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WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

HEALTH ADVISORY #141
Dramatic Increase in Lyme Disease Cases

TO: **West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities**

FROM: **Rahul Gupta, MD, MPH, MBA, FACP, Commissioner and State Health Officer**
WVDHHR, Bureau for Public Health

DATE: **November 20, 2017**

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

West Virginia will report the highest number of Lyme disease cases on record in 2017. As of November 8, 2017, 571 confirmed and probable Lyme disease cases have been reported compared to the previous record of 368 cases in 2016. The geographic distribution of cases has also increased. As of November 8, 2017, 45 counties have reported at least one confirmed or probable Lyme disease case, up from 11 counties in 2012. This increase could be the result of increased reporting, increase in the number of *Ixodes scapularis* ticks infected with *Borrelia burgdorferi* in West Virginia, or a recent change in the national surveillance case definition for Lyme disease. Based on the change, West Virginia is considered a high incidence Lyme disease state, and the presence of an erythema migrans (EM) with known exposure in the state is sufficient for a patient to be classified as a confirmed surveillance case.

Laboratory testing is important for diagnosing Lyme disease. The following tests are recommended:

- A positive two-tier test (positive or equivocal IFA/EIA screen followed by a positive Immunoglobulin M (IgM) or Immunoglobulin G (IgG) western immunoblot (WB) for Lyme disease
- A positive culture for *B. burgdorferi*
- A single IgG WB

Symptoms of Lyme disease include: erythema migrans (EM rash), arthritis, lymphocytic meningitis, cranial neuritis, facial palsy, radiculoneuropathy, encephalomyelitis, and atrioventricular block. Patients treated early and appropriately with antibiotics (e.g. doxycycline) usually recover quickly from infections.

Lyme disease occurs annually in West Virginia with most cases developing symptoms between April and September. The emergence of adult *Ixodes scapularis* in the fall contributes to additional cases being reported through the end of the year. Ticks are mostly active during warm months but were active during winter months this past season. It is important to remind patients to conduct tick checks on themselves (and their pets) when visiting wooded areas. The use of a repellent (e.g. DEET, picaridin, oil of eucalyptus) can deter ticks from biting.

Lyme disease is reportable to the local health department (LHD) in the patient's home county within one week. Please work with your LHD to obtain patient information necessary for surveillance. For more information about tickborne diseases in West Virginia, please contact your LHD or the Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (DIDE) at 1 (800) 423-1271 ext.1; (304) 558-5358 ext. 1; or the 24/7 answering service at (304) 925-9946. Information is also available on DIDE's website at www.dide.wv.gov.