LYME DISEASEASE CASE INVESTIGATION WORKSHEET

Laboratory evidence

Does the patient have positive or equivocal EIA or IFA test? *An EIA is considered a screening test that if found positive, a Western blot test will be performed.*	☐Yes ☐No ☐Unknown
Does the patient have a positive IgM Western blot test (at least 2 out of 3 bands reactive) that was sampled within the first 30 days of onset?	☐Yes ☐No ☐Unknown
Does the patient have a positive IgG Western blot test (at least 5 out of 10 bands reactive)?	☐Yes ☐No ☐Unknown
Has the patient ever been tested for Lyme disease before? If yes, when:	☐Yes ☐No ☐Unknown
If date unknown, was testing performed more than 1 month prior to current testing? If prior testing was performed, and it was IgM positive, and current testing is IgM positive, no further investigation is required, rule out this case.	☐Yes ☐No ☐Unknown

Clinical Presentation

Erythema Migrans (EM) Date of onset:

Did the patient have an EM?	☐Yes ☐No ☐Unknown
What date did the EM appear?	
When did the EM resolve?	
Was the EM diagnosed by a physician?	☐Yes ☐No ☐Unknown
Did the EM begin as a red macule or papule?	☐Yes ☐No ☐Unknown
Did the EM expand over a period of days to week?	☐Yes ☐No ☐Unknown
Did the EM form a large round lesion with a partial central clearing? (bullseye pattern)	☐Yes ☐No ☐Unknown
Did the EM measure greater to or equal to 5cm in diameter?	☐Yes ☐No ☐Unknown
Did the lesion occur within several hours of a tick bite?	☐Yes ☐No ☐Unknown
Was there a secondary lesion?	☐Yes ☐No ☐Unknown

Acute Symptoms / Early Manifestations Date of onset:

Did the onset of symptoms coincide with the appearance of the EM?	☐Yes ☐No ☐Unknown
Did the patient experience fever?	☐Yes ☐No ☐Unknown
Did the patient experience headache?	☐Yes ☐No ☐Unknown
Did the patient experience mild stiff neck?	☐Yes ☐No ☐Unknown
Did the patient experience migratory arthralgias?	☐Yes ☐No ☐Unknown
Did the patient experience myalgia?	☐Yes ☐No ☐Unknown
Did the patient experience fatigue?	☐Yes ☐No ☐Unknown
Did the patient experience lymphadenopathy for several weeks?	☐Yes ☐No ☐Unknown
Were acute symptoms intermittent?	☐Yes ☐No ☐Unknown

Late Manifestations Date of onset: *Late manifestations occur months or years after infection.*

Musculoskeletal System

Did the patient experience 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?	☐Yes ☐No ☐Unknown
Did the patient experience manifestations that are not considered as criteria for diagnosis including chronic progressive arthritis not preceded by brief attacks and chronic symmetrical polyarthritis?	☐Yes ☐No ☐Unknown
Is there a possible alternative explanation for the symptoms?	☐Yes ☐No ☐Unknown

Arthralgia, myalgia, or fibromyalgia syndromes alone are not criteria for musculoskeletal involvement.

Nervous System

Has the patient experienced lymphocytic meningitis?	☐Yes ☐No ☐Unknown
Has the patient experienced cranial neuritis (particularly bilateral facial palsy)?	☐Yes ☐No ☐Unknown
Has the patient experienced radiculoneuropathy or encephalomyelitis? Encephalomyelitis must be confirmed by showing antibody production against *B. burgdorferi* in the CSF (cerebrospinal fluid) demonstrated by a higher titer of antibody in CSF than in serum.	☐Yes ☐No ☐Unknown
Has the patient experienced headache?	☐Yes ☐No ☐Unknown
Has the patient experienced fatigue?	☐Yes ☐No ☐Unknown
Has the patient experienced parasthesia?	☐Yes ☐No ☐Unknown

Mild stiff neck alone is not criteria for neurologic involvement.

Cardiovascular System

Has the patient experienced acute onset of high-grade (2 or 3) atrioventricular conduction defects that resolve in days to weeks and are sometimes associated with myocarditis?	☐Yes ☐No ☐Unknown
Has the patient experienced palpitations?	☐Yes ☐No ☐Unknown
Has the patient experienced bradycardia?	☐Yes ☐No ☐Unknown
Has the patient experienced bundle branch block?	☐Yes ☐No ☐Unknown

Myocarditis alone is not criteria for cardiovascular involvement.

Exposure

Was the patient in a wooded, brushy, or grassy area (potential tick habitats) less than one month prior to onset of symptoms?	☐Yes ☐No ☐Unknown
Did the patient travel to a county in which Lyme disease is endemic less than one month before onset of symptoms? *A county in which Lyme disease is endemic is one where at least two definite cases have been previously identified, or in which a known tick vector has been shown to be infected with B. burgdorferi. States with known endemic counties include: Connecticut, Delaware, Maryland, Massachusetts, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island, and Wisconsin.*	☐Yes ☐No ☐Unknown
Where was the patient exposed (city,county,state)?	

History of a tick bite is not required.

Case Classification

Confirmed	Probable	Suspect
☐ Plausible exposure	☐ Clinically compatible early manifestations	☐ EM OR IgG positive
☐Travel to endemic area	☐ Travel to endemic area	
☐ Clinically compatible early manifestations OR at least one late manifestation	☐ Laboratory evidence of infection: IgM positive	
☐ Laboratory evidence of infection: IgG positive more than 1 month after exposure		

Lyme disease reports will not be considered cases if the medical provider specifically states “this is not a case of Lyme disease”, or if the only symptom listed is “tick bite” or “insect bite”.

Arizona does not have the vector to transmit Lyme disease, therefore, cases reported in Arizona must have travel history to an endemic area, must be clinically compatible, and must have laboratory evidence of infection.

Notes:

Interviewed by: Telephone: Date of interview: