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Lyme Disease (Borrelia burgdorferi) 1996 Case Definition | CDC  
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Lyme Disease (  
Borrelia burgdorferi  
)  
1996 Case Definition  
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Borrelia burgdorferi  
)  
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NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
Clinical Description  
A systemic, tickborne disease with protean manifestations, including dermatologic, rheumatologic, neurologic, and cardiac abnormalities. The best clinical marker for the disease is the initial skin lesion (i.e., erythema migrans [EM]) that occurs in 60%-80% of patients.  
Laboratory Criteria For Diagnosis  
Isolation of  
Borrelia burgdorferi  
from a clinical specimen,  
OR  
Demonstration of diagnostic immunoglobulin M or immunoglobulin G antibodies to  
B. burgdorferi  
in serum or cerebrospinal fluid (CSF). A two-test approach using a sensitive enzyme immunoassay or immunofluorescence antibody followed by Western blot is recommended.  
1  
Exposure  
Exposure is defined as having been (less than or equal to 30 days before onset of EM) in wooded, brushy, or grassy areas (i.e., potential tick habitats) in a county in which Lyme disease is endemic. A history of tick bite is not required.  
Endemicity  
A county in which Lyme disease is endemic is one in which at least two confirmed cases have been previously acquired or in which established populations of a known tick vector are infected with  
B. burgdorferi  
.  
Case Classification  
Confirmed  
A case with EM,  
OR  
A case with at least one late manifestation (as defined below) that is laboratory confirmed.  
Comments  
This surveillance case definition was developed for national reporting of Lyme disease; it is not intended to be used in clinical diagnosis.  
Definition of terms used in the clinical description and case definition:  
Erythema migrans  
. For purposes of surveillance, EM is defined as a skin lesion that typically begins as a red macule or papule and expands over a period of days to weeks to form a large round lesion, often with partial central clearing. A single primary lesion must reach greater than or equal to 5 cm in size. Secondary lesions also may occur. Annular erythematous lesions occurring within several hours of a tick bite represent hypersensitivity reactions and do not qualify as EM. For most patients, the expanding EM lesion is accompanied by other acute symptoms, particularly fatigue, fever, headache, mildly stiff neck, arthralgia, or myalgia. These symptoms are typically intermittent. The diagnosis of EM must be made by a physician. Laboratory confirmation is recommended for persons with no known exposure.  
Late manifestations  
. Late manifestations include any of the following when an alternate explanation is not found:  
Musculoskeletal system  
. Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints, sometimes followed by chronic arthritis in one or a few joints. Manifestations not considered as criteria for diagnosis include chronic progressive arthritis not preceded by brief attacks and chronic symmetrical polyarthritis. Additionally, arthralgia, myalgia, or fibromyalgia syndromes alone are not criteria for musculoskeletal involvement.  
Nervous system  
. Any of the following, alone or in combination: lymphocytic meningitis; cranial neuritis, particularly facial palsy (may be bilateral); radiculoneuropathy; or, rarely, encephalomyelitis. Encephalomyelitis must be confirmed by demonstration of antibody production against  
B. burgdorferi  
in the CSF, evidenced by a higher titer of antibody in CSF than in serum. Headache, fatigue, paresthesia, or mildly stiff neck alone are not criteria for neurologic involvement.  
Cardiovascular system  
. Acute onset of high-grade (2nd-degree or 3rd-degree) atrioventricular conduction defects that resolve in days to weeks and are sometimes associated with myocarditis. Palpitations, bradycardia, bundle branch block, or myocarditis alone are not criteria for cardiovascular involvement.  
References  
Centers for Disease Control and Prevention. Recommendations for test performance and interpretation from the Second National Conference on Serologic Diagnosis of Lyme Disease.  
MMWR  
Morb Mortal Wkly Rep 1995; 44:590–1.  
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