

Tiny Ticks Cause for Caution

Know the facts for prevention and treatment of Lyme Disease

Editor's note: This news release serves as a reminder about Lyme disease. Further information is available by accessing the resources noted below.

As warm weather arrives and people begin to spend more time outdoors, the likelihood of encountering ticks and tick-borne diseases increases. A tiny tick, about the size of a poppy seed, called the black-legged deer tick or *Ixodes scapularis*, is a primary carrier of the bacterium (*Borrelia burgdorferi*) that causes Lyme disease. Lyme disease is a bacterial infection often accompanied by flu-like symptoms, typically accompanied by a round, bullseye-shaped rash around the tick bite area.

The more than 8,000 members of the Infectious Diseases Society of America (IDSA), the nation's leading infectious disease experts, want people to know the facts about Lyme disease and enjoy their usual outdoor activities without undue concern.

"With tick season upon us, it's important to put Lyme disease into perspective," said Gary P. Wormser, MD, chairman of the IDSA's expert panel on Lyme disease and chief, division of infectious diseases, department of medicine, New York Medical College, Valhalla. "It's not a disease to be taken lightly, but it is preventable and highly treatable."

INCIDENCE OF LYME DISEASE

According to the Centers for Disease Control and Prevention (CDC), about 20,000 people a year get Lyme disease, the vast majority of whom are easily treated and cured with common antibiotic therapies.

Nearly all cases of Lyme disease are found in the Mid-Atlantic and northeast states. A number of cases also have been reported in Wisconsin, Minnesota and northern California. Although cases have been reported in all states, the cases that meet ac-

cepted diagnostic criteria typically involve a person who recently lived in or visited states where Lyme disease is common.

PREVENTING LYME DISEASE

"The best method for managing Lyme disease is to avoid tick-infested areas. If exposure to ticks is unavoidable, measures should be taken to decrease the risk that ticks will attach to the skin," Dr. Wormser said. Some simple steps to avoid the tick bites that cause Lyme disease include:

- Wear protective, light-colored clothing that minimizes exposed skin and provides a contrast to ticks, making them more visible.
- If you are outdoors and may have been exposed to ticks, check your entire body every day to locate and remove ticks.
- Use tick and insect repellents and apply them to your exposed skin and clothing, following directions on product labels.

TREATING LYME DISEASE

A tick must be attached to a person for at least 24 hours before Lyme disease can be contracted. In fact, some studies suggest the tick must be attached for nearly 72 hours. Most people who are bitten by ticks do not get Lyme disease but, of those who do, seven in 10 people will develop a telltale rash, known as erythema migrans that is a clinical sign of Lyme disease. In addition to a circular, red rash surrounding the site of a tick bite, people may also have swelling in their joints and, sometimes, facial paralysis. "The symptoms are sometimes alarming, but with proper diagnosis and treatment most will disappear in a few weeks," Dr. Wormser said.

Persons who remove attached ticks should be monitored closely for signs and symptoms of tick-borne diseases for up to 30 days. Most patients who develop Lyme disease are cured with a single course (10-28 days) of antibiotics, depending on the stage of their illness. Occasionally a second course of treatment is necessary. More prolonged antibiotic therapy is not recommended and may be dangerous.

CHRONIC OR POST-LYME DISEASE SYNDROME

A few patients report a variety of non-specific symptoms such as muscle pain, joint pain or fatigue. Some have developed these symptoms following an episode of Lyme disease that was treated appropriately but the same symptoms often occur in persons who never had the disease.

A small group of physicians have diagnosed such patients as having "chronic" Lyme disease and advocate treating them with repeated or prolonged courses of oral or intravenous (IV) antibiotics, but Wormser cautions

that "there are no convincing published data showing such treatment regimens to be effective."

Further, long-term antibiotic therapy may be dangerous and can lead to potentially fatal infections in the bloodstream as a result of intravenous treatment. Although the bacteria that causes Lyme disease does not acquire resistance to antibiotics, long-term antibiotic exposure can lead to drug-resistance among other microorganisms, creating "superbugs" that cannot be treated with currently available drugs.

Patients who continue to have symptoms that persist after appropriate antibiotic treatment for Lyme disease should talk to their physicians about whether the original diagnosis was accurate or if they may have a different or new illness.

The scientific data do not support a separate diagnosis of "chronic" Lyme disease, according to the 14-member panel of infectious disease clinicians and researchers who developed the IDSA's Clinical Practice Guidelines for Lyme Disease. ●

More information about Lyme disease—including a fact sheet for the public and practice guidelines for physicians—can be found on the IDSA website at WWW.IDSOCIETY.ORG.

