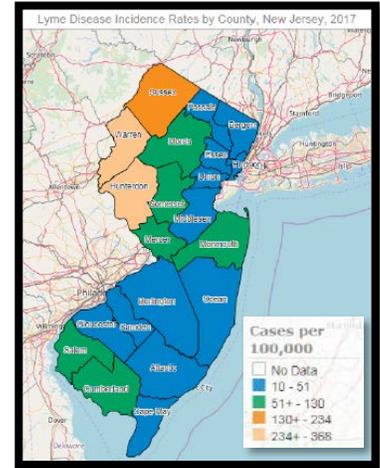


Governor Murphy has designated May 2018 as Lyme Disease Awareness Month. Lyme disease is endemic in NJ, with over 5,000 cases reported in 2017. Annual statistics are available at <https://www26.state.nj.us/doh-shad/indicator/view/LymeDisease.Year.html>. The highest incidence rates for Lyme disease in 2017 were reported in Hunterdon, Sussex, and Warren counties.

**Reporting:** Clinicians are required to report persons with Lyme disease to the local health department where the patient resides within 24 hours of diagnosis. A directory of local health departments can be found at [www.localhealth.nj.gov](http://www.localhealth.nj.gov). Cases can be reported using the [NJDOH Lyme Disease Case Investigation Form](#).

**Testing:** CDC recommends a two-step process when testing blood for evidence of antibodies against the Lyme disease bacteria. The first step uses “EIA” (enzyme immunoassay) or rarely, an “IFA” (indirect immunofluorescence assay). If this first step is negative, no further testing of the specimen is recommended. If the first step is positive or indeterminate/equivocal, an immunoblot test, commonly, a “Western blot” test should be performed. Results are considered positive only if the EIA/IFA and the immunoblot are both positive.

<https://www.cdc.gov/lyme/diagnosistesting/labtest/twostep/index.html>



**Treatment:** In December 2017, CDC updated its treatment recommendations ([www.cdc.gov/Lyme/treatment/](http://www.cdc.gov/Lyme/treatment/)):

Age Category	Drug	Dosage	Maximum	Duration, Days
Adults	Doxycycline	100 mg, twice per day orally	N/A	10-21*
	Cefuroxime axetil	500 mg, twice per day orally	N/A	14-21
	Amoxicillin	500 mg, three times per day orally	N/A	14-21
Children	Amoxicillin	50 mg/kg per day orally, divided into 3 doses	500 mg per dose	14-21
	Doxycycline	4 mg/kg per day orally, divided into 2 doses	100 mg per dose	10-21*
	Cefuroxime axetil	30 mg/kg per day orally, divided into 2 doses	500 mg per dose	14-21

\*Recent publications suggest the efficacy of shorter courses of treatment for early Lyme disease.

**Prophylaxis:** In highly endemic areas for Lyme disease (including NJ), the Infectious Disease Society of America (IDSA) guidelines state that a single dose of doxycycline may be offered to adult patients (200 mg) who are not pregnant and to children older than 8 years of age (4 mg/kg up to a maximum dose of 200 mg) when all of the following circumstances exist (<https://www.cdc.gov/ticks/tickbornediseases/tick-bites-prevention.html>): (a) doxycycline is not contraindicated; (b) the attached tick can be identified as an adult or nymphal *Ixodes scapularis* tick (blacklegged or deer tick); (c) the estimated time of attachment is  $\geq 36$  h based on the degree of engorgement or likely time of exposure; and (d) prophylaxis can be started within 72 hours of tick removal.

**Educational Opportunities:**

1. NJDOH webinar “Tickborne Diseases: what NJ Public Health Professionals Need to Know” on May 22, 2018 at 10am. Registration is free and available at: <https://njlmn.njlincs.net/>.
2. 15th International Conference on Lyme Borreliosis and Other Tick-Borne Diseases, Atlanta, GA, September 11-14, 2018: <https://www.neha.org/news-events/international-lyme-and-tick-conference>
3. CDC online resources for clinicians to assist with Lyme disease diagnosis, treatment, and testing offer continuing medical education credits: <https://www.cdc.gov/lyme/healthcare/index.html>.