Lyme Disease Report Form

INTERVIEW

EpiTrax # __________________________ Interviewer Name:_____________________________________________________

Number of Call Attempts:________________________ Date of Interview (must enter MM/DD/YYYY): __________

Follow-up Status:  □ Interviewed
                  □ Refused Interview
                  □ Lost to Follow-Up*

Respondent was:  □ Self
                 □ Parent
                 □ Spouse
                 □ Other, Specify:_____________________

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

DEMOGRAPHICS

Birth Gender:  □ Male  □ Female

Hispanic/Latino Origin:  □ Yes  □ No  □ Unknown

How would you describe your race?

□ White
□ Black/African American
□ American Indian/Alaska Native
□ Asian
□ Native Hawaiian/Other Pacific Islander
□ Other ______
□ Unknown

Date of Birth: ________

Age: ________

CLINICAL

What date did you start to have symptoms of illness?  Onset Date: __________  Date Diagnosed: __________

Did you recover?  □ Yes  □ No  □ Unknown

Were you hospitalized?  □ Yes  □ No  □ Unknown

If Yes, Recovery Date: ________

Time Recovered: __________

If Yes, Hospital Name:________________________________________

If Yes, Hospital Name:________________________________________

Admit Date: __________  Discharge Date: __________

Medical Record Number: _______________________________________

Died?

□ Yes  □ No  □ Unknown

Are you pregnant?

□ Yes  □ No  □ Unknown

If Yes, Date of Death: __________

If Yes, Expected Delivery Date: __________
Did you receive antibiotic medication for this illness?  □ Yes  □ No  □ Unknown  Use in Days: ____________

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<tr>
<th>Medication Name</th>
<th>Date Started</th>
<th>Date Ended</th>
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Additional Clinical Notes:
________________________________________________________________________
________________________________________________________________________

LABORATORY

Obtain all laboratory records on Lyme Disease from the medical provider to ensure that all results have been reported to KDHE.

If KDHE only received Western Blot results, ask the medical provider if an EIA/IFA test was run prior to those results.

EPIDEMIOLOGICAL

Imported from:  □ Indigenous  □ Outside U.S.  □ Outside of County  □ Out of State  □ Unknown

INVESTIGATION

A. Symptoms & Signs

Erythema migrans that was diagnosed by a physician?  □ Yes  □ No  □ Unknown  If yes, date of onset: ____________

If yes, was it:  □ Single EM  □ Multiple EM

Did a physician diagnosed you with Lyme disease?  □ Yes  □ No  □ Unknown
Non-confirmatory symptoms (check all that apply):

- Arthralgias
- Bundle Branch Block
- Cognitive Impairment
- Encephalopathy
- Fatigue
- Fever/Sweat/Chills
- Headaches
- Myalgias
- Myocarditis
- Neck Pain
- Other Rash
- Palpitations
- Paresthesias
- Peripheral Neuropathy
- Visual/Auditory Impairment

Other Clinical? ________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
__________________________________________________________________

B. Complications

Arthritis* characterized by brief attacks of joint swelling? □ Yes □ No □ Unknown

Bell’s Palsy or other cranial neuritis? □ Yes □ No □ Unknown

Radiculoneuropathy? □ Yes □ No □ Unknown

Lymphocytic meningitis? □ Yes □ No □ Unknown

Encephalomyelitis? □ Yes □ No □ Unknown

2nd or 3rd degree antroventricular block? □ Yes □ No □ Unknown

*Note: This is not referring to arthritis that is chronic, progressive, or symmetrical in >5 joints.

C. Exposure – Risk Factors

Were you exposed to wooded, brushy, or grassy areas ≤30 days □ Yes □ No □ Unknown before the illness began?

If yes, specify the location (address or other description) and date of exposure: ____________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Specify any risk factors identified in the course of the investigation: __________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

D. Exposure – Travel Questions

In the 30 days prior to the illness onset, did you:

Traveled outside of county, but inside Kansas?  □ Yes □ No □ Unknown
Cities traveled to in Kansas and Departure/Arrival Dates: ________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Traveled outside of Kansas, but inside USA?  □ Yes □ No □ Unknown
Location traveled to (i.e., City and State Hotel Information) and Departure/Arrival Dates:________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Did you travel internationally?  □ Yes □ No □ Unknown
Location traveled to (i.e., City/Country Resort Information) and Dates traveled: ______________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

In which county were you most likely exposed? _____________________________________________
In which states were you most likely exposed? _____________________________________________
In which country were you most likely exposed? _____________________________________________
That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.

Additional notes: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________