MARYLAND Department of Health

MARYLAND LYME DISEASE (LD) CASE REPORT FORM

NEDSS ID:

PATIENT INFORMATION

Patient Name: Last	First	M Initial	Phone: Home	Work	Date Reported to HD

Street Address	Zip Code	County of Residence

Sex		Date of Birth	Ethnicity - Hispanic		Race			
☐	Male	(mm/dd/yyyy)	☐	Yes	☐	American Indian or Alaskan Native	☐	Asian
☐	Female		☐	No	☐	Black or African American	☐	White
☐	Other		☐	Unknown	☐	Native Hawaiian or Pacific Islander	☐	Unknown

PHYSICIAN / PROVIDER INFORMATION

Physician Name	Practice/Hospital	Phone	Fax

LABORATORY FINDINGS

EIA/IFA (IgM and/or IgG	☐	Positive	☐	Equivocal	☐	Negative	☐	Not Done	☐	Check if assay uses C6 Peptide

Specimen collection date:		(if not serum, specify):	

Western Blot								
Specimen collection date:	**IgM**	☐	Positive	☐	Negative	☐	Not Done	
		☐	24kDa (OspC)	☐	39 kDa (BmpA)	☐	41 kDa (Fla)	
	IgG	☐	Positive	☐	Negative	☐	Not Done	

Please indicate positive WB bands, if known.

For **IgM**, **2 of 3 bands** *must be positive*	☐	18 kDa	☐	24 kDa	☐	28 kDa	☐	30 kDa	☐	39 kDa
For **IgG**, **5 of 10 bands** *must be positive*	☐	41 kDa	☐	45 kDa	☐	58 kDa	☐	66 kDa	☐	93 kDa

Other Tests *Check all that apply*		*B. burgdorferi* cultured		Other (please specify).	

Specimen collection date:	

EXPOSURE AND CLINICAL SIGNS AND SYMPTOMS ***Please be sure to enter the following information***

Exposure: Maryland is considered a high incidence state. Exposure is defined as living in the state of Maryland.

Did the health care provider diagnose the patient with LD?	Date of LD **diagnosis:**	Date of symptom **onset:**
☐ Yes ☐ No ☐ Unknown		

Physician diagnosed EM rash *(> 5 cm in diameter)* ? ☐ Yes ☐ No ☐ Unknown

Late Clinical Manifestations	**Yes**	**No**	**Unk**
Arthritis *(objective episodes of joint swelling)*	☐	☐	☐
Bells palsy or other cranial neuritis	☐	☐	☐
Radiculoneuropathy	☐	☐	☐
Lymphocytic meningitis	☐	☐	☐
Encephalomyelitis	☐	☐	☐
2nd or 3rd degree atrioventricular block	☐	☐	☐

Non-confirmatory signs and symptoms (check all that apply):			
☐	Arthralgia	☐	Myocarditis
☐	Bundle branch block	☐	Neck pain
☐	Cognitive impairment	☐	Other rash
☐	Encephalopathy	☐	Palpitations
☐	Fatigue	☐	Paresthesia
☐	Fever/Sweats/Chills	☐	Headache
☐	Peripheral neuropathy	☐	Myalgia
☐	Visual/auditory impairment	☐	Symptom(s) not listed

SUPPLEMENTAL INFORMATION

Was the patient pregnant at the time of illness?	☐	Yes	☐	No	☐	Unknown
If the patient had EM, was there:	☐	A single EM	☐	Multiple EM Rashes		
Was the patient hospitalized for this illness?	☐	Yes	☐	No	☐	Unknown
Antibiotics used for this illness (check all that apply):	☐	Doxycycline	☐	Ceftriaxone	☐	Penicillin
	☐	Amoxicillin	☐	Azithromycin	☐	Cefuroxime axetil
	☐	Other (list):				
Combined duration of antibiotics for this illness:	☐	<1 month	☐	1 – 3 months	☐	>3 months

---FOR HEALTH DEPARTMENT SURVEILLANCE USE ONLY---

CONFIRMED CASE		**PROBABLE CASE**		**SUSPECT CASE**	
☐	EM rash diagnosed by a physician **OR**	☐	Physician diagnosed Lyme Disease **AND** confirmatory laboratory evidence of infection	☐	Confirmatory laboratory evidence is present without accompanying clinical information (i.e. the lab report alone)
☐	At least one late confirmatory clinical signs and symptoms with confirmatory laboratory evidence of infection				

Center for Zoonotic and Vector-borne Diseases
201 West Preston Street, 3rd Floor
Baltimore, MD 21201

Phone: 410-767-5649
Fax: 410-383-2420

MARYLAND Department of Health

LYME DISEASE (LD) SURVEILLANCE CASE DEFINITION

CLINICAL DESCRIPTION:

A systemic, tick-borne 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.

SURVEILLANCE CASE DEFINITION:

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

CASE CLASSIFICATIONS:

Confirmed	• EM rash diagnosed by a physician **OR** • At least one late clinical manifestation that has laboratory evidence of infection
Probable	• Physician-diagnosed Lyme Disease **AND** confirmatory laboratory evidence of infection
Suspect	• A case with laboratory evidence of infection but no clinical information available (e.g. a laboratory report only)

DEFINITIONS AND CLARIFICATIONS:

Erythema Migrans (EM). 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 also may 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.

Confirmatory late manifestations include any of the following when an alternate explanation is not found:

1. **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 criteria for musculoskeletal involvement.
2. **Nervous system.** Any of the following signs that cannot be explained by any other etiology, alone or in combination: lymphocytic meningitis; cranial neuritis, particularly facial palsy (may be bilateral), radiculoneuropathy, or rarely, encephalomyelitis. Headache, fatigue, paresthesia, or mildly stiff neck alone, are not criteria for neurologic involvement.
3. **Cardiovascular system.** Acute onset of high-grade (2nd-degree or 3rd-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.

Non-confirmatory. Non-confirmatory signs and symptoms include:
Fever, sweats, chills, fatigue, neck pain, arthralgia, myalgia, fibromyalgia syndromes, cognitive impairment, headache, paresthesia, visual/auditory impairment, peripheral neuropathy, encephalopathy, palpitations, bradycardia, bundle branch block, myocarditis, or other rash.

Exposure. Maryland is considered a high incidence Lyme disease state. Exposure is defined as living in the state of Maryland.

Laboratory evidence. For the purpose of surveillance, the definition of confirmatory laboratory evidence is

1. A positive culture for *B. burgdorferi*,
2. A positive two-tier test. (This is defined as a positive or equivocal enzyme immunoassay (EIA) or immunofluorescent assay (IFA) followed by a positive Immunoglobulin M[1] (IgM) or Immunoglobulin G [2] (IgG) western immunoblot (WB) for Lyme disease,
3. A positive single-tier IgG[2] WB test for Lyme disease.

CRITERIA TO DISTINGUISH A NEW CASE FROM AN EXISTING CASE:

A new Lyme disease case is classified as one not previously reported to public health authorities within the last 24 months. Any additional clinical or laboratory information received within 24 months of a reported case should be associated with the existing case.

CASE CLASSIFICATION COMMENTS:

Lyme disease reports will not be considered cases if the medical provider specifically states this is not a case of Lyme disease, or the only symptom listed is "tick bite" or "insect bite." Additionally, synovial fluid is not currently a validated specimen source for Lyme disease surveillance purposes and therefore should not be considered as laboratory evidence of infection.

Center for Zoonotic and Vector-borne Diseases
201 West Preston Street, 3rd Floor
Baltimore, MD 21201

Phone: 410-767-5649
Fax: 410-383-2420