STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

LYME/LYME-LIKE DISEASE CASE REPORT

CASE ID NUMBER

PATIENT/PHYSICIAN INFORMATION

PATIENT'S NAME			PHYSICIAN NAME		
PATIENT TELEPHONE NUMBER			PHYSICIAN TELEPHONE NUMBER		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

DEMOGRAPHICS

STATE OF RESIDENCE	COUNTY OF RESIDENCE	ZIP CODE	SEX	DATE OF BIRTH
			☐ Male ☐ Female ☐ Unknown	_____ / _____ / _____

RACE
☐ White ☐ Black or African American ☐ American Indian or Alaskan Native
☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Unknown

HISPANIC ETHNICITY
☐ Yes ☐ No
☐ Unknown

LABORATORY EVIDENCE

EIA/IFA (IgM, IgG, or total antibody)

IF NOT SERUM, SPECIFY SPECIMEN TYPE	SPECIMEN COLLECTION DATE	
	_____ / _____ / _____	☐ Positive ☐ Negative ☐ Equivocal ☐ Not Done

WESTERN BLOT/IMMUNOBLOT (WB)

IF NOT SERUM, SPECIFY SPECIMEN TYPE

Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. For IgG, 5 of 10 bands must be positive.

IgM DATE		IgG DATE	
____ / ____ / ____	☐ Positive ☐ Negative ☐ Not Done	____ / ____ / ____	☐ Positive ☐ Negative ☐ Not Done
☐ 41 kDa (FlaB) ☐ 39 kDa (BmpA) ☐ 21-25 kDa (OspC)		☐ 93 kDa ☐ 66 kDa ☐ 58 kDa ☐ 45 kDa ☐ 41 kDa ☐ 39 kDa ☐ 30 kDa ☐ 28 kDa ☐ 21 kDa ☐ 18 kDa	

OTHER TESTS (CHECK ANY THAT APPLY)

BORRELIA BURGDORFERI CULTURED	CSF TITER HIGHER THAN SERUM TITER*	OTHER TEST AND RESULT (SPECIFY)	SPECIMEN COLLECTION DATE
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown		_____ / _____ / _____

DATE OF SYMPTOM(S) ONSET	DID A PHYSICIAN DIAGNOSE LYME DISEASE IN THIS PATIENT?	DATE OF LYME DISEASE DIAGNOSIS
_____ / _____ / _____	☐ Yes ☐ No ☐ Unknown	_____ / _____ / _____

DIAGNOSIS COMMENTS

PUBLIC HEALTH CASE DEFINITION SIGNS AND SYMPTOMS

Initial infection:
- Erythema migrans (EM) present ☐ Yes ☐ No ☐ Unknown
- Was it greater than or equal to 5 cm in diameter ☐ Yes ☐ No ☐ Unknown

Rheumatologic:
- Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints ☐ Yes ☐ No ☐ Unknown
- Attacks of objective joint swelling followed by chronic arthritis in one or a few joints ☐ Yes ☐ No ☐ Unknown

Neurologic:
- Bell's palsy or cranial neuritis ☐ Yes ☐ No ☐ Unknown
- Lymphocytic meningitis ☐ Yes ☐ No ☐ Unknown
- Encephalitis/encephalomyelitis (*CSF titer must be higher than serum titer) ☐ Yes ☐ No ☐ Unknown
- Radiculoneuropathy ☐ Yes ☐ No ☐ Unknown

Cardiologic:
- 2nd or 3rd degree atrioventricular block ☐ Yes ☐ No ☐ Unknown

OTHER SIGNS AND SYMPTOMS (CHECK ALL THAT APPLY)

☐ Arthralgias	☐ Fatigue	☐ Myocarditis	☐ Paresthesias
☐ Bundle branch block	☐ Fever	☐ Neck pain	☐ Peripheral neuropathy
☐ Cognitive impairment	☐ Headache	☐ Other rash	☐ Visual/auditory impairment
☐ Encephalopathy	☐ Mylagias	☐ Palpitations	☐ Other symptom(s): ________
☐ Mildly stiff neck	☐ Sweats	☐ Chills	________________________

EXPOSURE

EXPOSURE: IF EM IS DIAGNOSED, WAS THE PATIENT IN POTENTIAL TICK HABITATS IN A LYME DISEASE ENDEMIC COUNTY ≤ 30 DAYS BEFORE ONSET?

☐ Yes ☐ No ☐ Unknown

IF YES, WHERE: COUNTY	STATE

Information on the status of Lyme disease in Missouri: http://www.dhss.mo.gov/CDManual/Lyme.pdf

SUPPLEMENTAL INFORMATION

WAS THE PATIENT PREGNANT AT THE TIME OF ILLNESS?	WAS THE PATIENT HOSPITALIZED FOR THIS ILLNESS?
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
DID THE PATIENT RECALL A TICK ATTACHMENT ≤ 30 DAYS BEFORE ILLNESS ONSET?	IF THE PATIENT HAD EM, WAS THERE (CHECK ONE)
☐ Yes ☐ No ☐ Unknown	☐ a single EM ☐ multiple EM rashes

DID THE RASH OCCUR AT A TICK ATTACHMENT SITE?

☐ Yes ☐ No ☐ Unknown

IF YES, HOW MANY DAYS FOLLOWING THE REMOVAL OF THE TICK WAS RASH FIRST OBSERVED? (CHECK ONE)

☐ rash observed while tick still attached ☐ 2 to 6 days ☐ 14 to 29 days
☐ < 2 days ☐ 7 to 13 days ☐ ≥ 30 days

ANTIBIOTICS USED FOR THIS ILLNESS (CHECK ALL THAT APPLY)

☐ doxycycline ☐ ceftriaxone ☐ penicillin ☐ amoxicillin
☐ azithromycin ☐ cefuroxime ☐ axetil ☐ other: _________________

COMBINED DURATION OF ANTIBIOTICS FOR THIS ILLNESS:

☐ < 1 month ☐ 1-3 months ☐ > 3 months

WHAT WAS THE DURATION OF THE CURRENT ILLNESS?

☐ < 1 month ☐ 1-3 months ☐ > 3 months

COMMENTS OR OTHER PERTINENT EPIDEMIOLOGICAL DATA

PERSON COMPLETING FORM	ORGANIZATION	
ADDRESS		TELEPHONE NUMBER
STATE HEALTH DEPARTMENT REVIEWER	TITLE	DATE ______ / ______ / ______

☐ **Confirmed**

- ☐ EM with potential exposure in a Lyme disease endemic county ≤ 30 days before illness, or
- ☐ EM **without** potential exposure in a Lyme disease endemic county ≤ 30 days before illness with the following laboratory evidence of infection:
  - ☐ two-tier with IgM WB, or
  - ☐ two-tier with IgG WB, or
  - ☐ single-tier IgG WB, or
  - ☐ culture, or
- ☐ At least one physician-diagnosed late manifestation with the following laboratory evidence of infection:
  - ☐ two-tier with IgM WB, or
  - ☐ two-tier with IgG WB, or
  - ☐ single-tier IgG WB, or
  - ☐ culture

☐ **Probable**

- ☐ Any other case of physician-diagnosed Lyme disease with non-confirmatory symptoms with the following laboratory evidence of infection:
  - ☐ two-tier with IgM WB, or
  - ☐ two-tier with IgG WB, or
  - ☐ single-tier IgG WB, or
  - ☐ culture

☐ **No Case**

- ☐ A report of an EM lesion less than 5 centimeters, or
- ☐ A positive or equivocal ELISA/EIA/IFA result only, or
- ☐ A positive IgM WB only.

☐ **Suspect**

- ☐ EM **without** a known potential tick exposure in Lyme disease-endemic county and lacking laboratory evidence of infection:
  without
  - ☐ two-tier with IgM WB, or
  - ☐ two-tier with IgG WB, or
  - ☐ single-tier IgG WB, or
  - ☐ culture, or
- ☐ **No** clinical information
  And:
  - ☐ two-tier with IgM WB, or
  - ☐ two-tier with IgG WB, or
  - ☐ single-tier IgG WB, or
  - ☐ culture