

PRACTICAL PEARL: 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 <p>Phases of disease include:</p> <ul style="list-style-type: none"> • 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; <i>no benefit to additional antibiotic treatment</i> AAP Red Book 2018, ed 31st 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 without serologic testing. • Consider serology (C6 antibody) for Lyme disease 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 <p>Reference :</p> <p>IDSA Guidelines http://www.idsociety.org/lyme/ CDC site http://www.cdc.gov/lyme/prev/ https://www.cdc.gov/ticks/tickbornediseases/tick-bite-prophylaxis.html</p>
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"> • 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