

Nirav R. Shah, M.D., M.P.H. Commissioner

Sue Kelly Executive Deputy Commissioner

September 9, 2013

TO:		Healthcare Providers, Hospitals, Local Health Departments (LHD)	
FRO	OM:	NYSDOH Bureau of Communicable Disease Control (BCDC)	
<u>.</u>	Dep	HEALTH ADVISORY: TICKBORNE ILLNESS r healthcare facilities, please distribute immediately to the Infection Control artment, Emergency Department, Infectious Disease Department, Director of	-
= _		Nursing, Medical Director, Laboratory Service, and all patient care areas.	<u>~</u>

- The NYSDOH is reminding health care providers about the importance and burden of tickborne illness in New York State (NYS). The greatest risk of being bitten by a tick exists throughout the spring, summer and fall. However, ticks may be out searching for a host any time temperatures are above freezing. Clinicians are encouraged to make use of the attached "<u>Tickborne Diseases of the U.S.: A Reference Manual for Healthcare Providers,</u>" recently published by the Centers for Disease Control and Prevention (CDC)¹ which contains information on tick identification, tickborne disease symptoms, laboratory testing and recommended treatment.
- Reducing exposure to ticks remains the best defense against Lyme disease and other tickborne infections. Providers should regularly educate adults and children about personal preventive measures, especially during the warmer months (April-September) when ticks are most active. Patient education (avoiding contact with ticks, repelling ticks with products that contain DEET or Permethrin and finding and removing ticks as soon as possible) should also be done during routine well child and annual physical visits. Further information on personal protection measures can be found by visiting NYSDOH's website at www.health.ny.gov/diseases/communicable/lyme/index.htm.
- Lyme disease continues to be the most prevalent tickborne disease in NYS. Providers should utilize commercial laboratories for routine testing of patients with suspected Lyme disease. A two-tier testing protocol is recommended for Lyme disease testing; an EIA or IFA should be performed first, followed by a Western blot if the EIA or IFA is positive or equivocal. It is important to note that serologic tests are insensitive during the first few weeks of infection. During this stage, patients with an erythema migrans rash may be diagnosed clinically.
- Lyme disease patients who are treated with appropriate antibiotics in the early stages of
 Lyme disease usually recover rapidly and completely. Treatment recommendations are
 available from the CDC at www.cdc.gov/lyme/Treatment and in the Tickborne Diseases
 of the U.S.: A Reference Manual for Healthcare Providers." Symptoms may sometimes

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Available at www.cdc.gov/lyme/resources/TickborneDiseases.pdf

persist. Information on "Post-treatment Lyme Disease Syndrome" is available from the CDC at http://www.cdc.gov/lyme/postLDS/index.html. Doxycycline is a recommended therapy for certain tickborne diseases. The Food and Drug Administration has reported that certain manufacturers may be experiencing shortages (http://www.fda.gov/DrugS/DrugSafety/DrugShortages/ucm314739.htm).

- Other tickborne diseases such as babesiosis and anaplasmosis, are spreading geographically within NYS and emerging arboviral pathogens such as Powassan virus, have also been identified in NYS.² Since 2004, 15 cases of Powassan encephalitis have been reported to the NYSDOH. Five of the 15 cases were fatal. While Powassan virus testing is not currently available at commercial laboratories, testing of patients with compatible clinical symptoms can be arranged through the Wadsworth Center laboratory following consultation with your LHD and BCDC. Further information about Powassan and other arboviral diseases can be found by visiting NYSDOH's website at http://www.health.ny.gov/diseases/communicable/arboviral/fact_sheet.htm.
- Providers should report cases of tickborne disease to the LHD as soon as possible after diagnosis. Under the NYS Sanitary Code (10NYCRR 2.10), health care providers should immediately report by telephone any patient with suspected encephalitis. The report should be made to the LHD of the patient's county of residence. Information on how to report cases of communicable disease and how to contact LHDs can be found on NYSDOH's Communicable Disease Reporting website: http://www.health.ny.gov/professionals/diseases/reporting/communicable/.

If you have any questions regarding this information, please contact your LHD or the NYSDOH Bureau of Communicable Disease Control at (518) 473-4439 or via email at: arbobml@health.state.ny.us

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² Dupuis AP, Peters RJ, Prusinski MA, Falco RC, Ostfeld RS, and Kramer LD: Isolation of deer tick virus (Powassan virus, lineage II) from Ixodes scapularis and detection of antibody in vertebrate hosts sampled in the Hudson Valley, New York State. Available at: www.parasitesandvectors.com/content/pdf/1756-3305-6-185.pdf