

Durham Region Health Department FAX about...



For Health Care Professionals

Lyme Disease is rising in Durham Region

Durham Region Health Department (DRHD) has identified **31** confirmed and probable human Lyme Disease cases already this year as of July 29, 2021.

Confirmed and Probable Cases	Full Year	January - July
2016	24	11
2017	49	21
2018	37	17
2019	68	24
2020	49	26
2021	N/A	31 (to July 29)

Lyme disease (LD) is a preventable disease caused by the **bacterium** *Borrelia burgdorferi*. It is **transmitted** to humans through the **bite** of **infected** ticks. In Ontario, *lxodes scapularis* (the **blacklegged** tick or "deer tick") is the **sole** vector of *B. burgdorferi*. **Blacklegged** ticks have now become **established** in **many areas** within, and around, **Durham Region**. Visit the Public Health Ontario (PHO) website for the most recent map of Lyme disease risk areas in Ontario. While these are the known established blacklegged tick locations, it's important to know it's possible to come into contact with this species of tick almost anywhere in Ontario.

The **incubation period** for early stage LD infection is usually **1 to 4 weeks** after exposure. During this period, **70 - 80% of cases** will exhibit some form of <u>red, expanding rash</u>, sometimes resembling a **"bull's eye"** (erythema migrans). Visit <u>CDC's webpage</u> to see some non-bull's eye versions of the rash. Other early symptoms may include fever/chills, headache, muscle or joint pain, fatigue /sleep disturbance, stiff neck and swollen lymph nodes.

LD is **preventable** and **prompt treatment** with appropriate **antibiotics** is important. If left untreated, the disease can **progress** to a **more serious illness** involving the **musculoskeletal**, **cardiac** and/or **nervous systems**. **Not all blacklegged ticks are infected**, and an infected tick must generally be **attached and feeding** on an individual for **at least 24 hours** before it can **transmit** the bacteria to a human host. Prompt removal of attached ticks is important to prevent LD.

DRHD is currently not able to accept tick submissions for identification and potential testing. If your patient is interested in having the tick identified, <u>https://etick.ca/</u> is a free online service that uses a photograph of the tick to identify its type. It should be noted that **tick identification** is meant **for surveillance** purposes and **not for clinical diagnosis**.

Diagnosis of LD should be based on clinical signs and symptoms plus the health care provider's (HCP's) clinical judgement. HCPs are encouraged to access **Health Quality Ontario's** *Clinical*



Guidance Document – Management of Tick Bites and Investigation of Early Localized Lyme Disease for an early diagnosis and treatment algorithm and information at https://hgontario.ca/Portals/0/documents/evidence/gs-clinical-guidance-lyme-disease-en.pdf

Laboratory testing (blood work) can be used to support a diagnosis of LD. However, it is important to note that, due to insufficient antibody production, false negative results can occur in patients with early stage LD, or patients previously treated with antibiotics. Generally, blood test accuracy increases as the LD infection progresses, although a small proportion of patients with later-stage LD may continue to test negative.

When ordering blood work, HCPs should indicate "Lyme disease testing" on the PHO Laboratory (PHOL) General Test Requisition Form and list the patient's clinical symptoms (with onset date), plus any known exposure and travel history. For further information on laboratory testing for LD access the PHOL website at <u>https://www.publichealthontario.ca/en/laboratory-services/test-information-index/lyme-disease-serology</u>

LD is a Disease of Public Health Significance and HCPs must report all cases, including clinical or suspect cases (no laboratory confirmation), to the DRHD at 905-723-3818 or 1-888-777-9613.

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