



# Dickinson-Iron District Health Department

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## News Release

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## Immediate Release

### What Everyone Should Know about Lyme Disease in the U.P...

by Dr. Terry Frankovich, Medical Director, Dickinson-Iron District Health Department

Kingsford, Michigan – April 24, 2014. Warm weather is nearly upon us, even in the U.P. and with the warmer temperatures come ticks of all sorts. In public health, we tend to focus on blacklegged (deer) ticks because they can carry the bacteria, *Borrelia burgdorferi* and infect humans with their bite. *This particular bacteria is the cause of Lyme Disease.*

Lyme is interesting because making the correct diagnosis can be complicated. It is not difficult to make the diagnosis when a patient sees the doctor, knowing he has had a recent tick bite, in a geographical area known to have infected ticks and has developed the classic rash which is called a “bull’s-eye rash.” The rash is so named because it has a red center surrounded by normal skin and then a collar of red (usually within the last 3-30 days, average is 7). The rash may occur anywhere on the body and about 70-80% of people infected will develop this rash. Other symptoms like fever, headache, tiredness, joint pain, heart palpitations and Bell’s palsy, may also occur days or weeks after the bite. When a patient comes in with a clear recent history and classic symptoms, the healthcare provider may not even do laboratory studies because the diagnosis is fairly apparent. The infection is treated with antibiotics.

If untreated, Lyme Disease can affect the joints (arthritis), heart and nervous system, months or even years after the exposure. The difficulty in diagnosing Lyme comes into play when a patient presents with months or years of symptoms like arthritis or fatigue and no clear history of geographic exposure or a tick bite. In this case, laboratory testing is essential because these symptoms can be due to many other types of illnesses. The most common testing done is two-step blood testing. First, the sample is usually tested using something called an EIA (enzyme-linked immunosorbent assay). If this test is negative, no further testing is recommended. If this first test is positive, a second test is done (on the same sample), usually called a Western Blot. One form of this second test is used if symptoms have been present less than a month and the second form of the test is done if symptoms have been present longer. The results of these two test steps, if done correctly, can help greatly in identifying true Lyme disease. If testing is not done according to accepted standards, then patients are more likely to have incorrect results...incorrectly positive or incorrectly negative. And as the Centers for Disease Control (CDC) notes, *“Just as it is important to correctly diagnose Lyme disease when a patient has it, it is important to avoid misdiagnosis and treatment of Lyme disease when the true cause of the illness is something else.”*

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Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics. However, according to the CDC, “about 10-20% of patients with Lyme disease have symptoms that last months to years **after treatment** with antibiotics. These symptoms can include muscle and joint pains, cognitive defects, sleep disturbance, or fatigue. The cause of these symptoms is not known, but there is no evidence that these symptoms are due to ongoing infection,” with the Lyme bacteria. This is called Post-Treatment Lyme Disease Syndrome (PTLDS). Some research suggests that PTLDS is due to on-going damage from the patient’s own immune system, long after the infection has been successfully treated. It is important to know that even though there are healthcare providers who will prescribe prolonged antibiotics for these individuals, this strategy **has not** been shown in studies to be helpful and it can cause harm.

Tracking the amount of Lyme disease occurring is difficult because incorrect testing is often done or tests are misinterpreted. Confirmed cases are tracked in a state registry and we do know that more Lyme disease is occurring in the U.P. in recent years. In the past, nearly all U.P. cases were diagnosed in Menominee County, where there is a known population of positive ticks. However, we have begun seeing more cases in other U.P. counties as ticks migrate from other parts of Michigan and Wisconsin. Last year, Public Health of Delta & Menominee Counties had the highest number of U.P. confirmed cases at 49. Dickinson-Iron District Health Department was next with 20 cases confirmed.

As with most things in public health, prevention is the best strategy. Using insect repellent during high risk times of the year when you are outdoors in tick areas, wearing long light clothing, reducing tick habitats around your home and removing ticks promptly, can all help to decrease risk of becoming infected. The Michigan Department of Community Health has excellent information on Lyme disease and its prevention, simply go to MDCH.gov and search Lyme.



Found at; <http://www.michigan.gov/emergingdiseases/0,4579,7-186-25890-75866--,00.html>

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## Protect Yourself Against Lyme Disease in Spring, Summer, and Fall



Found at: <http://www.michigan.gov/emergingdiseases/0,4579,7-186-25890-75870--,00.html>

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