May 17, 2011

Dear Colleague,

Many of you learned about Lyme disease during your training, but thought cases in Virginia would be rare. However, since 2007 Virginia has experienced significant increases in the number of reported Lyme disease cases and other tick-borne infections. The risk of acquiring Lyme disease is no longer confined to northern Virginia. These significant increases are one reason Governor Bob McDonnell has declared May as Lyme Disease Awareness month in Virginia.

With Lyme disease swiftly moving to the forefront of public interest and clinical concern, I would like to provide you with the latest information on Lyme disease trends in Virginia, clinical presentation of Lyme disease and prevention recommendations that you can share with patients. The Virginia Department of Health also now has available an online Lyme CME course which you can access at http://www.vdh.virginia.gov/clinicians/index.htm.

**Disease Trends**
As you can see in the graphs below, Virginia has seen a steady increase in the annual number of newly identified Lyme disease cases and other tick-borne infections since 2000. This increase is likely to be due to multiple factors, including increased diagnosis and reporting by clinicians like you.
In 2007, Lyme disease increased dramatically and has remained high. From 2009 to 2010, there was a 37% increase. The recent increase in Lyme disease has coincided with a progressive geographic spread of activity southward and westward from northern regions of the Commonwealth as part of an overall expansion in the eastern United States.

Clinical Presentation
As ticks become more active in warmer weather, the risk of patients contracting tick-borne infections increases. Although Lyme disease is the most common tick-borne infection in Virginia, several other types of tick-borne infections occur, including Ehrlichiosis, Anaplasmosis and Rocky Mountain spotted fever. These tick-borne infections should be considered in any
patient who presents with a febrile illness during warm weather months. They can cause serious illness and, in some cases, can be fatal. I encourage you to maintain heightened vigilance in the coming months for detecting Lyme disease and other tick-borne infections in your patients. The early localized stage of Lyme disease is usually characterized by a distinctive skin lesion called erythema migrans (EM) that appears 3-32 days after an infectious deer tick bite. The primary EM lesion is a painless, non-itchy red lesion that occurs at the site of the tick bite. The EM rash may not have the typical bull’s-eye appearance or may go unnoticed because it is painless or in a spot that’s difficult to see or concealed by hair.

Early recognition and prompt treatment are important in order to decrease the likelihood of long-term complications and other adverse events.

**Prevention**
It is important to educate patients on how to decrease their risk of acquiring tick-borne diseases. Encourage patients to:

- Recognize tick habitats
- Dress appropriately
- Use repellents
- Do tick checks regularly
- Remove ticks promptly
- Know the early signs of tick-borne infections

Finally, please talk to your patients about the symptoms of Lyme disease and other tick-borne infections.

Thank you for all you are doing to keep Virginians healthy and active this beautiful time of year. To learn more about the topics covered in this letter and to participate in our online Lyme CME course, visit [http://www.vdh.virginia.gov/clinicians/index.htm](http://www.vdh.virginia.gov/clinicians/index.htm).


Sincerely,

Karen Remley, MD, MBA, FAAP
State Health Commissioner