

STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES LYME/LYME-LIKE DISEASE CASE REPORT

CASE ID NUMBER

Internet Statute Previous Number Internet TLESHONE NUMBER Previous TLESHONE NUMBER Street ALCREAS State OTY State DEMOGRAPHICS State Street ALCREAS State DEMOGRAPHICS COUNTY OF NESCONCE Zer CODE OTY State State DEMOGRAPHICS COUNTY OF NESCONCE Zer CODE OTY State State Asian Country OF NESCONCE Zer CODE OTY State Faxoline Country OF NESCONCE Zer CODE ENVERTION Data of Advance of Advan	PATIENT/PHYSICIAN INFORMATION									
	PATIENT'S NAME			PHYSICIAN NAME						
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DEMOGRAPHICS COUNTY OF RESIDENCE ZPP CODE SEX Demographics Date of Plant PROC Male Female Unknown ZPP CODE Hestawick ZPP CODE ZPP CODE <td colspan="3">STREET ADDRESS</td> <td colspan="5">STREET ADDRESS</td>	STREET ADDRESS			STREET ADDRESS						
STATE OF RESIDENCE ZP CODE EX DATE OF BITH INCE Image: Construction of the second of th	СІТҮ	STATE	ZIP CODE	СІТҮ	STATE	ZIP CODE				
Image:	DEMOGRAPHICS			•		1				
□ Mile □ Black or African American □ American Indian or Alaskan Native □ Yes No □ Abinan □ Native Hawaiian or Pacific Islander □ Unknown □ Unknown □ ABORATORY EVDENCE ■ ■ □ Unknown □ Unknown □ ABORATORY EVDENCE ■ ■ □ Unknown ■ □ Unknown ■ Mort Stelluk, Seccer Stecomen Type ■ □ □ □ ■	STATE OF RESIDENCE COUNTY	OF RESIDENCE	ZIP CODE			/				
□ Asian □ Native Hawaiian or Pacific Islander □ Unknown □ LABOATORY EVENCE ■ ELAIFA (IgM, IgG, or total antibody) IF NOT SERUMA. SPECIFY SPECIMEN TYPE ■ / _ / Positive □ Requive □ Equivocal □ Not Done WESTERN BLOT/IMMUNOBLOT (WB) _ / Positive □ Positive □ Requive □ Not Done # MOTE _ / Positive □ Positive □ Negative □ Not Done # MATE _ / Positive □ Positive □ Negative □ Not Done _ / Positive □ Negative □ Not Done □ 41 kDa (FlaB) 39 kDa □ 66 kDa □ 58 kDa □ 21 kDa □ 18 kDa 38 kDa □ 30 kDa □ 28 kDa □ 21 kDa □ 18 kDa 18 kDa □ 18 kDa OTHER TESTS (CHECK ANY THAT APPLY) □ OP APHYSICAN DIACNOSE UNKNOWN □ OP APHYSICAN DIACNOSE UNKNOWN _ /				HIS						
EIA/FA (igN, igG, or total antibody) F Not SERUM, SPECIFY SPECIMEN TYPE 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. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. For IgG, 5 of 10 bands must be positive. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Indicate positive WB bands. Indit infecitent: Eryth										
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	EIA/IFA (IgM, IgG, or total antibod	y)								
IP NOT SERUM, SPECIFY SPECIMEN TYPE Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. Ig# DATE I	IF NOT SERUM, SPECIFY SPECIMEN TYPE			Positive Negative	Equivocal 🗌 No	ot Done				
Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. For IgG, 5 of 10 bands must be positive. IgM DATE Igo DATE / _ / Positive Negative Not Done / _ / Positive Not Done / _ / Positive Not Done / _ / Positive Not Done / _ / Positive Not Done / _ / / _ / Positive No 21-25 kDa (OspC) 93 kDa 66 kDa 28 kDa 21 kDa 18 kDa OTHER TESTS (CHECK ANY THAT APPLY) Positive No Unknown / _ / / _ / / Date or symmon(s) ONSET DD a Physician blackost track blackase in THIS PATIENT? Date or trace blacknosts / _ / / / /	WESTERN BLOT/IMMUNOBLOT	(WB)								
igM DATE <pre></pre>										
	Indicate positive WB bands. For IgM, 2 of 3 bands must be positive. For IgG, 5 of 10 bands must be positive.									
Image: Status and Status		ositive 🗌 Negative	sitive 🗌 Negative 🗌 Not Done							
BORNELLA BURGORRERI CULTURED CSF TITER HIGHER THAN SERUM TITER' OTHER TEST AND RESULT (SPECIFY) SPECIMEN COLLECTION DATE DATE OF SYMPTOM(S) ONSET DID A PHYSICIAN DIAGNOSE LYME DISEASE IN THIS PATIENT? DATE OF LYME DISEASE DIAGNOSIS / _ / _ /	/1 /1 /1 /1 /1 /1 /1									
Yes No Unknown Yes No Unknown / _ /	OTHER TESTS (CHECK ANY THAT APPLY)									
				, ,	SPECIMEN COLLER	CTION DATE _ /				
PUBLIC HEALTH CASE DEFINITION SIGNS AND SYMPTOMS Initial infection: Erythema migrans (EM) present Yes Was it greater than or equal to 5 cm in diameter Rheumatologic: Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints Attacks of objective joint swelling followed by chronic arthritis in one or a few joints Neurologic: Bell's palsy or cranial neuritis Lymphocytic meningitis Encephalitis/encephalomyelitis (*CSF titer must be higher than serum titer) Radiculoneuropathy Cardiologic: 2nd or 3rd degree atrioventricular block OTHER SIGNS AND SYMPTOMS (CHECK ALL THAT APPLY) Arthralgias Bundle branch block Fever Anthralgias Bundle branch block Fever Mycoarditis Paresthesias Bundle branch block Fever Mylagias Palpitations Other rash Other symptom(s):										
Initial infection: Yes No Unknown Erythema migrans (EM) present Yes No Unknown Was it greater than or equal to 5 cm in diameter Yes No Unknown Rheumatologic: 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 Radiculoneuropathy Yes No Unknown Cardiologic: 2nd or 3rd degree atrioventricular block Yes No Unknown OTHER SIGNS AND SYMPTOMS (CHECK ALL THAT APPLY) Mycarditis Paresthesias Peripheral neuropathy Arthralgias Fatigue Mycarditis Peripheral neuropathy Visual/auditory impairment Bundle branch block Fever Neck pain Peripheral neuropathy Visual/auditory impairment Encephalopathy Mylagias Palpitations Other rash Other symptom(s):	DIAGNOSIS COMMENTS									
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Cognitive impairment Headache Other rash Visual/auditory impairment Encephalopathy Mylagias Palpitations Other symptom(s):						ranathy				
Encephalopathy Mylagias Palpitations Other symptom(s):										
	Mildly stiff neck	\square Sweats								

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								
DID THE PATIENT RECALL A TICK ATTACHMENT S0 DAYS BEFOR Yes No Unknown	RE ILLNESS ONSET?	IF THE PATIENT HAD EM, WAS THERE (CHECK ONE)						
IF YES, HOW MANY DAYS FOLLOWING THE REMOVAL OF THE TIC	CK WAS RASH FIRST OBSERVE	D? (CHECK ONE)						
□ rash observed while tick still attached □ 2 to 6 days □ 14 to 29 days								
ANTIBIOTICS USED FOR THIS ILLNESS (CHECK ALL THAT APPLY)	☐ 7 to 13 days	≥ 30 day	ys					
doxycycline Ceftriaxo	one 🗌 p	penicillin 🗌 amoxicillin						
azithromycin cefuroxi	ime 🗌 a	axetil	☐ other: _					
\square < 1 month \square 1-3 morth	nths 🗌 :	> 3 months						
WHAT WAS THE DURATION OF THE CURRENT ILLNESS?								
COMMENTS OR OTHER PERTINENT EPIDEMIOLOGICAL DATA		• • • • • • • • • • • • • • • • • • • •						
PERSON COMPLETING FORM	ORGANIZATION							
ADDRESS		TELEPHONE NUMBER						
STATE HEALTH DEPARTMENT REVIEWER		TITLE DATE		DATE				
				//				
Confirmed	Probable			•				
		<i>.</i>						
☐ EM with potential exposure in a Lyme disease endemic county ≤ 30 days		ase of physician- e disease with non-		without a known potential tick osure in Lyme disease-endemic				
before illness, or	• •	symptoms with the	cou	-				
EM without potential exposure in a	-	ratory evidence of		lence of infection:				
Lyme disease endemic county \leq 30	infection:	n IgM WB, or	with	rout two-tier with IgM WB, or				
days before illness with the following		n IgG WB, or		two-tier with IgG WB, or				
laboratory evidence of infection:	single-tier l	gG WB, or		single-tier IgG WB, or				
two-tier with IgG WB, or				culture, or				
single-tier IgG WB, or				clinical information				
culture, or	No Case		And 🗌	: two-tier with IgM WB, or				
At least one physician-diagnosed late manifestation with the following		EM lesion less than 5		two-tier with IgG WB, or				
laboratory evidence of infection:	centimeters, or			single-tier IgG WB, or				
two-tier with IgM WB, or		uivocal ELISA/EIA/IFA		culture				
two-tier with IgG WB, or single-tier IgG WB, or	result only, or							
	A positive IgM V	VB only.						