



May 15, 2018

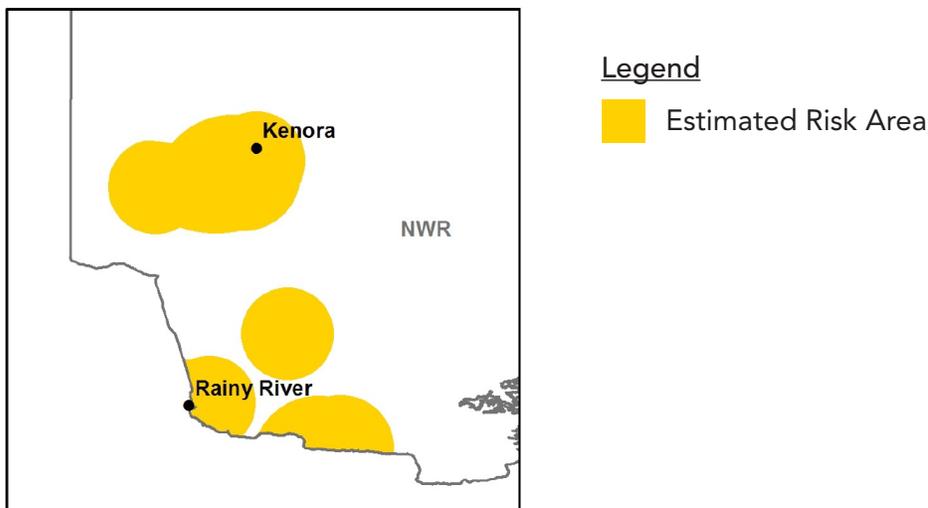
### Health Care Provider Advisory – Changes related to Lyme disease and Anaplasmosis

The Northwestern Health Unit's (NWHU's) [2017 tick surveillance results](#) have identified the following changes:

- Kenora and surrounding area is now considered an [“estimated risk area” for Lyme disease in Ontario](#) by Public Health Ontario; The Municipality of Rainy River and surrounding areas has been an estimated risk area since 2013.
- Greater than 20% of tested blacklegged ticks from Kenora and surrounding area, and Rainy River and surrounding area, were positive for the bacteria that causes Lyme disease; according to the [IDSA guidelines](#) health care providers should consider Lyme disease prophylaxis.
- Blacklegged ticks in the estimated risk areas have tested positive for Anaplasmosis; Anaplasmosis can be considered in the differential diagnosis of patients.

Please see the NWHU webpage for [health care professionals](#) for additional information and resources.

Public Health Ontario's [Ontario Lyme Disease Map 2018 – Estimated Risk Areas](#) (Northwestern Ontario)



Reference: [http://www.publichealthontario.ca/en/eRepository/Lyme\\_disease\\_risk\\_areas\\_map.pdf](http://www.publichealthontario.ca/en/eRepository/Lyme_disease_risk_areas_map.pdf)

## Lyme disease prophylaxis

Removal of a blacklegged tick within 24 hours can prevent the transmission of *B. burgdorferi*. If a blacklegged tick is attached for longer than 24 hours, a health care provider can consider prophylaxis to prevent Lyme disease if the tick is likely from an area where tick infection rates are more than 20%. Reference: [IDSA guidelines](#).

<b>Prophylaxis</b>	Prophylaxis can be offered if all the following criteria are met: <ul style="list-style-type: none"><li>• The blacklegged tick is partially or fully engorged or was attached for 24 hours or more AND</li><li>• The blacklegged tick is likely from a region where tick infection rates for <i>B. burgdorferi</i> are more than 20% (this includes the risk areas in the map above) AND</li><li>• It has been less than or equal to 72 hours since the blacklegged tick has been removed AND</li><li>• Doxycycline is not contraindicated</li><li>•</li></ul> If a patient does not meet these criteria, they should be advised to monitor for signs and symptoms for 30 days.
<b>Dosage</b>	<ul style="list-style-type: none"><li>• Adults: Doxycycline 200 mg orally * 1 dose;</li><li>• children <math>\geq 8</math> years: Doxycycline 4mg/kg, up to a maximum dose of 200mg</li></ul>
<b>Contraindication</b>	Doxycycline is relatively contraindicated in pregnancy and for children $< 8$ years
<b>Follow up</b>	Whether the patient receives prophylaxis or not, advise to monitor for signs and symptoms of Lyme disease for 30 days. If there are signs and symptoms, early treatment for Lyme disease may be indicated

## Anaplasmosis

Blacklegged ticks can transmit Anaplasmosis within 12-24 hours. It is normally a self-limiting, flu like illness with no evidence of a chronic disease state. There is no evidence for prophylaxis of asymptomatic individuals.

Testing information: [Anaplasmosis serology - Public Health Ontario](#)

Treatment guidelines: [IDSA Anaplasmosis treatment guidelines](#)

For more information contact:

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