

## PRACTICAL PEARL: Spring Brings Ticks and Lyme Disease

<b>INTRODUCTION</b>	<ul style="list-style-type: none"><li>• Caused by a tick- borne bacteria –<i>Borrelia burgdorferi</i></li><li>• Carried by Ixodes ticks, which must be attached and engorged for &gt;36-48 hours to transmit disease</li><li>• Phases of disease include:</li><li>• Early: classic erythema migrans (EM) rash with low grade fevers, headache.</li><li>• Later: disseminated rash or arthritis, meningitis, or carditis.</li><li>• Chronic pain and fatigue after Lyme disease treatment are rare in children; <i>no benefit to additional antibiotic treatment</i> AAP Red Book 2018, ed 31<sup>st</sup> ed. Pg. 515-523</li></ul>
<b>INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE</b>	<ul style="list-style-type: none"><li>• If history of tick exposure and expanding erythematous macular rash consistent with EM, then Rx for Lyme disease should be considered <i>without</i> serologic testing.</li><li>• Rx for early Lyme disease: 10 days of doxycycline for children and adults</li><li>• Consider serology (C6 antibody) if a child has evidence of tick exposure and more advanced symptoms, such as arthritis or other later stage manifestations.</li><li>• Provide anticipatory guidance for prevention of Lyme disease and other tick-borne infections such as insect repellents, outdoor clothing with long sleeves, tick “checks” and removal techniques. NO testing of the tick is recommended!</li><li>• Tick bite prophylaxis with one dose of oral doxycycline for a tick attached &gt;36 hrs. was approved for all pediatric patients in 2018</li><li>• <a href="#">IDSA Guidelines</a></li><li>• <a href="#">CDC site on Lyme</a></li><li>• <a href="#">CDC site on Ticks</a></li></ul>
<b>WHEN TO REFER</b>	<ul style="list-style-type: none"><li>• Questions about diagnosis, testing for co-infections with other tick-borne pathogens, optimal antimicrobial selection and treatment course</li><li>• Recurrent symptoms in a previously treated patient</li></ul>
<b>HOW TO REFER</b>	<ul style="list-style-type: none"><li>• (413) 794-KIDS Request Pediatric Infectious Diseases appointments</li><li>• For more urgent access, please call the Pedi ID doctor on call</li></ul>
<b>WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT</b>	<ul style="list-style-type: none"><li>• Current patient information and pertinent medical records from the primary care office will be requested prior to the visit for review</li><li>• Due to the nature of some patients’ symptoms, other referrals, such as orthopedics, rheumatology or possible inpatient admission for additional evaluation and treatment may be recommended.</li></ul>