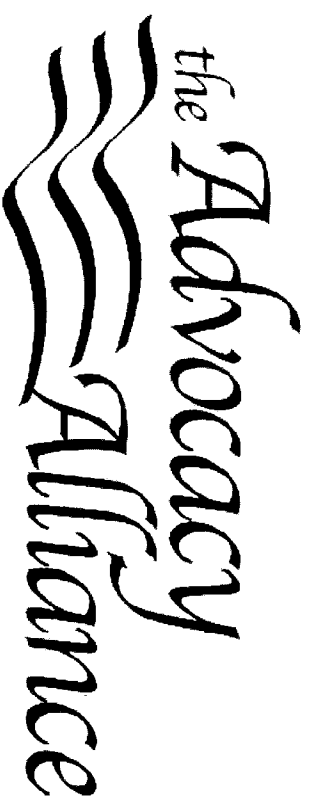


LYMME DISEASE



Health Care Quality Units

Disclaimer

The information presented to you today is intended to increase your awareness.

This information is not intended to replace medical advice.

If you are in need of medical advice, please contact your physician.

Objectives

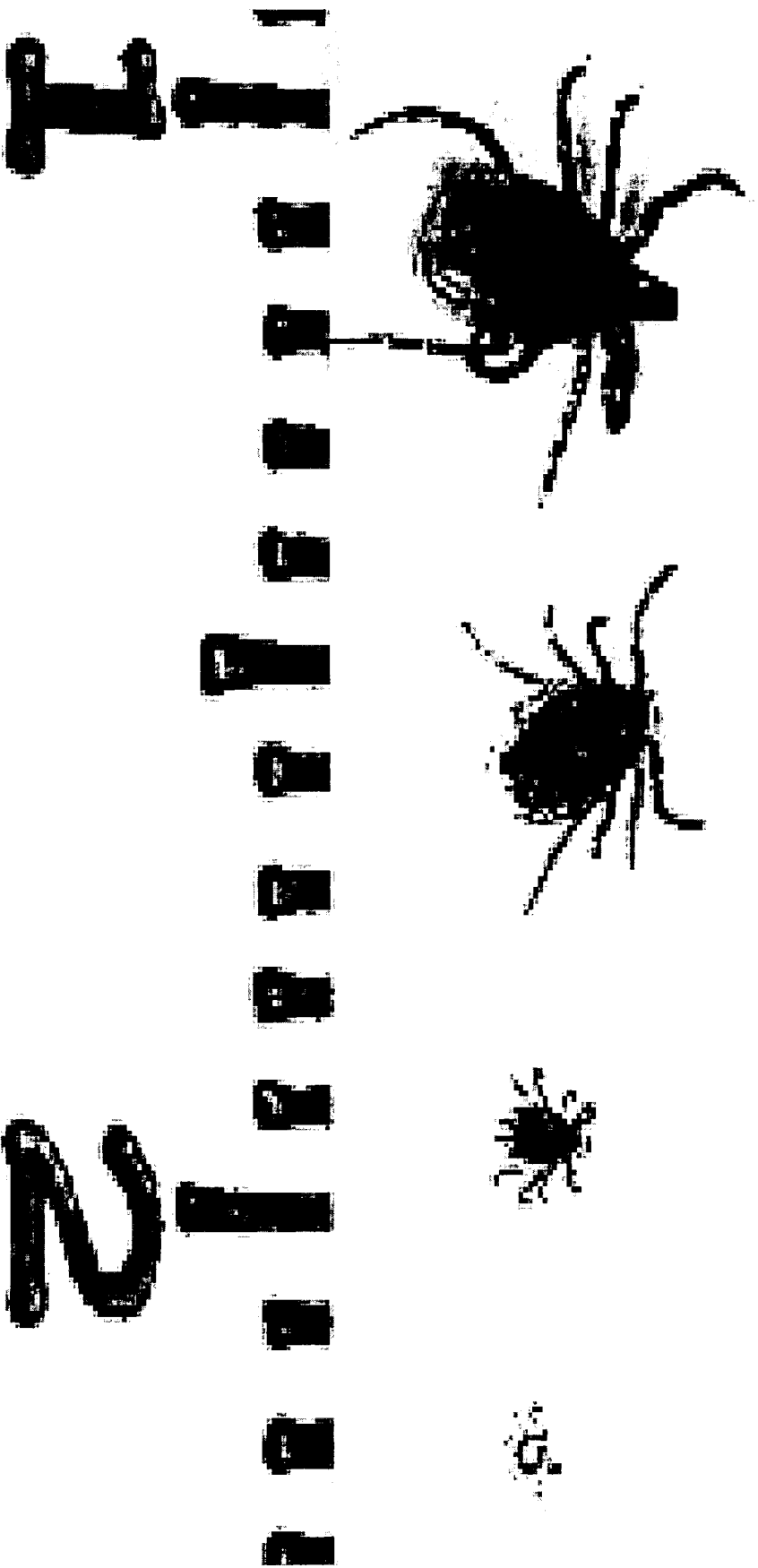
The participant will learn to identify:

- Risk factors for Lyme Disease.
- Symptoms of Lyme Disease.
- How Lyme Disease is diagnosed.
- Treatment of Lyme Disease.
- Preventative measures to avoid a bite.
- Principles of proper tick removal.

Introduction

- Named in 1977 in and around Lyme, Connecticut.
- Caused by the bacterium, *Borrelia burgdorferi*.
- Transmitted to humans by the bite of infected deer ticks.

Deer Ticks

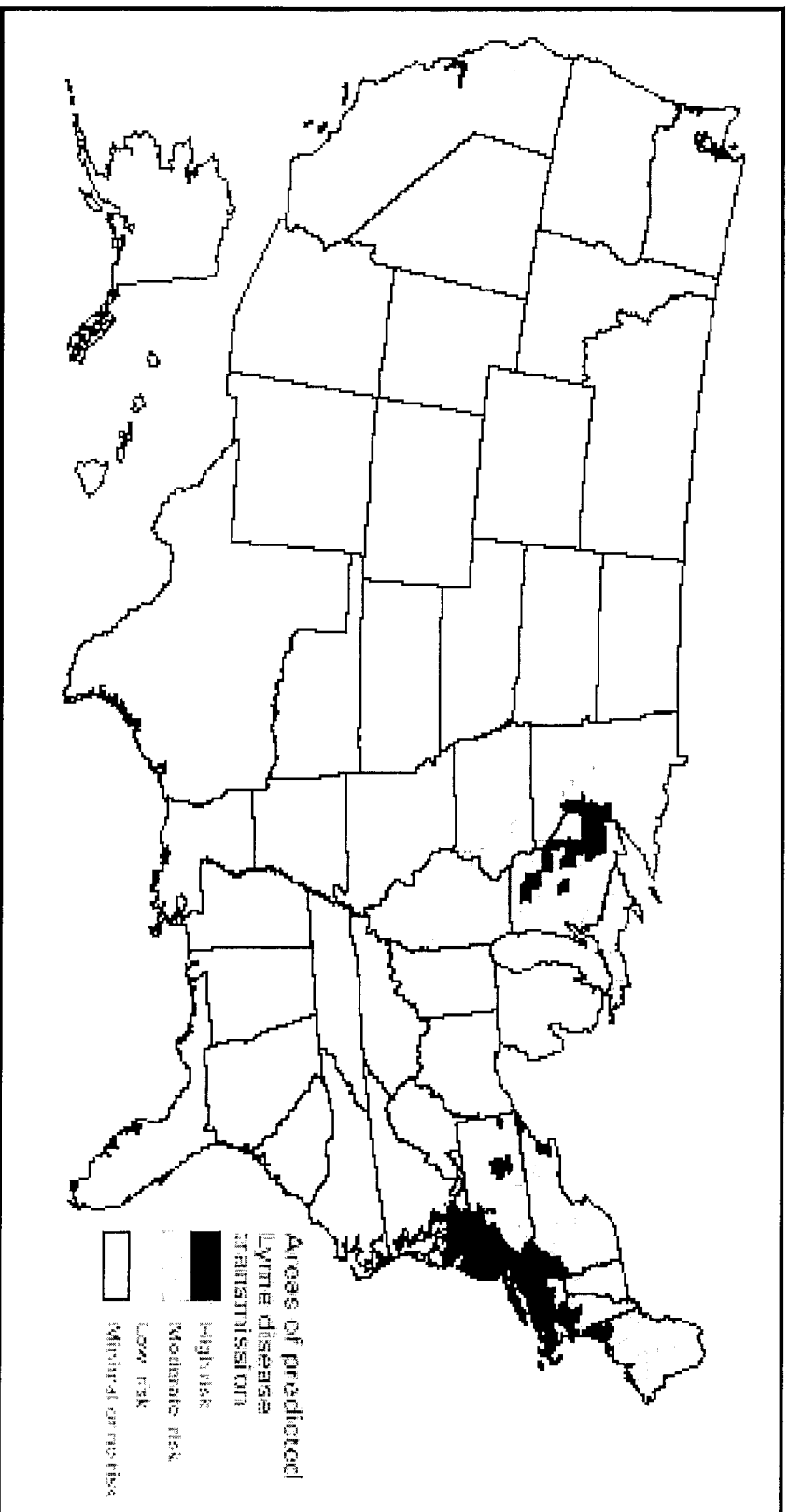


Risk

Lyme Disease is mostly localized to:

- Northeastern United States.
- Mid-Atlantic States.
- Upper north-central regions of the United States.
- Several counties in northwestern California.

National Lyme disease risk map with four categories of risk



Note: This map demonstrates an approximate distribution of predicted Lyme disease risk in the United States. The true relative risk in any given county compared with other counties might differ from that shown here and might change from year to year. Risk categories are defined in the accompanying text. Information on risk distribution within states and counties is best obtained from state and local public health authorities.

Symptoms

- Characteristic “bull’s-eye” rash.
- Erythema migrans.
- Fever.
- Malaise.
- Headache.
- Myalgia (muscle aches).
- Arthralgia (joint aches).

Schwartzberg



Symptoms

If Lyme disease isn't treated properly, other signs may appear weeks or months after the tick bite such as:

- Arthritis (especially in the knees).
- Numbness or paralysis (often facial muscles).
- Problems with the heart rhythm.
- Problems with memory or concentration.

Diagnosis

- Based primarily on clinical findings.
- Serologic testing may provide supportive diagnostic information in patients with endemic exposure and objective clinical findings that suggest later stage Lyme disease.

Diagnosis

- Lyme disease bacteria are not transmitted from person-to-person.
- Having had Lyme disease doesn't protect against re-infection.

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Treatment

- Antibiotic treatment for 3-4 weeks with Doxycycline or Amoxicillin is generally effective in early disease.
- Cefuroxime Axetil or Erythromycin can be used for those allergic to Penicillin or who cannot take Tetracyclines.

Prevention

- Avoid tick-infested areas, especially in May, June and July.
- Wear light-colored clothing so that ticks can be easily spotted.
- Wear long-sleeved shirts and closed shoes and socks.

Prevention

- Tuck pant legs into socks or boots and tuck shirt into pants.
- Apply insect repellent containing *permethrin* to pants, socks, and shoes, and compounds containing *DEET* on exposed skin. Do not overuse these products.

Prevention

- Walk in the center of trails to avoid overgrown grass and brush.
- After being outdoors in a tick-infested area, remove, wash, and dry clothing.
- Inspect the body thoroughly and carefully remove any attached ticks.
- Check pets for ticks.

Tick Removal

Tug gently but firmly with blunt tweezers near the “head” of the tick until it releases its hold on the skin.



Tick Removal

- To lessen the chance of contact with the bacterium, try not to crush the tick's body or handle the tick with bare fingers.
- Swab the bite thoroughly with an antiseptic to prevent bacterial infection.