

**LYME SURVEILLANCE-Reporting and Testing**

October-November 2015

Greetings Fellow Professionals,

Your office setting has been chosen to participate in a survey related to Lyme disease testing and reporting; this survey refers to the education provided by the Westchester County Department of Health earlier this year. We value your feedback and will utilize this information when developing future educational material. Please take a moment of your valuable time to complete the short survey and fax back to the **Department of Health at FAX # 914-995-5343 by November 10, 2015**, With your input, we will be better able to further develop health promotion and disease prevention efforts in our population.

Sincerely,

Lori Smittle, RN, MSN, APHN-BC

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1. Prior to the information provided by the Department of Health, were you consistently reporting EMs only?

YES  NO

2. After receiving the information provided by the Department of Health, are you consistently reporting EMs?

YES  NO

3. Did the information provided by the Department of Health facilitate more accurate reporting of Lyme?

YES  NO

4. Did the information provided by the Department of Health facilitate more appropriate testing of Lyme?

YES  NO

5. Did you find the Lyme reporting sheet helpful?

YES  NO

5. Do you feel more comfortable contacting the Department of Health with questions related to Lyme reporting and testing?

YES  NO

Please Add your Comments:

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Thank you for taking the time to complete this survey! Lori Smittle, MSN, RN, WCDOH

Lyme Disease Multiple Case Report Form

Check here if you need more forms

Date Form Received		Patient Name		Street Address, Town, County & State, Zip Code		D O B		Sex		Race		Was Pt Pregnant?		Was Pt Hospitalized?		Date of Initial Onset of Sx.		Date of DX		EM ≥ 5 cm		Recurrent Joint Effusions (swelling) Arthritis		Cranial Nerve Palsy		Radicular -Neurop or -Cytic Meningi-		Encephalo -Myelitis & Antibody In CSF> Serum		2 <sup>o</sup> or 3 <sup>o</sup> AV Block		E/AS/ E/AN/ E/A		Western Blot		Risk factors (tick bite, other tick disease please specify)		Physician diagnosed Lyme disease? Please list Symptoms							

Key:

- W=White
  - B=Black
  - AP=Asian Pacific Islander
  - AN=American Indian/Alaskan Native
  - O=Other
  - U=Unknown
- Y=Yes
  - N=No
  - U=Unknown
  - ND=Not Done
- P=Positive
  - N=Negative
  - E=Equivocal
  - U=Unknown

Reporting Individual: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Note: All blanks will be interpreted as unknown. Forms should be faxed to 914-813-5182 when completed