

LYME DISEASE

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report **any suspect or confirmed disease of public health significance** to the Medical Officer of Health.

If Lyme disease is suspected or diagnosed, completion of this form is required and faxed by **the next working day from the initial patient visit**, to the Windsor-Essex County Health Unit (fax: 226-783-2132).

| | | | | | |
|--|--|--------------------------------|-----------------------------------|---|------------|
| DATE REPORTED (YY/MM/DD) | | REPORTING PROVIDER NAME | | PHONE NUMBER () - ext. | |
| SECTION A: PATIENT INFORMATION | | | | | |
| PATIENT NAME (FIRST) (MIDDLE) (LAST) | | | SEX | DATE OF BIRTH (YY/MM/DD) | AGE |
| ADDRESS: (STREET) (CITY) (POSTAL CODE) | | | | | |
| HOME PHONE: () | | | ALTERNATE PHONE: () - | | |
| PARENT/GUARDIAN NAME (IF APPLICABLE): | | | | | |

| SECTION B: PRESENTING SIGNS AND SYMPTOMS | | | |
|--|------------------------------|--|------------------------------|
| ✓ SIGNS & SYMPTOMS | Onset Date (YY/MM/DD) | ✓ SIGNS & SYMPTOMS | Onset Date (YY/MM/DD) |
| <input type="checkbox"/> Asymptomatic | | <input type="checkbox"/> Headache | |
| <input type="checkbox"/> Clinician-confirmed expanding erythema migrans (EM) in diameter, _____ cm | | <input type="checkbox"/> Hearing Impairment | |
| <input type="checkbox"/> Arthralgia | | <input type="checkbox"/> Lymphocytic meningitis/encephalitis/encephalomyelitis | |
| <input type="checkbox"/> Arthritis | | <input type="checkbox"/> Memory loss | |
| <input type="checkbox"/> AV heart block (second or third degree) | | <input type="checkbox"/> Myalgia | |
| <input type="checkbox"/> Auditory symptoms | | <input type="checkbox"/> Neck pain (stiff or sore) | |
| <input type="checkbox"/> Bell's palsy/other cranial neuritis | | <input type="checkbox"/> Palpitations/arrhythmia | |
| <input type="checkbox"/> Body, generalized aches | | <input type="checkbox"/> Paresthesia | |
| <input type="checkbox"/> Cognitive impairments or mood disturbances | | <input type="checkbox"/> Radiculoneuropathy | |
| <input type="checkbox"/> Fatigue | | <input type="checkbox"/> Visual symptoms | |
| <input type="checkbox"/> Fever | | <input type="checkbox"/> Other: | |

| SECTION C: CASE INDEX OF SUSPICION | | |
|---|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | History of attached tick or tick bite prior to symptom onset? | Date (YY/MM/DD): Duration of attachment: <input type="checkbox"/> <12-23 H <input type="checkbox"/> 24-35 H <input type="checkbox"/> >36 H <input type="checkbox"/> Unknown *Ticks can only be submitted for testing under special circumstances. For more information contact the National Microbiology Laboratory at 204-789-2000 or by email at ticks@phac-aspc.gc.ca |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Visit to a Lyme disease endemic or risk area? If travel to Europe, specify European Lyme serology. *Most of Windsor-Essex County is considered to be endemic for Lyme. | Locations: _____ Dates (YY/MM/DD): _____ |

To determine when serology, post-exposure prophylaxis and/or treatment is appropriate, please refer to Health Quality Ontario’s **Clinical Guidance Document: Management of Tick Bites and Investigation of Early Localized Lyme Disease**. For risk areas, please refer to Public Health Ontario’s **Lyme Disease Estimated Risk Areas Map**.

| SECTION D: INFECTION MANAGEMENT | | | |
|---|--|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Investigating | Are you making a diagnosis of Lyme disease? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Was serology completed? | | |
| ✓ | Specimen Type / Date Collected | Collection Kit* | Collection Requisition on Lab Requisition Form |
| | ACUTE blood specimen 5mL Date Collected (YY/MM/DD): ___/___/___ | Blood, clotted – vacutainer tubes (SST) | Request “ Lyme Disease – Serology ”, including symptoms and onset date, exposure (e.g. tick bite), and travel history. NOTE: If European Lyme suspected, specify European Lyme serology. |
| | CONVALESCENT blood specimen 5 mL collected 4 weeks after acute sample. Date Collected (YY/MM/DD): ___/___/___ | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> N/A currently | Was post-exposure prophylaxis or treatment provided to the client? If yes, specify below. | | |
| | MEDICATION | DOSAGE, FREQUENCY, DURATION | DATE STARTED (YY/MM/DD) |
| | Doxycycline | | |
| | Amoxicillin | | |
| | Cefuroxime | | |
| | Other, specify: | | |

*Refers to collection kits that Public Health Ontario Laboratory (PHOL) requires the specimen to be collected with. The **Public Health Lab Service Desk (1-877-604-4567)** is available to answer questions regarding specimen collection.

| SECTION F: PATIENT EDUCATION | |
|------------------------------|--|
| <input type="checkbox"/> | If asymptomatic, advise client to monitor for signs and symptoms for 30 days. |
| <input type="checkbox"/> | Counsel client regarding how Lyme is transmitted and prevention methods. Preventative measures include: <ul style="list-style-type: none"> • Cover up! Wear light-coloured long sleeve shirts, long pants, and closed-toed shoes. • Encourage regular use of tick repellents that contain DEET (concentration ≤ 30% for adults, ≤ 10% for children). • Avoid tick-infested areas when possible. After being outdoors, do a full body check on all people and pets. • Shower within 2 hours of being outdoors, and put clothes into dryer on high heat (min 60 minutes) to kill ticks. • Remove ticks from domestic animals and humans (using tweezers or tick remover). Patient information/fact sheets are available from the Health Unit and on our website (www.wechu.org). |
| <input type="checkbox"/> | Counsel client on how to safely remove ticks, and to remove the tick as soon as possible, and wound care. Ticks can be removed by a tick key or a pair of tweezers, but never by fingers. Avoid squeezing, smothering, burning, or using any other technique to remove the tick that may leave the mouth parts in the skin. |
| <input type="checkbox"/> | Inform clients that they can submit ticks for electronic identification to etick.ca . |
| <input type="checkbox"/> | Inform client/parent that a nurse from the Health Unit will be contacting them. |

REPORTING HEALTH CARE PROVIDER’S SIGNATURE: _____

The most current version of the form is available on our website: <https://www.wechu.org/forms>.