



# Lyme Disease

County \_\_\_\_\_

Case name (last, first) \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Sex at birth  F  M  Other Alternate name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address type  Home  Mailing  Other  Temporary  Work  
 Street address \_\_\_\_\_  
 City/State/Zip/County \_\_\_\_\_  
 Residence type (incl. Homeless) \_\_\_\_\_ WA resident  Yes  No

## ADMINISTRATIVE

Investigator \_\_\_\_\_  
 LHJ Case ID (optional) \_\_\_\_\_  
 LHJ notification date \_\_\_/\_\_\_/\_\_\_  
 Classification  Classification pending  Confirmed  
 Not reportable  Probable  Ruled out  Suspect  
 Investigation status  
 In progress  
 Complete  
 Complete – not reportable to DOH  
 Unable to complete Reason \_\_\_\_\_  
 Investigation start date \_\_\_/\_\_\_/\_\_\_  
 Investigation complete date \_\_\_/\_\_\_/\_\_\_  
 Case complete date \_\_\_/\_\_\_/\_\_\_  
 Outbreak related  Yes  No  
 LHJ Cluster ID \_\_\_\_\_ Cluster Name \_\_\_\_\_

## DEMOGRAPHICS

Age at symptom onset \_\_\_\_\_  Years  Months  
 Ethnicity  Hispanic or Latino  Not Hispanic or Latino  Unk  
 Race (check all that apply)  Unk  Amer Ind/AK Native  
 Asian  Black/African Amer  Native HI/other PI  
 White  Other \_\_\_\_\_  
 Primary language \_\_\_\_\_  
 Interpreter needed  Yes  No  Unk  
 Employed  Yes  No  Unk Occupation \_\_\_\_\_  
 Industry \_\_\_\_\_ Employer \_\_\_\_\_  
 Work site \_\_\_\_\_ City \_\_\_\_\_  
 Student/Day care  Yes  No  Unk  
 Type of school  Preschool/day care  K-12  College  
 Graduate School  Vocational  Online  Other  
 School name \_\_\_\_\_  
 School address \_\_\_\_\_  
 City/State/County \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone number \_\_\_\_\_ Teacher's name \_\_\_\_\_

## REPORT SOURCE

Initial report source \_\_\_\_\_  
 LHJ \_\_\_\_\_  
 Reporter organization \_\_\_\_\_  
 Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 All reporting sources (list all that apply)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## COMMUNICATIONS

Primary HCP name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 OK to talk to patient (If Later, provide date)  
 Yes  Later \_\_\_/\_\_\_/\_\_\_  Never  
 Date of interview attempt \_\_\_/\_\_\_/\_\_\_  
 Complete  Partial  Unable to reach  
 Patient could not be interviewed  
 Alternate contact  Parent/Guardian  Spouse/Partner  
 Friend  Other \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

## CLINICAL INFORMATION

Complainant ill  Yes  No  Unk **Symptom Onset** \_\_\_/\_\_\_/\_\_\_  **Derived** Diagnosis date \_\_\_/\_\_\_/\_\_\_  
 Illness duration \_\_\_\_\_  Days  Weeks  Months  Years

### Clinical Features

**Y N Unk**

- Asymptomatic (no clinical illness)
- Erythema migrans** (bull's eye rash)
- ≥ 5 cm diameter diagnosed by a healthcare provider** Number of EM lesions \_\_\_\_\_
- Other rash or lesion Appearance/progression \_\_\_\_\_
- Any fever, subjective or measured Temp measured?  Yes  No Highest measured temp \_\_\_\_\_°F
- Chills or rigors
- Fatigue
- Malaise
- Headache
- Myalgia (muscle aches or pain)
- Arthralgia (joint pain)

**Y N Unk**

- Arthritis with objective joint swelling** Joint  Elbow  Knee  Other \_\_\_\_\_
  - Recurrent**
  - Chronic arthritis
  - Cranial neuritis (e.g., Bell's palsy)**
  - Radiculoneuropathy**
  - Nuchal rigidity (stiff neck)
  - Encephalitis or encephalomyelitis**
  - Lymphocytic meningitis**
  - AV conduction defect**
  - Myocarditis
  - Myocardial infarction
  - Regional lymphadenitis (bubo) Size \_\_\_\_\_
  - Erythematous
  - Tender
  - Body site  Axillary  Cervical  Femoral  Inguinal  Pharyngeal  Other location \_\_\_\_\_
  - Other symptoms consistent with this illness \_\_\_\_\_
  - Acute respiratory distress syndrome (ARDS) Diagnosed by  X-Ray  CT  MRI  Provider only
  - Congestive heart failure
  - Disseminated intravascular coagulopathy (DIC)
  - Liver failure
  - Physician diagnosis of Lyme disease**
- White blood cell value in CSF \_\_\_\_\_

**Hospitalization**

**Y N Unk**

- Hospitalized at least overnight for this illness** Facility name \_\_\_\_\_
- Hospital admission date \_\_\_/\_\_\_/\_\_\_ Discharge \_\_\_/\_\_\_/\_\_\_ HRN \_\_\_\_\_
- Admitted to ICU Date admitted to ICU \_\_\_/\_\_\_/\_\_\_ Date discharged from ICU \_\_\_/\_\_\_/\_\_\_
- Mechanical ventilation or intubation required
- Still hospitalized As of \_\_\_/\_\_\_/\_\_\_

**Y N Unk**

- Died of this illness** Death date \_\_\_/\_\_\_/\_\_\_ *Please fill in the death date information on the Person Screen*
- Autopsy performed
- Death certificate lists disease as a cause of death or a significant contributing condition
- Location of death  Outside of hospital (e.g., home or in transit to the hospital)  Emergency department (ED)
- Inpatient ward  ICU  Other \_\_\_\_\_

**Pregnancy**

Pregnancy status at time of symptom onset

- Pregnant (Estimated) delivery date \_\_\_/\_\_\_/\_\_\_ Weeks pregnant at any symptom onset \_\_\_\_\_
- OB name, phone, address \_\_\_\_\_
- Outcome of pregnancy  Still pregnant  Fetal death (miscarriage or stillbirth)  Abortion
- Other \_\_\_\_\_
- Delivered – full term  Delivered – preemie  Delivered – Unk
- Delivery method  Vaginal  C-section  Unk
- Postpartum (Estimated) delivery date \_\_\_/\_\_\_/\_\_\_
- OB name, phone, address \_\_\_\_\_
- Outcome of pregnancy  Fetal death (miscarriage or stillbirth)  Abortion
- Other \_\_\_\_\_
- Delivered – full term  Delivered – preemie  Delivered – Unk
- Delivery method  Vaginal  C-section  Unk
- Neither pregnant nor postpartum  Unk

**RISK AND RESPONSE (Ask about exposures 3-32 days before symptom onset)**

**Travel**

	Setting 1	Setting 2	Setting 3
<b>Travel out of:</b>	<input type="checkbox"/> County/City _____	<input type="checkbox"/> County/City _____	<input type="checkbox"/> County/City _____
	<input type="checkbox"/> State _____	<input type="checkbox"/> State _____	<input type="checkbox"/> State _____
	<input type="checkbox"/> Country _____	<input type="checkbox"/> Country _____	<input type="checkbox"/> Country _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<b>Destination name</b>	_____		
<b>Start and end dates</b>	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ to ___/___/___

**Risk and Exposure Information****Y N Unk**   Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Country \_\_\_\_\_**Y N Unk**   Outdoor or recreational activities (e.g., lawn mowing, gardening, hunting, hiking, camping, sports, yard work)Activity  Outdoor recreation  Cabin  Hunting  Lawn mowing  Other \_\_\_\_\_Habitat  Wooded/brushy  Grassy  Other \_\_\_\_\_Where  At home property  Elsewhere \_\_\_\_\_   **Has been in a wooded, brushy, or grassy area (i.e., potential tick habitat) in the 30 days prior to onset**   **Tick bite** Date \_\_\_/\_\_\_/\_\_\_ Location  WA County \_\_\_\_\_  Other state  Other country Multiple exposures  Unk

Specify location \_\_\_\_\_

   **Travel to a high incidence state (10 confirmed cases/100,000 population) in the 30 days before onset** No risk factors of likely exposures could be identified**Exposure and Transmission Summary****Likely geographic region of exposure**  In Washington – county \_\_\_\_\_  Other state \_\_\_\_\_ Not in US - country \_\_\_\_\_  UnkInternational travel related  During entire exposure period  During part of exposure period  No international travelSuspected exposure type  Vectorborne  Blood products  Other \_\_\_\_\_

Exposure Summary

**Public Health Interventions/Actions****Y N Unk**   Letter sent Date \_\_\_/\_\_\_/\_\_\_ Batch date \_\_\_/\_\_\_/\_\_\_**TREATMENT****Y N Unk**   Did patient receive prophylaxis/treatment

Specify antibiotic \_\_\_\_\_

Number of days actually taken \_\_\_\_\_ Treatment start date \_\_\_/\_\_\_/\_\_\_ Treatment end date \_\_\_/\_\_\_/\_\_\_

**NOTES****LAB RESULTS**Lab report information**Lab report reviewed – LHJ** 

WDRS user-entered lab report note

Submitter \_\_\_\_\_

Performing lab for entire report \_\_\_\_\_

Referring lab \_\_\_\_\_

Specimen**Specimen identifier/accession number** \_\_\_\_\_**Specimen collection date** \_\_\_/\_\_\_/\_\_\_ **Specimen received date** \_\_\_/\_\_\_/\_\_\_**WDRS specimen type** \_\_\_\_\_

WDRS specimen source site \_\_\_\_\_

WDRS specimen reject reason \_\_\_\_\_

Test performed and result

**WDRS test performed** \_\_\_\_\_

**WDRS test result, coded** \_\_\_\_\_

WDRS test result, comparator \_\_\_\_\_

**WDRS result, numeric only** (enter only if given, including as necessary **Comparator** and **Unit of measure**) \_\_\_\_\_

WDRS unit of measure \_\_\_\_\_

Test method \_\_\_\_\_

WDRS interpretation code \_\_\_\_\_

Test result – Other, specify \_\_\_\_\_

**WDRS result summary**  Positive  Negative  Indeterminate  Equivocal  Test not performed  Pending

Test result status  Final results; Can only be changed with a corrected result

Preliminary results

Record coming over is a correction and thus replaces a final result

Results cannot be obtained for this observation

Specimen in lab; results pending

Result date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Upload document**

Ordering Provider

WDRS ordering provider \_\_\_\_\_

Ordering facility

WDRS ordering facility name \_\_\_\_\_