Childhood Lyme disease (LD)

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

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REPORTING INFORMATION (To be completed by CPSP staff) Report number: Month of reporting: Province: Today's date:

Please complete the following sections for the case identified above.

Strict confidentiality of information will be assured.

CASE DEFINITION FOR CHILDHOOD LYME DISEASE

Report a patient less than 16 years of age with Lyme disease, meeting the following criteria:

Confirmed Lyme disease - Patient fulfills one of two conditions:

- 1. Clinical evidence of illness with laboratory confirmation
 - a. isolation of Borrelia burgdorferi from an appropriate clinical specimen
 - b. detection of B burgdorferi DNA by PCR in appropriate tissues

considered most important in reaching the diagnosis):

- 2. Clinical evidence of illness with a history of residence in, or visit to, an endemic area* and with laboratory evidence of infection
 - positive serologic test using the two-tiered serological approach (i.e., ELISA followed by Western blot assays)

Probable Lyme disease - Patient fulfills one of two conditions:

- 1. Clinical evidence of illness without a history of residence in, or visit to, an endemic area* and with laboratory evidence of infection
 - positive serologic test using the two-tiered serological approach (i.e., ELISA followed by Western blot assays)
- 2. Clinician-observed erythema migrans without laboratory evidence but with history of residence in, or visit to, an endemic area*.

Exclusion criteria

Confirmation of infection with a non-tick-borne disease, which fully explains symptoms. Cases diagnosed by methods and/or laboratories not recommended by the Public Health Agency of Canada or the US Centers for Disease Control and Prevention will be excluded.

* An endemic area is defined as a locality in which reproducing populations of *Ixodes scapularis* or *Ixodes pacificus* tick vectors are present and transmission of *B burgdorferi* occurs at the location.

	Month first seen:
SECT	TION 1 – DEMOGRAPHIC INFORMATION
1.1	Date of birth: / / 1.2 Sex: Male Female
1.3	Province/territory of permanent residence:
1.4	Province/territory of diagnosis:
1.5	Postal code – First three digits only:
SECT	TION 2 – CLINICAL HISTORY
2.1	Date of onset of first symptoms://
2.2	Date of clinical diagnosis confirmed: / / DD MM YYYY
2.3	Main presenting symptoms (check all that apply and indicate with a cross in the right-hand column those you

Presentation	Yes	No	Duration of the symptoms prior to diagnosis (days)	Symptoms important in diagnosis
Single erythema migrans (EM) (at least 5 cm in diameter)				
Multiple EM				
Recurrent brief joint swelling				
Single joint arthritis				

SECTION 2 - CLINICAL PRESENTATION (cont'd)

SECTION 3 – LABORATORY DATA

Presentation	Yes	No	Duration of the symptoms prior to diagnosis (days)	Symptoms important in diagnosis
Polyarthritis				
Arthralgia				
Bell's palsy (facial paralysis)				
Other cranial neuropathy				
Radiculoneuropathy				
Meningitis/Lymphocytic meningitis				
Encephalitis/Encephalomyelitis				
Lyme carditis				
A-V heart block				
Palpitations/Arrhythmia				
Headache				
Fever				
Other relevant signs? (Please describe)				

3 1	Was the diagnosis made based only	on clinical presentation	(ea FM)	without laboratory	testine

3.1	was the diagnosis made based only on clinical presentation (e.g., Eivi) without laboratory testing?
	Yes No Unknown If yes, skip to Section 4
3.2	Laboratory testing (check and complete all that apply)

3.2.1 Serological testing (enter all tests completed, including repeat tests – see options below table)

Date DD / MM / YYYY	Positive/ reactive	Negative/ non-reactive	Borderline/ weakly reactive	Unreadable	Not completed
				Date DD / MM / YYYY Positive/ reactive non-reactive weakly reactive	Date DD / MM / YYYY reactive non-reactive weakly reactive Unreadable

Test options: ELISA, IFA, C6, Western Blot IgM, Western Blot IgG, CSF serology 3.2.2 Name(s) of the laboratory(ies) that completed sample testing: 3.2.3 **PCR** Synovial fluid____ CSF___ Other, specify: _____ Sample one: Tissue biopsy____ Result: Positive____ Negative____ Indeterminate_ Sample two: Tissue biopsy____ Synovial fluid___ CSF___ Other, specify: _____ Result: Positive Negative___ Indeterminate____ Where was PCR completed? ____ Culture 3.2.4 Sample one: Tissue biopsy___ Synovial fluid__ CSF___ Other, specify: _____ Negative___ Result: Positive____ Indeterminate__ Sample two: Tissue biopsy____ Synovial fluid___ CSF___ Other, specify: _____ Result: Positive____ Negative___ Indeterminate____

SEC	TION 3 – LABORATORY	DATA	(cont'd)						
3.3	Was any diagnostic test	ing cond	ducted o	outside of Canada? Yes	No Unknown	1				
	If yes, indicate: Labora	tory use	ed							
	Tests									
3.4		-		surveillance definition criteria	a:					
	Confirmed Proba	able 1	P	robable 2						
SEC	TION 4 - TREATMENT					Yes	No	Unknown		
4.1	Did the patient have a h	istory of	a tick b	ite?						
4.2	Did the patient receive of	are in a	n Emer	gency room?						
	If yes, the visit was for:	a tick	bite	_ or Lyme disease symp	otoms					
4.3	•			did he/she receive a prophyla						
	If yes, specify antibiotic:	·								
				ng Duration of treatment						
4.4	Was patient hospitalized	for trea	atment?							
	If yes, duration of hospit	talizatio	n							
4.5				efinitive treatment (does not in	nclude prophylaxis):					
				Dose	Frequency	1	Duratio	on (days)		
	Medication	Yes	No	(per kg body weight)	(per day)			r planned)		
	Amoxicillin									
	Doxycycline									
	Ceftriaxone									
	Anti-inflammatory									
	medication – Other:									
050	TION 5 TO 5 A THENT O		. ,			16.4				
SEC	IION 5 – IREAIMENI O	UICON		mpletion of this section ma t yet known, please leave a		p. If trea	tment	outcome is		
5.1	Did the nationt have nor	eietant r		•	•	Vaa	NI.	Unknaum		
J. 1	Did the patient have persistent or recurrent symptoms after a recommended Yes No Unknown course of oral or IV antibiotics?									
	If yes, specify antibiotic:									
	If no, specify symptoms									
5.2			nent wit	h a subsequent course of an	ntibiotics?					
0.2	Did the patient show improvement with a subsequent course of antibiotics?									
	TION 6 – ENVIRONMENT									
6.1	•		•	disease endemic or risk* area	a in Canada within 3	30 days c	of the c	onset of the		
	symptoms? Yes No Unknown									
	* Known endemic and risk areas in Canada include parts of southern Ontario, Quebec, Nova Scotia, New Brunswick, Manitoba and southern British Columbia (please see provided map)									
	If yes: date:/		JOIUITIDIC	(piease see provided map)						
	MM Y									
	Province		/ Cou	nty/ Town o	r City	/ Park				
6.2	Did the patient reside in	or visit a	a Lyme	disease endemic area outsid	le of Canada within	30 days	of the	onset of the		
	symptoms? Yes N	No	Unknov	wn						
	If yes: date:/									
		YYY	_							
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SECTION 6 - ENVIRONMENTAL EXPOSURE HISTORY (cont'd) Did the patient have a history of a tick bite within 30 days of the onset of the symptoms? Yes___ No___ Unknown___ If no or unknown, go to question 6.4 If yes: Province / County / Town or City / Park In what type of environment was the patient when bitten by the tick(s)? (Check all that apply) Forest____ National or provincial park____ Private or public garden____ Municipal park____ Farmland/Meadow Unknown Other, specify: Describe the activities that the patient was engaged in when they were exposed to the tick(s)? (Check all that apply) 6.5 Playing____ Dog walking____ Picnic___ Hiking___ Gardening___ Camping___ Sports___ Hunting/fishing____ Unknown____ Other, specify:____ I agree to be contacted by the CPSP for further information on this questionnaire, especially about section 5, if not completed at the time of submission. I do not wish to be contacted by the CPSP for further information. SECTION 7 - REPORTING PHYSICIAN First name______Surname____ Address____ Province____ _____ Postal code_____ City____ Telephone number______ Fax number_____ E-mail_____ Date completed_____

Thank you for completing this questionnaire.

LD 2014/07