

**Tennessee Department of Health  
Lyme Disease Worksheet**

Revised: 07/2012

Please fill out this form as completely as possible and send or fax to Central Office: Tennessee Department of Health, CEDEP Services, 1st Floor, Cordell Hull Bldg., 425 5th Ave. North, Nashville, TN 37243, Phone: 615.741.7247 Fax: 615.741.3857

**DEMOGRAPHICS**

CASE ID#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reported Age: \_\_\_\_\_  Days  Months  Years Sex:  Male  Female  Unknown

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Ethnicity:  Hispanic  Not Hispanic Race:  American Indian / Alaskan  Hawaiian / Pacific Islander  Asian  White  Black / African American  Other

**INVESTIGATION SUMMARY**

Investigator Name \_\_\_\_\_ Jurisdiction \_\_\_\_\_

INVESTIGATION	Investigation Start Date: ____/____/____	LABORATORY	Name of Laboratory: _____
	Was the patient hospitalized for this illness? Yes (Hospital: _____) No Unknown		City/ State: _____
	Physician: _____		Tests done: _____

**LABORATORY**

SEROLOGY	IgG	IgM	Total Antibody
	EIA/IFA: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Unk.	EIA/IFA: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Unk.	EIA/IFA: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Unk.
	Collection Date: _____	Collection Date: _____	Collection Date: _____
	IgG Western Blot: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	IgM Western Blot: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	
	Collection Date: _____	Collection Date: _____	
	<b>Bands present: (5 of 10 necessary for confirmation)</b> <input type="checkbox"/> 18kDa <input type="checkbox"/> 21-25 (OspC) <input type="checkbox"/> 28kDa (OspC) <input type="checkbox"/> 30kDa <input type="checkbox"/> 39kDa (BmpA) <input type="checkbox"/> 41kDa (Fla) <input type="checkbox"/> 45kDa <input type="checkbox"/> 58kDa(not GroEl) <input type="checkbox"/> 66kDa <input type="checkbox"/> 93kDa	<b>Bands present: (2 of 3 necessary for confirmation)</b> <input type="checkbox"/> 41kDa (Fla) <input type="checkbox"/> 39kDa (BmpA) <input type="checkbox"/> 21-25 kDa (OspC)	

**Laboratory Evidence of Infection:**  
 Positive *B. burdorferi* culture OR  
 Positive IgG Western Blot (w/ 5 bands, with or without EIA/IFA screening) OR  
 Positive EIA/IFA (IgG, IgM, or Total Antibody) followed by positive IgM WB with necessary bands (performed within 30 days of onset)

**CLINICAL INFORMATION**

SYMPTOMS	Symptom onset date: ____/____/____	<b>Did a physician diagnose Lyme Disease?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of Diagnosis: ____/____/____ Treatment: _____	<b>Did the patient travel in the month before onset?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <b>Where?</b> Out of county: _____ Out of state: _____
	<b>Confirmatory Symptoms:</b> <input type="checkbox"/> Physician diagnosed Erythema Migrans (EM) Rash, at least 5 cm in diameter <input type="checkbox"/> Late manifestations (please refer to case definition)		
	Notes: _____ _____ _____		

**CASE STATUS**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Confirmed</b><br>- A case of EM <u>AND</u> laboratory evidence <u>OR</u><br>- One or more late manifestations <u>AND</u> laboratory evidence | <input type="checkbox"/> <b>Probable</b><br>- A physician-diagnosed case of Lyme disease (with no confirmatory symptoms) <u>AND</u> laboratory evidence | <input type="checkbox"/> <b>Suspect</b> (positive laboratory report with no clinical information or a report of EM rash w/ no labs and no exposure) |
|  |   | <input type="checkbox"/> <b>Non-case</b>  |