MINNESOTA MDH DEPARTMENT OF HEALTH
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TICK-BORNE DISEASE CASE REPORT FORM

DISEASE

	MDH: Conf	Prob	Susp	Not a case	
☐ **Lyme disease** (*Borrelia burgdorferi*)	○	○	○	○	
☐ **Anaplasmosis / Ehrlichiosis** (*Anaplasma phagocytophilum*, *Ehrlichia* sp.)	○	○	○	○	○ **Human anaplasmosis (HA)** ○ **Human ehrlichiosis (HE)**: ☐*E. chaffeensis* ☐EML ☐*E. ewingii* ○ **Undetermined**
☐ **Babesiosis** (*Babesia* spp.)	○	○	○	○	
☐ **Spotted Fever Rickettsiosis** (*Rickettsia* sp.) incl. Rocky Mountain spotted fever (*R. rickettsii*)	○	○	○	○	

MEDSS ID:

Reported by:
☐ Lab: ☐ ELR ☐ Paper
☐ ICP (IP)
☐ Provider
☐ Other: _____

Task Staff Date
☐CRF
☐Entry
☐Rev

ONSET DATE: _____/_____/_____ ☐ Date unknown Report Date: _____/_____/_____

DEMOGRAPHICS

NAME: *(Last)* _____ *(First)* _____ *(Middle)* _____ Parent/Guardian: _____

DOB: _____/_____/_____ **Age**: _____ **SEX**: ☐ M ☐ F ☐ Unk **PHONE:**

ADDRESS: *(Street)* _____ (_____) -_____-_____ (h)

(City) _____ *(State)* _____ *(Zip)* _____ **COUNTY**: _____ (_____) -_____-_____(c/w)

Race: ☐Unk ☐American Indian/ Alaskan Native ☐Asian ☐Black/African American ☐Native Hawaiian/ Pacific Islander ☐White ☐Other:

Ethnicity: ☐Unk ☐Hispanic/Latino ☐Non-Hispanic/Latino

HOSPITAL / CLINIC INFORMATION

REPORTER:
Name: _____ ☐ Same as provider
Role: ☐Provider ☐ICP (IP) ☐Lab ☐Unk ☐ Other:
Facility: Ph: (_____) -_____-_____

PROVIDER:
Name: _____
Facility: Ph: (_____) -_____-_____

	Yes	No	Unk	
Hospitalized?	☐	☐	☐	Admit date: _____/_____/_____ Discharge date: _____/_____/_____ Hospital: _____
Died?	☐	☐	☐	Date of death: _____/_____/_____ Cause of death: _____ Related to tick-borne infection? ☐Y ☐N ☐U

HEALTH HISTORY

(optional for Lyme)	Yes	No	Unk	
Immune suppression?	☐	☐	☐	*If yes*: ☐ Cancer ☐ Diabetes ☐ Immunosuppressive medication ☐ Other: _____
Asplenic? *(babesiosis only)*	☐	☐	☐	Date of splenectomy: _____/_____/_____
Blood transfusion/organ transplant <1 year before onset?	☐	☐	☐	Dates, product/s, location, reason:

CLINICAL INFORMATION

	Yes	No	Unk	
SYMPTOMATIC?	☐	☐	☐	**Onset date:** *record on top of form.* **Clinical info is from office date(s):** ____/____/_____
RASH or LESION	☐	☐	☐	Describe:
If yes: **Erythema migrans (EM)** (observed by provider)	☐	☐	☐	
If yes: **Max diameter ≥ 5 cm** (2 in)	☐	☐	☐	Number of indiv lesions: ☐Single ☐Multiple ☐ Unk

MDH only: EM ☐prov ☐inf
EM size: ☐prov ☐ int

LATE MANIFESTATIONS *(Lyme)*	Yes	No	Unk	
Arthritis w/ objective joint swelling	☐	☐	☐	Which joint/s? ☐Knee ☐Elbow ☐Other: _____
Lymphocytic meningitis	☐	☐	☐	CSF WBC: _____
Bell's palsy or other cranial neuritis	☐	☐	☐	
Radiculoneuropathy	☐	☐	☐	
Encephalomyelitis	☐	☐	☐	(Antibody titer to *B. burgdorferi* higher in CSF than serum)
2nd/3rd degree AV heart block	☐	☐	☐	(acute onset)

SIGNS/SYMPTOMS *(Lyme optional)*	Yes	No	Unk	
Fever	☐	☐	☐	Max:_____ °F (☐ unk)
Chills / sweats	☐	☐	☐	
Headache	☐	☐	☐	
Myalgia *(muscle aches)*	☐	☐	☐	
Arthralgia *(joint pain)*	☐	☐	☐	
Other signs/symptoms	☐	☐	☐	*Describe (optional):*
Complications	☐	☐	☐	*Describe:* ☐Acute respiratory distress syndrome ☐Disseminated intravascular coagulopathy ☐Myocardial infarction ☐Meningitis/encephalitis ☐Congestive heart failure ☐Renal failure ☐Liver failure ☐Other:

BLOOD VALUES *(Lyme optional)*	Yes	No	Unk	Date	(☐CBC not done ☐LFT not done)
Anemia	☐	☐	☐		Lowest RBC _____ Hgb _____
Leukopenia *	☐	☐	☐		Lowest WBC _____
Thrombocytopenia **	☐	☐	☐		Lowest PLT _____
Elevated liver enzymes	☐	☐	☐		Highest ALP _____ ALT_____ AST_____

approx values: * **WBC** < 4,500; ** **PLT** < 150,000 (*individual lab cut-offs may vary*)

DIAGNOSIS

Did provider diagnose this current illness as a tick-borne disease?

☐ **Yes** – mark all that apply:
☐ Lyme ☐ Babesiosis
☐ Anaplasmosis ☐ "tick-borne illness"
☐ Ehrlichiosis ☐ Other: _____

☐ **No** – definitely NOT a tick-borne infection
Describe: _____

☐ **Unknown** – etiology unclear or diagnosis not recorded

TREATMENT AND DIAGNOSTIC TESTING

PLEASE COMPLETE TREATMENT AND LABORATORY INFORMATION ON BACK SIDE OF FORM

Additional clinical notes:

TREATMENT

ANTIBIOTIC TREATMENT ☐Y ☐N ☐Unk

	Type of antibiotic	Date started	Duration
1.	_____	____/____/_____	☐ <14 days ☐14-21 days ☐22-30 days ☐>30 days-3 mos. ☐>3 mos. ☐Unk
2.	_____	____/____/_____	☐ <14 days ☐14-21 days ☐22-30 days ☐>30 days-3 mos. ☐>3 mos. ☐Unk
3.	_____	____/____/_____	☐ <14 days ☐14-21 days ☐22-30 days ☐>30 days-3 mos. ☐>3 mos. ☐Unk

LYME DISEASE

Test	Collection Date	Source	Lab Name	Description	RESULT
Antibody ☐not done	____/____/____	☐Serum ☐CSF ☐Unk		**ELISA/EIA or IFA**	☐Pos/Eq ☐Neg ☐Unk ☐ND Value: *CSF titer higher than serum?* ☐Y ☐N
				WESTERN BLOT IgM	☐Pos ☐Neg ☐Unk ☐ND Bands: ☐21-25 ☐39 ☐41 ☐none
				WESTERN BLOT IgG	☐Pos ☐Neg ☐Unk ☐ND Bands: ☐18 ☐21/23 ☐28 ☐30 ☐39 ☐41 ☐45 ☐58 ☐66 ☐93 ☐none
Repeat Aby ☐not done	____/____/____	☐Serum ☐CSF ☐Unk		**ELISA/EIA or IFA**	☐Pos/Eq ☐Neg ☐Unk ☐ND Value: *CSF titer higher than serum?* ☐Y ☐N
				WESTERN BLOT IgM	☐Pos ☐Neg ☐Unk ☐ND Bands: ☐21-25 ☐39 ☐41 ☐none
				WESTERN BLOT IgG	☐Pos ☐Neg ☐Unk ☐ND Bands: ☐18 ☐21/23 ☐28 ☐30 ☐39 ☐41 ☐45 ☐58 ☐66 ☐93 ☐none
PCR (DNA) ☐not done	____/____/____	☐Joint ☐CSF ☐Blood			☐Pos ☐Neg ☐Unk

Other / notes

ANAPLASMOSIS / EHRLICHIOSIS

Test	Collection Date	Lab Name	Species	RESULT Pos Neg Unk ND	Pos Neg Unk ND
Antibody ☐not done	____/____/____		*A. phagocytophilum*	**IgM**: ☐ ☐ **Titer**: _____ ☐ ☐	**IgG**: ☐ ☐ **Titer**: _____ ☐ ☐
			E. chaffeensis	**IgM**: ☐ ☐ **Titer**: _____ ☐ ☐	**IgG**: ☐ ☐ **Titer**: _____ ☐ ☐
Repeat Aby ☐not done	____/____/____		*A. phagocytophilum*	**IgM**: ☐ ☐ **Titer**: _____ ☐ ☐	**IgG**: ☐ ☐ **Titer**: _____ ☐ ☐
			E. chaffeensis	**IgM**: ☐ ☐ **Titer**: _____ ☐ ☐	**IgG**: ☐ ☐ **Titer**: _____ ☐ ☐
PCR (DNA) ☐not done	____/____/____		*A. phagocytophilum*	☐ ☐ ☐ ☐	
			E. chaffeensis	☐ ☐ ☐ ☐	
			E. ewingii	☐ ☐ ☐ ☐	
			E. muris-like (EML)	☐ ☐ ☐ ☐	
Smear ☐not done	____/____/____			☐ ☐	

Other / notes

BABESIOSIS

Test	Collection Date	Lab Name	*Babesia* Species	RESULT Pos Neg Unk ND	Pos Neg Unk ND	Total antibody
Antibody ☐not done	____/____/____		☐*B.microti* ☐Other	**IgM**: ☐ ☐ **Titer**: _____ ☐ ☐	**IgG**: ☐ ☐ **Titer**: _____ ☐ ☐	_____
Repeat Aby ☐not done	____/____/____		☐*B.microti* ☐Other	**IgM**: ☐ ☐ **Titer**: _____ ☐ ☐	**IgG**: ☐ ☐ **Titer**: _____ ☐ ☐	_____
PCR (DNA) ☐not done	____/____/____		☐*B.microti* ☐Other	☐ ☐ ☐		
Smear ☐not done	____/____/____			☐ ☐ ☐		

Other / notes

RICKETTSIOSES (incl. RMSF)

Test	Collection Date	Source	Lab Name	Description	RESULT Pos Neg Unk ND	Pos Neg Unk ND
Antibody ☐not done	____/____/____			*Rickettsia rickettsii*	**IgM**: ☐ ☐ **Titer**: _____ ☐ ☐	**IgG**: ☐ ☐ **Titer**: _____ ☐ ☐
				Spotted fever group	**IgM**: ☐ ☐ **Titer**: _____ ☐ ☐	**IgG**: ☐ ☐ **Titer**: _____ ☐ ☐
				Typhus fever group	**IgM**: ☐ ☐ **Titer**: _____ ☐ ☐	**IgG**: ☐ ☐ **Titer**: _____ ☐ ☐
PCR (DNA) ☐not done	____/____/____			Species:	☐ ☐ ☐	
Culture ☐not done	____/____/____				☐ ☐ ☐	
IHC ☐not done	____/____/____				☐ ☐ ☐	

Other / notes

EXPOSURE HISTORY

In the 3-30 days (or 8 weeks for babesiosis) before illness onset, did this patient…. *(per medical provider notes)*

- Have a known tick bite? ☐Y ☐N ☐Unk Describe
- Travel outside county of residence? ☐Y ☐N ☐Unk Describe:
- Engage in outdoor activities? ☐Y ☐N ☐Unk Where: ☐Home ☐Elsewhere: _____
  Habitat: ☐Wooded/brushy ☐Grassy ☐Other: _____
  Activity: ☐Outdoor recreation ☐Cabin ☐Hunting ☐Other: _____