



**LDA**  
Lyme Disease Action  
Conference 2015  
Stella Huyshe-Shires



The odd one out?




Making headway

Public Health England – RIPL  
Department of Health  
GPs  
. . . . but **not** infectious diseases consultants



Relationships – 2014 conference

Martin Andersson  
Lund University, Sweden

Took donated ticks:  
Bath, Devon, Norfolk




Tick screening results

**Borrelia in 6.25%** of the ticks, quite evenly in samples.  
• higher than in Hansford et al (4.2%)  
• Lower than Europe: eg Sweden 20%

**Anaplasma: zero**  
• Low sample size? Suspicious of assay – will re-run.

**Neoehrlichia– zero.**  
• UK one of v few European countries without  
• But low sample

**Babesia: 1%**  
• Only in Bath (so perhaps 3%). Normally v local  
• *B. venatorum* – human pathogen in milder cases



Relationships – 2014 conference

Richard Birtles  
University of Salford

New grant application:  
“Optimising the value of the UK’s  
expanding woodlands –  
quantifying Lyme disease risk in  
the context of ecosystem  
services.”



Why do people catch Lyme  
disease where they do?

Asking for LDA input



## EFNS Guidelines

European Federation of Neurological Societies

Examined European trials – Table 3 (see handout)

**Conclusion: Lyme neuroborreliosis:**

There have been no quality European trials of different antibiotics, dose or duration

*(but none the less, here are recommendations based on "good practice points")*



## Antibiotic treatment

**LDA's view:**

1. Normal recommended treatment doesn't always work
2. We don't know why
3. There are some ideas . . .



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**Theme: Treatment of Lyme disease**