACTIONS

Y N U

Disease education and prevention information provided to patient and/or family/guardian

Recommended environmental measures to patient/family to reduce risk around home

Education or outreach provided to employer

Facilitate laboratory testing of other symptomatic persons who have a shared exposure

Patient is lost to follow-up

Other:

WVEDSS

Y N U

Entered into WVEDSS (Entry date: __/__/__)

Case Status: Confirmed Probable Suspect Not a case Unknown

NOTES