

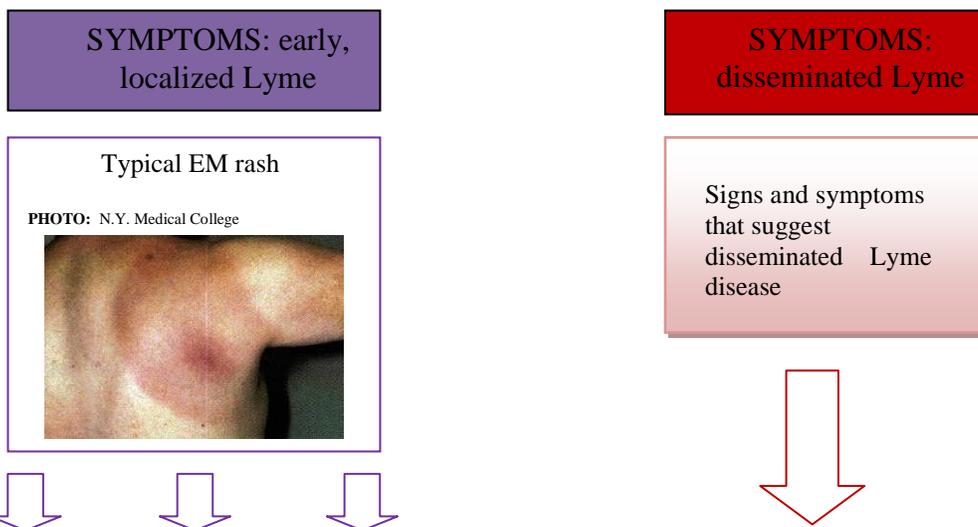
Outline for Lyme Disease Management

How to diagnose and treat Lyme Disease

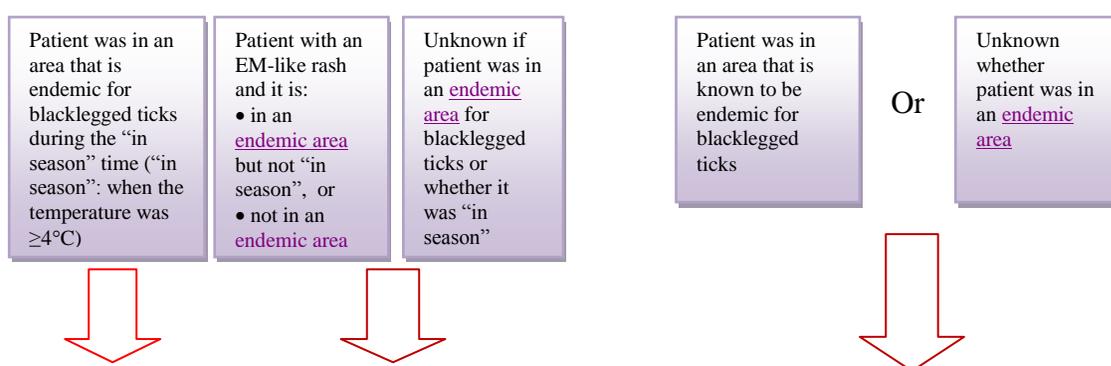
Step 1. Evaluate the patient's symptoms and signs

Symptoms may include:

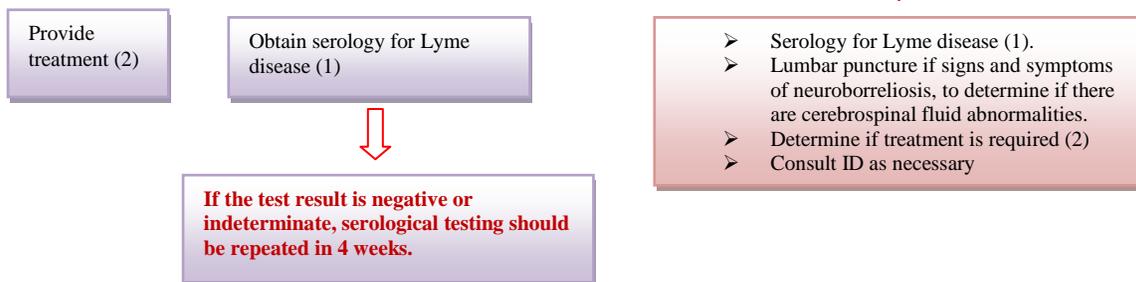
- Bull's eye rash (also known as erythema migrans (EM); circular lesions measuring > 5 cm in diameter). A single EM lesion is seen in early localized Lyme disease. Multiple EM lesions are seen in early disseminated Lyme disease.
- Flu-like symptoms such as fever, headache, tiredness, stiff neck, diffuse myalgias, and pain or swelling of the joints may be seen in early localized, early disseminated, or late disseminated Lyme disease.
- Bell's palsy is a common neurologic manifestation of Lyme disease; other focal neurologic manifestations, such as meningitis, cranial neuritis, and radiculoneuritis are less common. Heart block is a manifestation of cardiac Lyme. Lyme arthritis occurs more often in children, tends to involve large joints such as the knees and hips, and only a few joints. It is characterized by red, swollen, tender joints.
- In later stages of Lyme disease, symptoms may appear intermittently and over a period of months.



Step 2. Assess action required



Step 3. Action



1. Serologic testing using the two-tiered algorithm described by the Centers for Disease Control and Prevention and the Canadian Public Health Laboratory Network is the ONLY recommended methodology for making a serological diagnosis of Lyme disease. ‘Two-tiered’ testing consists of using an ELISA based method to screen patients for the presence of antibodies to *Borrelia burgdorferi*. Specimens that screen positive (or are indeterminate) are forwarded to the National Microbiology Laboratory for the required supplemental testing.

The value of serologic testing is limited in the absence of findings that support a reasonable likelihood of infection. The diagnosis should NOT be based on positive serologic tests in the absence of 1) objective findings and 2) a credible epidemiologic link.

Testing cannot be used to determine “cure”. Like other infections, the antibodies remain positive even after effective treatment.

If you suspect a new infection in a person previously diagnosed with Lyme disease or Lyme disease acquired outside of North America, please document this on the requisition and contact the Virology/Immunology laboratory (473-6886)

2. <http://www.gov.ns.ca/hpp/cdpc/infectious-disease-expert-group.asp>

If you have further questions about Lyme disease:

Call Public Health during regular business hours; if after hours, wait until next business day.

South Shore Health
Bridgewater
Tel: 543-0850
Fax: 527-4208

South West Health
Yarmouth
Tel: 742-7141
Fax: 742-6062

Annapolis Valley Health
Wolfville
Tel: 542-6310
Fax: 542-6333

Colchester East Hants Health
Truro
Tel: 893-5820
Fax: 893-2614

Cumberland Health
Amherst
Tel: 667-3319
Fax: 893-2614

Pictou County Health
New Glasgow
Tel: 752-5151
Fax: 893-2614

Guysborough Antigonish Strait Health
Antigonish
Tel: 867-4500 Ext. 4800
Fax: 863-5111

Cape Breton District Health
Sydney
Tel: 563-2400
Fax: 563-2005

Capital District Health
Dartmouth
Tel: 481-5800
Fax: 481-5889