

LYME DISEASE CASE REPORT

Patient name—last		first	middle initial	Date of birth	Age	Sex
Address—number, street		City	State	County	ZIP code	
Telephone number						
Home ()		Work ()				
RACE (check one)				ETHNICITY (check one)		
<input type="checkbox"/> African-American/Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____				<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		
If Asian/Pacific Islander, please check one:						
<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Japanese		<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other _____

HISTORY

- History of tick bite within 3 months of onset of current symptoms? Yes No Unknown If yes, date (mm/yy): ____/____/____
 County/state where bite occurred _____ Location of bite on body: _____
- History of travel outside county of residence within 3 months of onset of current symptoms? Yes No Unknown
 If yes, county/state of travel: 1. _____ 2. _____ 3. _____
- History of receiving Lyme disease vaccine? Yes No Unknown
 If yes, how many doses? _____ Date of most recent dose (mm/yy): ____/____/____

CLINICAL INFORMATION

Dermatologic

Erythema migrans (EM)? Yes No Unknown If yes, onset (mm/yy) ____/____/____
 Location of EM on body: _____ EM size at diagnosis, diameter (cm): _____

Rheumatologic

Arthritis characterized by swelling in one or a few joints? Yes No Unknown If yes, onset (mm/yy) ____/____/____

Neurologic

Facial (VII) palsy or other cranial neuropathy? Yes No Unknown If yes, onset (mm/yy) ____/____/____
 Radiculoneuropathy? Yes No Unknown If yes, onset (mm/yy) ____/____/____
 Lymphocytic meningitis? Yes No Unknown If yes, onset (mm/yy) ____/____/____
 Encephalitis/encephalomyelitis? Yes No Unknown If yes, onset (mm/yy) ____/____/____

Cardiologic

Second or third degree atrioventricular block? Yes No Unknown If yes, onset (mm/yy) ____/____/____

Other, please describe

 Onset (mm/yy) ____/____/____

 Onset (mm/yy) ____/____/____

DIAGNOSTICS

Serology (Please attach copies of the laboratory report(s).)

	Date Collected (mm/dd/yy)	Result	Laboratory
EIA or IFA	____/____/____	_____	_____
Western immunoblot, IgM	____/____/____	_____	_____
Western immunoblot, IgG	____/____/____	_____	_____
Intrathecal antibody assay	____/____/____	_____	_____
Other, specify: _____	____/____/____	_____	_____

TREATMENT

Antibiotics prescribed for current illness:	Name of Antibiotic	Route of Antibiotic	Date of First Dose (mm/dd/yy)	Number of Days Prescribed
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

PHYSICIAN/INVESTIGATOR INFORMATION

Physician's name (please print)		Person completing form (if different)	
Address (street, city)		Address (street, city)	
Telephone ()	Date	Telephone ()	Date

NOTE: Please refer to the reverse side for case definition.

Lyme Disease (*Borrelia burgdorferi*)

1996 Case Definition

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.

Laboratory Criteria for Diagnosis

- Isolation of *Borrelia burgdorferi* from a clinical specimen, or
- Demonstration of diagnostic immunoglobulin M or immunoglobulin G antibodies to *B. burgdorferi* in serum or cerebrospinal fluid (CSF). A two-test approach using a sensitive enzyme immunoassay or immunofluorescence antibody followed by Western blot is recommended*.

Case Classification

Confirmed: (a) a case with EM or (b) a case with at least one late manifestation (as defined below) that is laboratory confirmed.

Comment

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

Definition of terms used in the clinical description and case definition:

- *Erythema migrans.* 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 may also 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.
- *Late Manifestations.* Late manifestations include any of the following when an alternate explanation is not found:
 - *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 polyarthritis. Additionally, arthralgia, myalgia, or fibromyalgia syndromes alone are not accepted as criteria for musculoskeletal involvement.
 - *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 mild stiff neck alone are not criteria for neurologic involvement.
 - *Cardiovascular system.* Acute onset, high-grade (second or third 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.
- *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 is one in which at least two confirmed cases have been previously acquired or in which established populations of a known tick vector are infected with *B. burgdorferi*.

* CDC. Recommendations for test performance and interpretation from the Second National Conference on Serologic Diagnosis of Lyme Disease. MMWR 1995; 44:590-1.