



COMMONWEALTH of VIRGINIA

Department of Health

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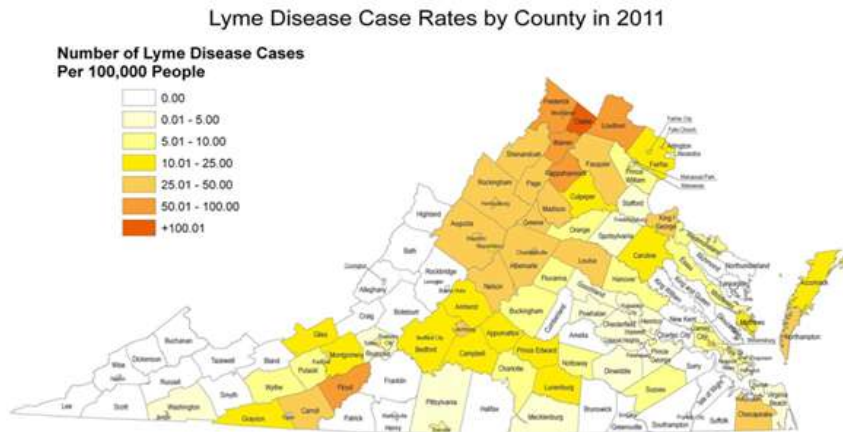
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STATE HEALTH COMMISSIONER

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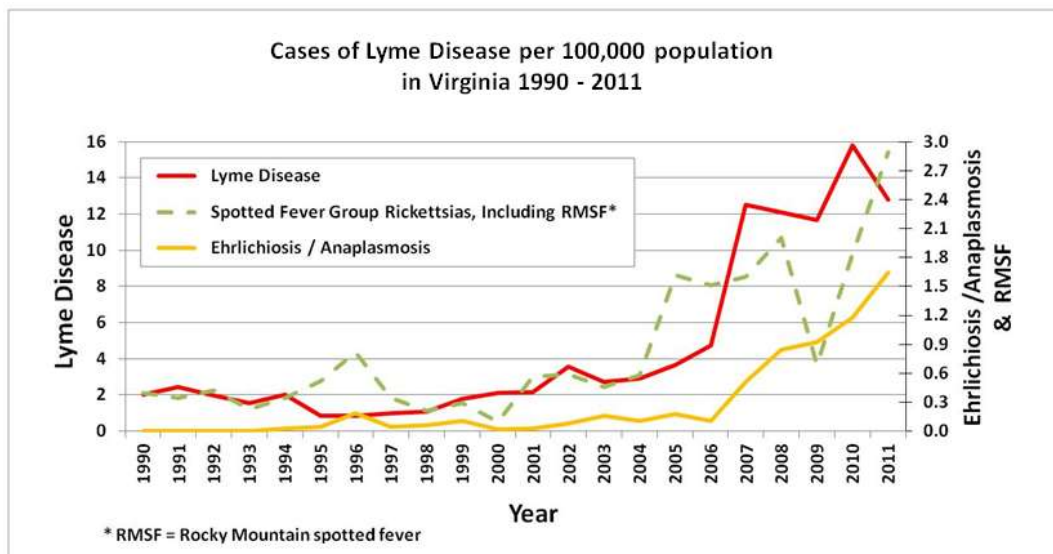
May 17, 2012

Dear Colleague,

Wherever you practice in Virginia, you now have to assume that any patient exposed to ticks is at risk for Lyme disease and other tickborne diseases. In 2011, there were 1,023 confirmed or probable cases of Lyme disease and as you can see in the map, cases were confirmed in all regions of the state. In preparation for what may be a busy tick season this year, I am writing to build upon last year's communication and to provide you with the most current information about Lyme disease and other clinically relevant tickborne diseases in Virginia. In addition, I want to be sure you have access to helpful tickborne disease resources and recommended prevention guidance to provide your patients.



The chart below shows that Lyme disease continues to be the most commonly reported tickborne disease in Virginia. However, diseases such as ehrlichiosis, anaplasmosis and Rocky Mountain spotted fever (RMSF) are also increasing. The reported cases of these diseases are much smaller in comparison to cases of Lyme disease. In 2011, there were 231 cases of RMSF, and 131 cases of ehrlichiosis/anaplasmosis (76% were determined to be ehrlichiosis).



An infected tick must be attached to the skin for at least 36 hours to transmit Lyme bacteria, *Borrelia burgdorferi*, 24 hours to transmit ehrlichiosis/anaplasmosis, and only 4-6 hours to transmit RMSF. Transmission cannot occur without the tick bite but many people may not remember being bitten. In some cases, a patient may come to you after noticing symptoms, such as a rash, that are commonly associated with a tickborne illness. Other patients may describe symptoms of fatigue, chills, fever, headache, myalgias or arthralgias without the characteristic rash.

Lyme disease and other tickborne infections should be considered in any patient who presents with a febrile illness during the warm weather months. Most patients, when treated with antibiotics in the early stages, quickly recover. Early treatment for Lyme disease and other tickborne diseases depends upon clinical suspicion based on exposure, symptom history, and findings from the physical exam. Laboratory testing can be an important aid in diagnosing a tickborne disease. However, for Lyme disease it can take several weeks after infection for the body to produce sufficient antibodies to be detected by some tests. Patients tested early, particularly during the first few weeks of illness, may have negative test results. Because of this gap between illness onset and the presence of antibodies, reliance on test results to diagnosis early Lyme disease can delay the start of appropriate treatment.

To assist your patients in preventing tickborne illness, please remind them to reduce exposure to ticks by encouraging the use of repellents, protective clothing, and regularly checking for and removing ticks. I am also providing you with a link to printable brochures to share with your patients:

- The Virginia Department of Health, Tickborne Disease brochures and Tick Identification poster, www.vdh.virginia.gov/epidemiology/DEE/Vectorborne

Listed below is information to help you with reporting Lyme disease cases to your local health department, prevention and treatment:

- The Virginia Department of Health, Information on Lyme Disease for Health Care Providers, <http://www.vdh.virginia.gov/epidemiology/DEE/Vectorborne/HCPs/index.htm>

Lastly, I am sharing with you links to more information about Lyme disease:

- The Centers for Disease Control and Prevention, www.cdc.gov/lyme
- The National Institute of Allergy and Infectious Diseases, <http://www.niaid.nih.gov/topics/lymedisease/Pages/LymeDisease.aspx>

Early detection and treatment of Lyme disease can greatly improve a patient's outcome. Thank you for your heightened vigilance in detecting Lyme disease and other tickborne infections in your patients in the coming months.

Sincerely,

Karen Remley, MD, MBA, FAAP
State Health Commissioner