Lyme Disease (LD) Case Report Form

Patient Information

Last Name: _____   First Name_____

Date of Birth: _____/_____/_____   Sex: □ Male □ Female □ Unknown

Street Address: _____   City, State, Zip: _____

Patient Phone: _____   County of Residence: _____

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

Ethnicity: □ Hispanic
□ Not Hispanic
□ Unknown

Physician/Provider Information

Physician:_____ Address_____

City, State, Zip:_____Phone:_____Fax:_____

Exposure and Clinical Signs and Symptoms

Did the healthcare provider diagnose the patient with LD?   □ Yes □ No □ Unknown

Date of LD Diagnosis: _____/_____/_____

Date of Symptom Onset: _____/_____/_____

In 30 days prior to symptom onset, was this patient in wooded, brushy or grassy areas?
Within Texas   □ Yes □ No □ Unknown   Texas **County** of exposure_____
Outside of Texas   □ Yes □ No □ Unknown   Outside **State/County** of exposure_____

Case definition clinical evidence				Other signs and symptoms (check all that apply)	
Erythema Migrans (EM) (≥5cm, observed by health care provider)	□ Yes	□ No	□ Unknown	□ Arthralgias	□ Palpitations
Arthritis	□ Yes	□ No	□ Unknown	□ Bundle Branch Block	□ Peripheral neuropathy
Bell's palsy	□ Yes	□ No	□ Unknown	□ Cognitive impairment	□ Myalgias
Radiculoneuropathy	□ Yes	□ No	□ Unknown	□ Encephalopathy	□ Fatigue
Lymphocytic Meningitis	□ Yes	□ No	□ Unknown	□ Fever/Sweats/Chills	□ Neck pain
Encephalomyelitis*	□ Yes	□ No	□ Unknown	□ Headache	□ Myocarditis
2nd or 3rd degree heart block	□ Yes	□ No	□ Unknown	□ Paresthesias	□ Other rash
				□ Visual/auditory impairment	□ Other:_____

CSF titer must be higher than serum titer

Was patient hospitalized for this illness?   □ Yes □ No □ Unknown
        If yes, provide name of hospital:_____

Was patient pregnant during illness?   □ Yes □ No □ Unknown

Was patient treated for this illness?   □ Yes □ No □ Unknown

Antibiotics used for this illness (check all that apply): □ doxycycline □ ceftriaxone □ penicillin □ amoxicillin
□ azithromycin □ cefuroxime axetil □ unknown □ other:_____

Combined duration of antibiotics for this illness: □ <1 month □ 1-3 months □ >3 months □ unknown

Patient Name: _____

Laboratory Findings

Initial Lyme disease antibody screening test (Tier 1):
EIA/IFA (IgM and/or IgG): □ Positive □ Negative □ Equivocal □ Not Done   Collect Date: _____/_____/_____

Immunoblot confirmatory test (Tier 2):

IgM: □ Positive □ Negative □ Not Done   Collect Date: _____/_____/_____

IgG: □ Positive □ Negative □ Not Done   Collect Date: _____/_____/_____

Culture/Other Test:_____

Comments or Other Pertinent Epidemiological Data:

Investigation Start Date:_____ Date First Reported:_____
Reporting Facility:_____
Investigated by:_____
Phone:_____ E-Mail:_____
Date Completed:_____

Case Definition (DSHS Central Office Use Only)

□ **Confirmed**	□ **Probable**	□ **Suspect**
□ Physician diagnosed EM ≥ 5 cm with exposure in a high-incidence Lyme state; **OR**	□ Any other case of physician diagnosed Lyme disease with non-confirmatory symptoms with the following laboratory evidence of infection: □ two-tier IgM Immunoblot*, or □ two-tier IgG Immunoblot**, or □ culture	□ EM with no known exposure and no laboratory evidence of infection, **OR** □ Laboratory evidence of infection, but no clinical information available
□ Physician diagnosed EM of any size **with** potential exposure in Texas following laboratory evidence of infection: □ two-tier IgM Immunoblot*, or □ two-tier IgG Immunoblot**, or □ culture; **OR**	□ **Not A Case** □ Physician diagnosed EM lesion ≥5 cm exposed in Texas without supporting lab results, **OR**	
□ At least one physician-diagnosed late manifestation with the following laboratory evidence of infection: □ two-tier IgM Immunoblot*, or □ two-tier IgG Immunoblot**, or □ culture	□ Physician diagnosed EM of any size without supporting lab results, **OR** □ A positive or equivocal ELISA/EIA/IFA result only, **OR** □ A positive IgM WB only **OR** □ A positive IgG WB only **OR** □ Physician does not believe this to be a case of Lyme disease	

*Positive IgM Immunoblot is sufficient only used in conjunction with IFA/EIA (tier 1) test and when ≤30 days prior to symptom onset
**In low incidence areas, it is recommended to run an IFA/EIA (tier 1) test prior to an IgG Immunoblot.