

LYME DISEASE CASE REPORT FORM

INSTRUCTIONS: Enter responses in WEDSS or fax completed form to the patient's [local health department](#) or to the Division of Public Health at (608) 261-4976 or submit with [Wisconsin Division of Public Health, Acute & Communicable Disease Case Report, F-44151](#).

**All information in red is essential for case classification and reporting.*

DEMOGRAPHIC INFORMATION

Patient Name (last, first, middle initial)

Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Telephone:
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Street Address

City	Zip Code	County
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Race White Black Native American/Native Alaskan Asian (specify):
 Native Hawaiian/Other Pacific Islander Other: _____

Ethnicity Hispanic or Latino Not Hispanic or Latino

SIGNS AND SYMPTOMS HISTORY

Did a physician or other medical provider diagnose this patient with erythema migrans (EM) rash*? Yes No

If the patient had EM rash, was there: A single EM or Multiple EM rashes: _____

Onset date of EM rash: _____ **Date of EM Rash diagnosis:** _____

Onset date of other acute symptoms:				Onset date of later signs/symptoms:			
Signs/Symptoms	Yes	No	Unk	Signs/Symptoms	Yes	No	Unk
Fever/Chills/Sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bell's palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle and/or joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other cranial neuritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash (other than EM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encephalomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymphocytic meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other symptom:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiculoneuropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Artrioventricular block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Myocarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other symptom:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL/SUPPLEMENTAL INFORMATION

Name of agency reporting: _____ **Was patient hospitalized for this illness?** Yes No

Clinic/ Hospital name: _____ Date(s): _____

Physician/provider name: _____ Phone: _____

Clinic/ Hospital address: _____

Was the patient prescribed an antibiotic to treat Lyme disease? Yes No Unknown

Doxycycline Amoxicillin Azithromycin Cefotaxime Ceftriaxone Cefuroxime axetil

Erythromycin Penicillin Other: _____

Date the treatment was prescribed: _____ Prescribed duration of antibiotic treatment (days): _____

EXPOSURE INFORMATION

In the 3-30 days before symptom onset, did the patient have a known tick encounter[^]? Yes No Unknown

[^]A tick encounter is defined as either finding a tick attached to or crawling on their own body or clothes **OR** finding a tick on a pet or household member

- Patient found a tick **attached to their body** (tick bite)
- Patient found a tick **crawling on their body** or clothes, but not attached.
- Patient found ticks **both attached and unattached** on own their body.
- Patient did not find a tick on their own body/clothes, but did find a tick(s) on a pet or household member.

DIAGNOSTIC INFORMATION

EIA/IFA IgM IgG Total

Collection date: _____

If not serum specify specimen(s): _____

Lab: _____

- Positive Equivocal Negative Not Done

EIA/IFA IgM IgG Total

Collection date: _____

If not serum specify specimen(s): _____

Lab: _____

- Positive Equivocal Negative Not Done

Western Blot (WB) (Indicate positive WB bands, if known.)

Collection date: _____ If not serum specify specimen(s): _____

For IgM, 2 of 3 bands must be positive

- IgM:** positive negative not done
 41kDa (FlaB) 39 kDa (BmpA) 21-25 kDa (OspC)

For IgG, 5 of 10 bands must be positive

- IgG:** positive negative not done
 93 kDa 66 kDa 58 kDa 45 kDa 41 kDa
 39 kDa 30 kDa 28 kDa 21-25 kDa (OspC) 18 kDa

Other Tests (Check what applies)

- B. burgdorferi* cultured *B. burgdorferi* PCR Other assay (please specify): _____

Collection date: _____ Result: _____

If not serum specify specimen(s): _____

REPORTING REQUIREMENTS

Clinical Criteria for Reporting:

Erythema migrans (EM)* in a Wisconsin resident that has been diagnosed by a physician or other health care provider and is greater than or equal to 5 cm in diameter. Report date of illness onset and patient demographic information including address, birth date, gender, race, and ethnicity.

**For the purposes of surveillance, EM is defined as a skin lesion that typically begins as a red, gray, or brown (depending on skin tone) macule or papule and expands over a period of days to weeks to form a large round lesion, often with partial central clearing creating a "bull's-eye" appearance. To meet the case definition, a single primary lesion must reach greater than or equal to 5 cm in size across its largest diameter. Secondary lesions may also occur. Annular (ring-like) erythematous (red) 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 health care provider*

Laboratory Criteria for Reporting:

All Lyme disease positive test results must be reported.

For additional information on communicable disease reporting requirements in Wisconsin, see the Wisconsin Department of Health Services' Disease Reporting webpage at: www.dhs.wisconsin.gov/disease/reporting.htm