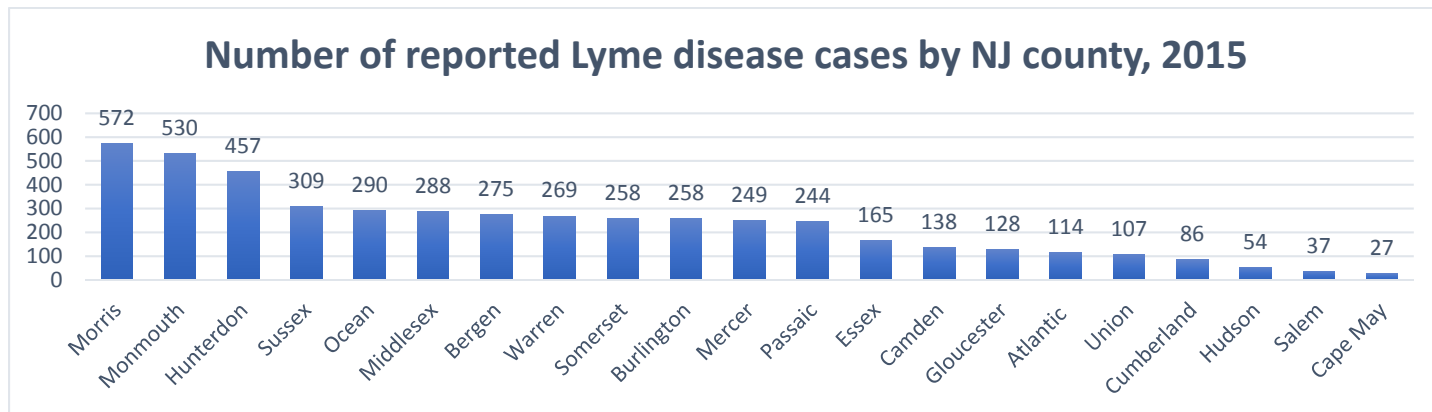




NJ has designated May 2017 as Lyme Disease Awareness Month. Lyme disease is endemic in NJ, with over 4,800 cases reported in 2015, which was the second highest number of cases reported in the US. Annual statistics on Lyme disease in NJ are available at <https://www26.state.nj.us/doh-shad/indicator/view/LymeDisease.Year.html>. Lyme disease cases are reported in all 21 NJ counties, with the highest number of cases in reported in Morris and Monmouth counties.



Reporting: Clinicians and laboratories 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.

Testing: CDC currently 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. The two steps of Lyme disease testing are designed to be done together. CDC does not recommend skipping the first test and just doing the Western blot. Doing so will increase the frequency of false positive results and may lead to misdiagnosis and improper treatment.

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

Recommendations for Prophylaxis: The Infectious Disease Society of America (IDSA) does not generally recommend antimicrobial prophylaxis for prevention of Lyme disease after a recognized tick bite. However, in areas that are highly endemic for Lyme disease, 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>):

- Doxycycline is not contraindicated.
- The attached tick can be identified as an adult or nymphal *Ixodes scapularis* tick (blacklegged or deer tick).
- The estimated time of attachment is ≥ 36 h based on the degree of engorgement of the tick with blood or likely time of exposure to the tick.
- Prophylaxis can be started within 72 hours of tick removal.
- Lyme disease is common in the county or state where the patient lives or has recently traveled, (i.e., CT, DE, MA, MD, ME, MN, NH, NJ, NY, PA, RI, VA, VT, WI).

Online Continuing Education: CDC has several online resources for clinicians to assist with Lyme disease diagnosis, treatment, and testing, posted at <https://www.cdc.gov/lyme/healthcare/index.html>, that offer continuing medical education credits.

Coming soon: CDC’s Public Health Grand Rounds Presents: “Emerging Tickborne Diseases”;
Tuesday, May 16, 2017 1:00 p.m. – 2:00 p.m. ET: <https://www.cdc.gov/cdcgrandrounds/>