Connecticut Department of Public Health
Borrelia miyamotoi Case Report Form

Demographic Information

Last Name: _____ First Name: _____ MI: ____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female ☐ Unknown

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

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino Pregnant: ☐ Yes ☐ No ☐ Unknown

Occupation:

Reporting Information

Reporter: Phone Number: Report Date:

Provider and Hospitalization Information

Date first seen by provider: _____ Hospitalized: ☐ Yes ☐ No ☐ Unknown

Provider Name: _____ Hospital: _____

Provider Phone Number: _____ Admission Date: _____ Discharge Date: _____

Outcome: ☐ Recovered, no complications ☐ Recovered, complications (specify)_____

☐ Recovered, no information about complications ☐ Died (date of death) ☐ Unknown

Diagnostic Laboratory Information				
Lab Test	**Collection Date**	**Result**	**Specimen Type**	**Laboratory**
B. miyamotoi culture			Select one	
B. miyamotoi PCR			Select one	
IgG by Indirect ELISA			Select one	
B. Miyamotoi IgM and IgG detection			Select one	
Blood smear				
Other:				
List concurrent testing for other tick-borne diseases below.				
Lab Test	**Collection Date**	**Result**	**Specimen Type**	**Laboratory**

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Clinical Information							
Onset Date:				Final provider diagnoses:			
Symptoms							
Fever:	☐ Yes	☐ No	☐ Unknown	Malaise/fatigue	☐ Yes	☐ No	☐ Unknown
If yes, highest temperature (˚F):				Dyspnea:	☐ Yes	☐ No	☐ Unknown
If yes, relapsing?	☐ Yes	☐ No	☐ Unknown	Anorexia:	☐ Yes	☐ No	☐ Unknown
Headache:	☐ Yes	☐ No	☐ Unknown	Abdominal pain:	☐ Yes	☐ No	☐ Unknown
Chills:	☐ Yes	☐ No	☐ Unknown	Nausea:	☐ Yes	☐ No	☐ Unknown
Myalgia:	☐ Yes	☐ No	☐ Unknown	Diarrhea:	☐ Yes	☐ No	☐ Unknown
Arthralgia:	☐ Yes	☐ No	☐ Unknown	Dizziness:	☐ Yes	☐ No	☐ Unknown
Rash:	☐ Yes	☐ No	☐ Unknown	Meningitis/Encephalitis:	☐ Yes	☐ No	☐ Unknown
If yes, type of rash: ☐ erythematous ☐ maculopapular ☐ erythema migrans ☐ petechial ☐ other:				Vomiting:	☐ Yes	☐ No	☐ Unknown
				Photophobia:	☐ Yes	☐ No	☐ Unknown
Other skin manifestations ☐ Yes ☐ No ☐ Unknown If yes, describe:				Lymphadenopathy: ☐ Yes ☐ No ☐ Unknown If yes: ☐ localized ☐ generalized ☐ other:			
Other Symptoms:							
Does patient have underlying medical conditions or is patient immunocompromised? ☐ Yes ☐ No ☐ Unknown If yes, check all that apply: ☐ cancer ☐ immunosuppressive medications ☐ diabetes ☐ other underlying condition/immunodeficiency; specify:							
Clinical Laboratory Information							
Thrombocytopenia:	☐ Yes	☐ No	☐ Unknown	Leukopenia:	☐ Yes	☐ No	☐ Unknown
Neutropenia:	☐ Yes	☐ No	☐ Unknown	Elevated Liver Enzymes:	☐ Yes	☐ No	☐ Unknown

Exposure Information				
In the 30 days before illness onset did the patient:				**Date(s):**
Have exposure to ticks or tick habitat?	☐ Yes	☐ No	☐ Unknown	
Have a tick bite?	☐ Yes	☐ No	☐ Unknown	
Receive a blood transfusion or organ transplant?	☐ Yes	☐ No	☐ Unknown	
Donate blood or organ?	☐ Yes	☐ No	☐ Unknown	
Travel out of state? If yes, location of travel:	☐ Yes	☐ No	☐ Unknown	
Other notes about exposure:				