



Lyme Disease

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____
 OK to talk to case? Yes No DK Date of interview ___/___/___

PATIENT INFORMATION

Name (last, first) _____ Birth date ___/___/___ Age _____
 Address _____ Homeless
 Gender F M Other Unk
 City/State/Zip _____ Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Phone(s)/Email _____
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk

CLINICAL INFORMATION

Onset date: ___/___/___ Derived Diagnosis date: ___/___/___ Illness duration: ___ days

Signs and Symptoms

Y N DK NA
 "Bulls-eye" rash
 Fever Highest measured temp: _____ °F
 Type: Oral Rectal Other: _____ Unk
 Headache
 Stiff neck
 Fatigue
 Muscle aches or pain (myalgia)
 Other symptoms consistent with illness
 Specify: _____

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness
 Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___
 Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy Place of death _____

Predisposing Conditions

Y N DK NA
 Pregnant Estimated delivery date ___/___/___
 OB name, address, phone: _____

Laboratory

Collection date ___/___/___
 Source _____

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

Clinical Findings

Y N DK NA
 Erythema migrans => 5 cm in diameter diagnosed by a health care provider
 High-grade atrioventricular block (secondary or tertiary)
 Cranial neuritis or Bell's palsy
 Encephalitis or encephalomyelitis
 Lymphocytic meningitis
 Myocarditis
 Radiculoneuropathy
 Recurrent or chronic arthritis
 Regional lymphadenitis
 Meningitis
 Physician diagnosis of Lyme disease

P N I O NT
 B. burgdorferi culture (clinical specimen)
 B. burgdorferi antibodies by EIA or IFA in serum
 B. burgdorferi antibodies by EIA or IFA in CSF
 Higher antibody titer in CSF than in serum
 IgM Western blot (≤30 days from onset)
 IgG Western blot

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period
Days from onset:

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

Travel out of the state, out of the country, or outside of usual routine
Out of: County State Country
Dates/Locations: _____

Y N DK NA

Tick bite
Location of tick exposure
 WA county Other state Other country
 Multiple exposures Unk
Specify location details (e.g. park, trail): _____

Date of exposure: ___/___/___
 Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details (specify location details, e.g. park or trail, in Most Likely Exposure in PHIMS): _____

No risk factors or exposures identified

Patient could not be interviewed

PATIENT PROPHYLAXIS/TREATMENT

Y N DK NA

Antibiotics prescribed for this illness Name: _____
Date antibiotic treatment began: ___/___/___ # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

PUBLIC HEALTH ACTIONS

Any, specify: _____

NOTES

Investigator _____ Phone/email: _____	Investigation complete date ___/___/___
Local health jurisdiction _____	Record complete date ___/___/___