Lyme Disease Action
The Lyme and Borreliosis Charity
Striving for the prevention and treatment of
Lyme disease and associated tick-borne diseases

P.O. Box 235, Penryn, TR10 8WZ

To GPs across the UK

April 2014

Dear Doctor

**World Health Day 2014 - Vector-borne diseases - April 7th**

**Lyme disease** is the most common vector-borne human infection in the UK. It is transmitted by the bite of an infected tick. We would like to take this opportunity of making you and your staff aware of the following:

- **Ticks** occur in damp vegetation across the UK. Their hosts include sheep, deer, foxes, badgers, hedgehogs, mice and birds.
- Your patients may be bitten while walking in woodland or clearing out an overgrown garden in a suburb. **Town or countryside**: wherever there is wildlife and damp vegetation there are ticks.
- Ticks should be **removed as soon as possible** with a tick removal tool or fine pointed tweezers: do not smother the tick.
- Symptoms of Lyme disease develop on average **14 days after the tick bite**.
- The **erythema migrans** rash expands slowly and tends not to itch or be hot; **beware of diagnosing cellulitis only** and think of using doxycycline.
- **The rash should be treated** without waiting for a blood test which may be negative in the first 6-8 weeks of infection.
- **Check the BNF** for recommended doses of antibiotics, especially for children.
- Facial **palsy** with fever in children in summer has been shown to predict Lyme disease in an endemic area such as the UK.
- In adults think of Lyme disease in **fatigue and myalgia / arthralgia**.
- Lyme disease can affect the nervous system, joints, heart and eyes and if not treated early there can be **a more severe illness** with worse outcome.
- Early treatment with antibiotics or steroids can prevent the development of a detectable antibody response resulting in **negative blood tests**.
- Include follow-up as **relapses can occur** and should be re-treated promptly.

For further information visit www.LymeDiseaseAction.org.uk or email our Medical Director's team at medics@LymeDiseaseAction.org.uk if you have specific questions.

Yours sincerely

Trustees of Lyme Disease Action

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Registered in England

Public Health England

# Lyme disease, ticks and your patient's health

Ticks can carry a number of pathogens, including those that can cause Lyme disease. This leaflet contains important guidance and health advice on Lyme and what symptoms to look out for in patients, what treatment to follow and how Lyme is transmitted.

The classic 'bull's eye' rash doesn't always develop.

- Lyme disease is transmitted by the bite of an infected tick, but many patients do not recall the bite or find a tick on their bodies. Not all ticks carry *Borrelia* organisms that cause Lyme, but transmission can occur from infected ticks in less than a day, although prompt removal within a few hours will usually prevent this

- Lyme disease can be contracted in parks, gardens and rural areas across most of the country (wherever deer, hares or rabbits can enter), and is common in areas such as the New Forest, Thetford Forest, the Lake District and the highlands of Scotland

- Areas with scrub or long grass harbour ticks and are a higher risk than short mown lawns. About 20% of cases are acquired in Europe and the United States so a history of rural visits in these countries is important in suggesting the diagnosis

- The classic erythema migrans (EM) rash is diagnostic of Lyme disease and should be treated with antibiotics. Blood tests for Lyme disease may be negative at this stage. The disease can be arbitrarily divided into early manifestations, which include a typical rash (erythema migrans), acute neuroborreliosis or Lyme carditis and late manifestations like arthritis, acrodermatitis chronic atrophicans and some rare manifestations of neurological disease. In the UK the rash may be absent in up to 30% of patients who will present with neurological signs or arthralgia. A patient presenting with Bell's palsy, unexplained radiculitis or arthritis and a history of possible exposure should be tested for Lyme disease

For more information contact your local consultant microbiologist or from the Public Health England (PHE) Rare and Imported Pathogens Laboratory (RIPL) at Porton Down on 01980 612348. PHE is a new health organisation that includes the remit previously held by the Health Protection Agency.

**For more details, visit www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/LymeDisease/**