



# Lyme Disease Case Investigation

NBS Patient ID: \_\_\_\_\_

Confirmed  Probable  Suspect

**PLEASE PRINT LEGIBLY**

### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex:  Male  Female  Unknown  
 Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Patient Phone: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
 Race:  Asian  American Indian/Alaskan Native  
 Black or African American  Native Hawaiian/Pacific Islander  
 White  Unknown  Other: \_\_\_\_\_  
 Ethnicity:  Hispanic  Not Hispanic  Unknown

### Clinical Information

Physician: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Did the healthcare provider diagnose the patient with LD?  Yes  No  Unknown  
 Date of LD Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Was the patient hospitalized for this illness?  Yes  No  Unknown  
 If yes, provide name and location of hospital: \_\_\_\_\_  
 Dates of hospitalization: Admission \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of Symptom Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_  N/A Unknown clinical information  
 Is there a more likely clinical explanation for this patient's symptoms?  Yes  No  Unknown  
 If yes, provide explanation: \_\_\_\_\_  
 Was the patient pregnant during illness?  Yes  No  Unknown  N/A  
 If yes, provide week of pregnancy: \_\_\_\_\_ Outcome of pregnancy? \_\_\_\_\_  
 Is the patient deceased?  Yes  No  Unknown  
 If yes, provide date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ (submit documentation)

### Clinical Criteria – S/S not explained by another etiology (check all that apply)

- Erythema migrans (EM) rash ≥5 cm in diameter
- Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints
- Lymphocytic meningitis
- Cranial neuritis, particularly facial palsy (unilateral or bilateral)
- Radiculoneuropathy
- Encephalomyelitis
- Acute onset of high-grade (2<sup>nd</sup> or 3<sup>rd</sup>-degree) atrioventricular conduction defects that resolve in days to weeks
- No clinical information available

**Please include documentation of EM rash, any other disease manifestation that has been checked, and/or any Lyme disease test results that were not uploaded to NBS.**

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Patient Name: \_\_\_\_\_

**Laboratory Findings (check all that apply)**

**Initial Lyme disease antibody screening test (Tier 1)**

EIA/IFA (IgM and/or IgG):  Positive  Negative  Equivocal  Not Done Collect Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Immunoblot confirmatory test (STTT<sup>1</sup> Tier 2)**

IgM:  Positive  Negative  Not Done Collect Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

IgG:  Positive  Negative  Not Done Collect Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sequential Lyme disease antibody EIA (MTTT<sup>2</sup> Tier 2)**

EIA (IgM and/or IgG):  Positive  Negative  Equivocal  Not Done Collect Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Isolation of *B. burgdorferi* sensu stricto or *B. mayonii* in culture**

Positive  Negative  Not Done Collect Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Detection of *B. burgdorferi* sensu stricto or *B. mayonii* in a clinical specimen by a *B. burgdorferi* group-specific NAAT assay**

Positive  Negative  Not Done Collect Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Detection of *B. burgdorferi* group-specific antigens by immunohistochemical assay on biopsy or autopsy tissues**

Positive  Negative  Not Done Collect Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>1</sup>Standard Two-Tiered Testing

<sup>2</sup>Modified Two-Tiered Testing

**Treatment**

Did patient receive antibiotic treatment?  Yes  No  Unknown Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, indicate antibiotics used for this illness (check all that apply):

- Doxycycline  Ceftriaxone  Penicillin  Amoxicillin
- Azithromycin  Cefuroxime  Unknown  Other: \_\_\_\_\_

Combined duration of antibiotics for this illness:  <1 month  1-3 months  >3 months  Unknown

Did patient respond to treatment?  Yes  No  Unknown

**Epidemiology**

**Prior to symptom onset (up to 30 days prior for IgM positive immunoblots; more than a month prior for IgG positive immunoblots):**

Was this patient in wooded, brushy or grassy areas?

Within Texas:  Yes  No  Unknown Texas **County** of exposure: \_\_\_\_\_

Outside of Texas:  Yes  No  Unknown Outside **State/County** of exposure: \_\_\_\_\_

Did the patient report cave exploration (i.e. caving or spelunking)?  Yes  No  Unknown

Did patient travel outside county of residence?  Yes  No  Unknown

Did the patient previously live in a high incidence state or country for Lyme disease?  Yes  No  Unknown

**Provide travel dates and locations below.**

**Travel Dates and Locations Prior to Illness Onset**

Dates	Area/Street Address	City	State	Country
____/____/____				
____/____/____				
____/____/____				

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**Comments or Other Pertinent Epidemiological Data**

Large empty rectangular area for entering comments or epidemiological data.

Date First Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_ Investigation: Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporting Facility: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_ (Please print clearly)

Agency: \_\_\_\_\_ (Please do not abbreviate)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_