

PRACTICAL PEARL: Spring Brings Ticks and Lyme Disease

INTRODUCTION	<ul style="list-style-type: none">• Caused by a tick- borne bacteria –<i>Borrelia burgdorferi</i>• Carried by Ixodes ticks, which must be attached and engorged for >36-48 hours to transmit disease• Phases of disease include:• Early: classic erythema migrans (EM) rash with low grade fevers, headache.• Later: disseminated rash or arthritis, meningitis, or carditis.• 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 31st ed. Pg. 515-523
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none">• 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.• Rx for early Lyme disease: 10 days of doxycycline for children and adults• Consider serology (C6 antibody) if a child has evidence of tick exposure and more advanced symptoms, such as arthritis or other later stage manifestations.• 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!• Tick bite prophylaxis with one dose of oral doxycycline for a tick attached >36 hrs. was approved for all pediatric patients in 2018• IDSA Guidelines• CDC site on Lyme• CDC site on Ticks
WHEN TO REFER	<ul style="list-style-type: none">• Questions about diagnosis, testing for co-infections with other tick-borne pathogens, optimal antimicrobial selection and treatment course• Recurrent symptoms in a previously treated patient
HOW TO REFER	<ul style="list-style-type: none">• (413) 794-KIDS Request Pediatric Infectious Diseases appointments• For more urgent access, please call the Pedi ID doctor on call
WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT	<ul style="list-style-type: none">• Current patient information and pertinent medical records from the primary care office will be requested prior to the visit for review• 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.