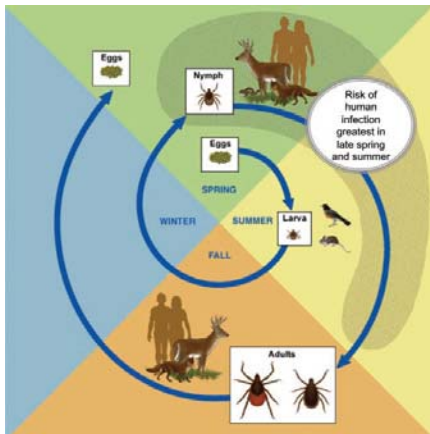




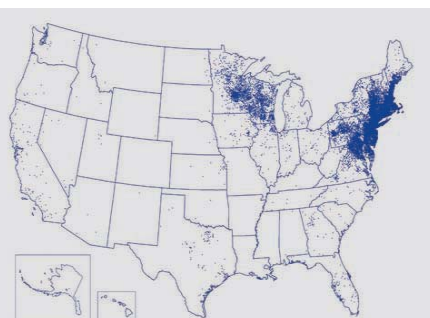
Communicable Disease

Oneida County Health Department

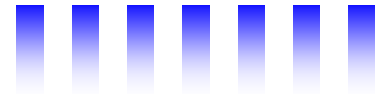
May 2013



Reported Cases of Lyme Disease in the US in 2009



Communicable Disease Report



SPRING AND SUMMER IS LYME AWARENESS TIME

LYME DISEASE is a bacterial infection caused by the bite of an infected deer tick. Untreated, the disease can cause a number of health problems. Patients treated with antibiotics in the early stage of the infection usually recover rapidly and completely.

◆ **Symptoms/Diagnosis**- <http://www.cdc.gov/lyme/healthcare/clinicians.html>

Lyme disease can be difficult to diagnose for a number of reasons. Many of the **common symptoms** associated with the disease, such as headaches, dizziness, and joint/body pain, also occur with other diseases. The most distinct symptom of Lyme disease—the circular red rash known as erythema migrans (EM)—does not appear in at least one quarter of people who are actually infected with Lyme bacteria. Also, current diagnostic tests do not always detect early Lyme disease, because a pt. with a working immune system may not have antibodies for *B. burgdorferi* for 4-6 weeks after a tick bite.

◆ Treatment

According to the Infectious Disease Society of America, after a tick bite, routine use of antimicrobial prophylaxis or serologic testing is not recommended. The provider may prescribe a single dose of doxycycline to adult patients (200 mg dose) and to children that are 8 years old or older if **all** the following circumstances exist:

1. The attached tick can be reliably identified as an adult or nymphal *Ixodes scapularis* tick that is estimated to have been attached for at least 36 hours.
2. Prophylaxis can be started within 72 hours of the time that the tick was removed.
3. Ecologic information indicates that the local rate of infection of these ticks is greater or equal to 20%.(NYSDOH states Oneida Co. was sampled in 2009 @ 18%, they state we can assume we are currently at 20%).
4. Doxycycline treatment is not contraindicated.

◆ Important Considerations

If a tick is found attached, the risk of Lyme disease is greatly reduced if the tick is removed within the first 36 hours. Monitor the site for 30 days for appearance of rash and/or symptoms. Antibiotics are not routinely recommended, but may be beneficial for some individuals if taken within 3 days of the bite.

For toolkit, FAQ, tick removal, etc. go to: <http://www.cdc.gov/lyme/>

SCABIES AND TICKS AND HEAD LICE...OH MY!

HEAD LICE (*pediculosis capitis*)

information for schools:

<http://www.cdc.gov/parasites/lice/head/schools.html>

Treatment: (Lindane is no longer recommended as a first line treatment)

<http://www.cdc.gov/parasites/lice/head/treatment.html>

General information:

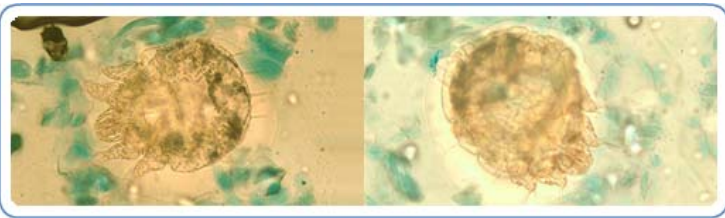
http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html



Nits that are attached more than ¼ inch from the base of the hair shaft are almost always non-viable. If no nymphs or adults are seen, and the only nits found are more than ¼ inch from the scalp, then the infestation is probably old and no longer active and does not need to be treated.

An adult head louse can live about 30 days on a person's head but will die within one or two days if it falls off a person

All household members and close contacts should be checked: all **infested persons** and their bedmates should be treated at the same time.



SCABIES

- ◆ Causative agent of human scabies is the mite, *Sarcoptes scabiei*.
- ◆ Life cycle is 10 days for male and 14 days for female, female will live 30 more days after reaching sexual maturity.
- ◆ Transmission is direct skin contact between two individuals, mites cannot jump but can readily move to a new individual when skin to skin contact is made.
- ◆ Off the host, the mite is reinfestive for only the first 1-2 days.
- ◆ Once scabies has been confirmed it is important to treat all household members prophylactically.

Scabies Resources for Healthcare Personnel:

http://www.cdc.gov/parasites/scabies/health_professionals/index.html

ONEIDA COUNTY COMMUNICABLE DISEASE SURVEILLANCE - April 2013

	April	YTD		April	YTD
Tuberculosis	1	4	Pertussis	1	6
Giardia	7	17	* Influenza A	6	93
Rabies Exposure	3	9	* Influenza B	62	91
Chlamydia	90	245	Salmonella	0	7
Campylobacter	1	2	Cryptosporidiosis	0	3
Lyme (confirmed)	2	3			
Bacterial Meningitis	1	1			

* Influenza data reflects confirmed cases from October 1, 2012 through April 30, 2013