## INTRODUCTION
- Caused by a tick-borne bacteria – *Borrelia burgdorferi*
- Carried by Ixodes ticks, which must be attached and engorged for 24-48 hours to transmit disease
- Phases of disease include:
  - Early: classic erythema migraines (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; no benefit to additional antibiotic treatment AAP Red Book 2015, ed 30 pg 516-525

## INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE
- If history of tick exposure and expanding erythematous macular rash consistent with EM, then Rx for Lyme disease should be considered without serologic testing.
- Consider serology for Lyme disease if a child has evidence of tick exposure and more advanced symptoms, such as arthritis or other later stage manifestations.

## WHEN TO REFER
- 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
- 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
- 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

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