

MARYLAND LYME DISEASE (LD) CASE REPORT FORM



NESS ID:

Please return to your local health department

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					
<input type="checkbox"/> Male			<input type="checkbox"/> Yes			<input type="checkbox"/> American Indian or Alaskan Native			<input type="checkbox"/> Asian		
<input type="checkbox"/> Female			<input type="checkbox"/> No			<input type="checkbox"/> Black or African American				<input type="checkbox"/> White	
<input type="checkbox"/> Other			<input type="checkbox"/> Unknown		<input type="checkbox"/> Native Hawaiian or Pacific Islander				<input type="checkbox"/> Unknown		
PHYSICIAN / PROVIDER INFORMATION											
Name			Practice/Hospital				Phone		Fax		
LABORATORY FINDINGS											
EIA/IFA (IgM and/or IgG)		<input type="checkbox"/> Positive	<input type="checkbox"/> Equivocal	<input type="checkbox"/> Negative	<input type="checkbox"/> Not Done	<input type="checkbox"/> Check if assay uses C6 Peptide					
Specimen collection date:			(if not serum, specify):								
<b>Western Blot</b>			<b>IgM</b>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not Done					
Specimen collection date:			<b>IgG</b>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not Done					
<b>Please indicate positive WB bands, if known.</b>											
For IgM, 2 of 3 bands must be positive			<input type="checkbox"/> 24 kDa	<input type="checkbox"/> 39 kDa		<input type="checkbox"/> 41 kDa					
For IgG, 5 of 10 bands must be positive			<input type="checkbox"/> 18 kDa	<input type="checkbox"/> 24 kDa	<input type="checkbox"/> 28 kDa	<input type="checkbox"/> 30 kDa	<input type="checkbox"/> 39 kDa				
			<input type="checkbox"/> 41 kDa	<input type="checkbox"/> 45 kDa	<input type="checkbox"/> 58 kDa	<input type="checkbox"/> 66 kDa	<input type="checkbox"/> 93 kDa				
<b>Other Tests</b>		Check all that apply		<input type="checkbox"/> <i>B. burgdorferi</i> cultured		<input type="checkbox"/> Other (please specify):					
Specimen collection date:											
EXPOSURE AND CLINICAL SIGNS AND SYMPTOMS ***Please be sure to enter the following information***											
<b>Exposure:</b> Maryland is considered a high incidence state. Exposure is defined as living in the state of Maryland.											
Did the healthcare provider diagnose the patient with LD?					Date of LD diagnosis:			Date of symptom onset:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
Provider diagnosed EM rash (> 5 cm in diameter)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
<b>Late Clinical Manifestations</b>			<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>Non-confirmatory signs and symptoms (check all that apply):</b>					
Arthritis ( <i>objective episodes of joint swelling</i> )			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Arthralgia	<input type="checkbox"/> Myocarditis				
Bells palsy or other cranial neuritis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bundle branch block	<input type="checkbox"/> Neck pain				
Radiculoneuropathy			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cognitive impairment	<input type="checkbox"/> Other rash				
Lymphocytic meningitis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Encephalopathy	<input type="checkbox"/> Palpitations				
Encephalomyelitis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Paresthesia				
2 <sup>nd</sup> or 3 <sup>rd</sup> degree atrioventricular block			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fever/Sweats/Chills	<input type="checkbox"/> Headache				
						<input type="checkbox"/> Peripheral neuropathy	<input type="checkbox"/> Myalgia				
						<input type="checkbox"/> Visual/auditory impairment	<input type="checkbox"/> Symptom(s) not listed				
SUPPLEMENTAL INFORMATION											
Was the patient pregnant at the time of illness?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown				
Has the patient had a previous tick exposure?			<input type="checkbox"/> Yes, Date of exposure?			<input type="checkbox"/> No		<input type="checkbox"/> Unknown			
If the patient had EM, was there:			<input type="checkbox"/> A single EM		<input type="checkbox"/> Multiple EM Rashes						
Was the patient hospitalized for this illness?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown				
Antibiotics used for this illness (check all that apply):			<input type="checkbox"/> Doxycycline		<input type="checkbox"/> Ceftriaxone		<input type="checkbox"/> Penicillin				
			<input type="checkbox"/> Amoxicillin		<input type="checkbox"/> Azithromycin		<input type="checkbox"/> Cefuroxime axetil				
			<input type="checkbox"/> Other (list):								
Combined duration of antibiotics for this illness:			<input type="checkbox"/> <1 month		<input type="checkbox"/> 1 – 3 months		<input type="checkbox"/> >3 months				
---FOR HEALTH DEPARTMENT SURVEILLANCE USE ONLY---											
<b>CONFIRMED CASE</b>				<b>PROBABLE CASE</b>				<b>SUSPECT CASE</b>			
<input type="checkbox"/> EM rash diagnosed by a provider <b>OR</b>				<input type="checkbox"/> Provider diagnosed Lyme disease <b>AND</b> confirmatory laboratory evidence of infection				<input type="checkbox"/> Confirmatory laboratory evidence is present without accompanying clinical information (i.e. the lab report alone)			
<input type="checkbox"/> At least one late confirmatory clinical signs and symptoms with confirmatory laboratory evidence of infection											

## 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:

<b>Confirmed</b>	<ul style="list-style-type: none"><li>EM rash diagnosed by a healthcare provider <b>OR</b></li><li>At least one late clinical manifestation that has laboratory evidence of infection</li></ul>
<b>Probable</b>	<ul style="list-style-type: none"><li>Provider diagnosed Lyme disease <b>AND</b> confirmatory laboratory evidence of infection</li></ul>
<b>Suspect</b>	<ul style="list-style-type: none"><li>A case with laboratory evidence of infection but no clinical information available (e.g. a laboratory report only)</li></ul>

### 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:

- 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.
- 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.
- 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

- A positive culture for *B. burgdorferi*,
- 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 (IgM) or Immunoglobulin G (IgG) western immunoblot (WB) for Lyme disease,
- A positive single-tier IgG 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.