



New Hampshire Health Alert Network

Health.Alert@nh.gov

Message Type: Alert
Status: Actual
Severity: Moderate
Sensitive: Not Sensitive
Message Identifier: NH-HAN #20090508 Tick-borne Disease in NH Update
Delivery Time: 6 hours
Acknowledgement: No
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: May 8, 2009

TIME: 12:00 PM EDT

TO: Physicians, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospital Emergency Departments, NHHA, Manchester Health Department, Nashua Health Department, Portsmouth Health Department, DHHS Outbreak Team, DPHS Investigation Team, Zoonotic Alert Team, and DPHS Management Team

FROM: José T. Montero, MD, Director of the NH Division of Public Health Services

SUBJECT: Tick-borne Disease in New Hampshire – Update

NH Department of Health and Human Services (NH DHHS) recommends:

- Awareness of emerging tick-borne diseases in NH, including Lyme disease, anaplasmosis, and babesiosis.
- Review attached guidance to assist in determining when prophylaxis following a tick bite is indicated.
- Vigilance and prompt treatment for tick-borne disease in patients with compatible clinical features.
- Timely reporting of suspect and confirmed cases of tick-borne diseases to NH DHHS Communicable Disease Control and Surveillance Section at 603-271-4496 (after hours 800-852-3345 ext. 5300).
- Patient education regarding prevention of tick bites.

During recent years, the New Hampshire Department of Health and Human Services (NH DHHS) has observed an increase in the number of reported cases of Lyme disease in NH residents. In addition, cases of other tick-borne diseases, namely anaplasmosis and babesiosis, have been reported in NH residents who acquired the disease locally. During 2008, 1205 confirmed (and 385 probable) cases of Lyme disease were reported in NH residents; this is an increase of 34% from 2007. The highest rates of disease occurred in Rockingham, Strafford, Hillsborough, and Merrimack Counties. For other Counties and years and rates by town please visit: <http://www.dhhs.nh.gov/DHHS/CDCS/lymedisease.htm>. Additionally, there was an increase in the number of cases of babesiosis (8) and anaplasmosis (14) reported to NH DHHS.

Lyme disease, babesiosis, and anaplasmosis are transmitted by the bite of the black-legged tick (*Ixodes scapularis*), commonly called the deer tick. The greatest risk for these diseases is between May and August when the nymph (juvenile) stage of the black-legged tick is active; nymphs are very small (<

2mm) and often go unnoticed while attached to people. A single tick can be co-infected with any of the above pathogens and thus transmit multiple diseases during a single bite.

During 2007 and 2008, NH DHHS collected and tested black-legged ticks in order to determine estimates for human risk. Results from this study suggest the following:

- Black-legged ticks are common in southeastern NH, less common in southwestern and mid-central NH, and rare in northern and mid-western NH.
- Over 50% of the ticks tested in Strafford, Rockingham, and Hillsborough Counties were infected with the bacteria causing Lyme disease.
- Approximately 40% of ticks tested in Merrimack County were infected with the bacteria causing Lyme disease.
- Ticks tested from Belknap, Carroll, and Cheshire Counties were infected with the bacteria causing Lyme disease, however given the low number of ticks collected it was not possible to accurately determine a percentage infected.
- The pathogen causing babesiosis was detected in ticks collected from southeastern and mid-central NH.
- The pathogen causing anaplasmosis was detected in ticks collected from southeastern NH.

Background: Lyme disease is a tick-borne disease caused by the spirochete *Borrelia burgdorferi*, and is characterized by a distinctive rash and systemic symptoms, with possible progression to neurologic, rheumatologic, and cardiac involvement if untreated. The likelihood of disease transmission increases with duration of time an infected tick is attached; if a tick is attached for fewer than 24 hours the chance of disease transmission is extremely small.

The incubation period for Lyme disease is 3-32 days after tick exposure. In approximately 70% of patients, illness first manifests with a red rash that expands slowly, often with central clearing (erythema migrans, EM). Early systemic manifestations may include malaise, fever, headache, stiff neck, muscle and joint pains, and lymphadenopathy. Individuals who are not treated at this stage of infection may develop a variety of other conditions over days to weeks including aseptic meningitis, cranial neuritis, and cardiac abnormalities such as heart block or myopericarditis. Weeks to years after onset, a patient may develop chronic or intermittent episodes of arthritis.

Diagnosis of Lyme disease is based on clinical findings supported by two-stage serologic testing, when appropriate. Persons presenting with a possible EM rash should be diagnosed and treated on the basis of history and clinical examination, as laboratory tests may not be reactive at this early stage of infection. Treatment is based on age of patient and clinical manifestations. Patients treated with antibiotics in the early stages of the infection usually recover rapidly and completely, therefore early diagnosis and treatment of Lyme disease is important.

Anaplasmosis [Human granulocytic anaplasmosis (HGA), previously human granulocytic ehrlichiosis] is an infection of neutrophils caused by the rickettsia *Anaplasma phagocytophilum*. Clinical manifestations are nonspecific and may include fever, chills, headache, and myalgia. Some people, particularly elderly persons or those with weakened immune systems, may have a more severe illness. Symptoms typically occur 5-21 days following the bite of an infected tick. People can be successfully treated with antibiotics.

Babesiosis is caused by the intraerythrocytic protozoa *Babesia microti*. Most people infected with *Babesia* are asymptomatic or experience a viral infection-like illness with fever, chills, sweats, myalgia, arthralgia, anorexia, nausea, vomiting, or fatigue. Severe and fatal cases most often occur in patients who

are older or have a weakened immune system, such as those without a spleen. Symptoms typically occur within one to four weeks following the bite of an infected tick. People can be successfully treated with antimicrobial therapy.

Prevention: For prevention of tick-borne diseases, the public should be educated to avoid tick-infested areas when feasible, to wear light-colored clothing that covers arms and legs so ticks can be more easily seen, to tuck pants into socks and apply tick repellent to exposed skin, and after being outdoors to search the body for ticks and remove them promptly. Persons who have removed attached ticks from themselves should be monitor for signs and symptoms of tick-borne disease for 30 days.

In November 2006, the Infectious Disease Society of America (IDSA) updated their guidelines for the clinical assessment, treatment, and prevention of Lyme disease. These guidelines are available free-of-charge and can be accessed through the Centers for Disease Control and Prevention (CDC) website (<http://www.cdc.gov/ncidod/dvbid/lyme/index.htm>). Under certain circumstances, IDSA suggests the use of antimicrobial prophylaxis following a tick bite. In order to assist providers in following the IDSA guidelines, NH DHHS has produced the attached guidance, “Tick bites and single-dose doxycycline as prophylactic treatment for Lyme disease.”

Reporting: In New Hampshire, the diagnosis of Lyme disease, anaplasmosis, or babesiosis should be considered in a patient with a relevant history, including possibility of tick exposure, and compatible clinical manifestations. Suspect or confirmed cases should be reported to NH DHHS within 72 hours.

When reporting Lyme disease cases, please use the Health Care Provider Lyme Disease Case Report Form (available at <http://www.dhhs.nh.gov/DHHS/CDCS/lymedisease.htm>). Providers are encouraged to proactively utilize this form for all Lyme disease reporting with NH DHHS.

For additional information on incidence, diagnoses, and treatment of tick-borne diseases including Lyme disease, anaplasmosis, and babesiosis, please visit the following websites or resources:

<http://www.dhhs.state.nh.us/DHHS/CDCS/lymedisease.htm>

<http://www.cdc.gov/ncidod/dvbid/lyme/index.htm>

Diagnosis and management of tick-borne rickettsial diseases: Rocky Mountain Spotted Fever, Ehrlichioses, and Anaplasmosis – United States. Morbidity and Mortality Weekly Report. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5504a1.htm>.

For any questions regarding the contents of this message, please contact NH DHHS Communicable Disease Control and Surveillance Section at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type

- Alert: Indicates an original alert
Update: Indicates prior alert has been updated and superseded
Cancel: Indicates prior alert has been cancelled
Error: Indicates prior alert has been retracted

Status

- Actual: Communication or alert refers to a live event
Exercise: Designated recipients must respond to the communication or alert
Test: Communication or alert is related to a technical, system test and should be disregarded

Severity

- Extreme: Extraordinary threat to life or property
Severe: Significant threat to life or property
Moderate: Possible threat to life or property
Minor: Minimal threat to life or property
Unknown: Unknown threat to life or property

Sensitive

- Sensitive: Indicates the alert contains sensitive content
Not Sensitive: Indicates non-sensitive content

Message Identifier: A unique alert identifier that is generated upon alert activation.

Delivery Time: Indicates the timeframe for delivery of the alert.

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required.

Originating Agency: A guaranteed unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

You have received this message based upon the information contained within our emergency notification database.

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Denise M. Krol, MS
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Business Hours 8:00 AM – 4:00 PM
Tel: 603-271-4596
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