

Health

Public Health and Primary Health Care
4049 - 300 Carlton Street
Winnipeg Manitoba R3B 3M9
T 204-788-6791 F 204-948-2190
www.manitoba.ca

Santé

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September 26th, 2013

Dear Colleague:

Re: LYME DISEASE AND OTHER TICKBORNE INFECTIONS IN MANITOBA

- **It is important for all Manitoba physicians to know that cases of Lyme disease occur in the province**
- **Patients may present at any stage of disease;** physicians need to be familiar with signs and symptoms of Lyme disease
- **Early treatment improves outcome;** where *early Lyme disease* is suspected, treatment should be initiated *without waiting for laboratory confirmation*
- *Ixodes scapularis*, or blacklegged ticks, are the ticks that transmit *Borrelia burgdorferi* – the causative agent of Lyme disease to humans and also carry other tick-borne diseases such as anaplasmosis and babesiosis

Lyme Disease

Manitoba Health has recently updated the Lyme disease protocol; it is available at:
<http://www.gov.mb.ca/health/publichealth/cdc/protocol/lyme.pdf>.

Patients may present at any stage of Lyme disease including the later stages which can make diagnosis challenging. Stages of Lyme disease are described in more detail in the protocol:

- **Early Lyme disease** can occur three - 30 days post-tick bite
 - Most, not all, Lyme disease cases will develop the characteristic erythema migrans skin lesion and/or flu-like symptoms
- If untreated, **Early Disseminated Lyme disease** can occur days to months after infection and last for several months. Symptoms may include:
 - Central and peripheral nervous system symptoms
 - Multiple skin rashes
 - Cardiac symptoms
- If the disease remains untreated, **Late Lyme disease** can last for months to years with symptoms that can include:
 - Recurring arthritis – usually monoarticular
 - Neurological symptoms

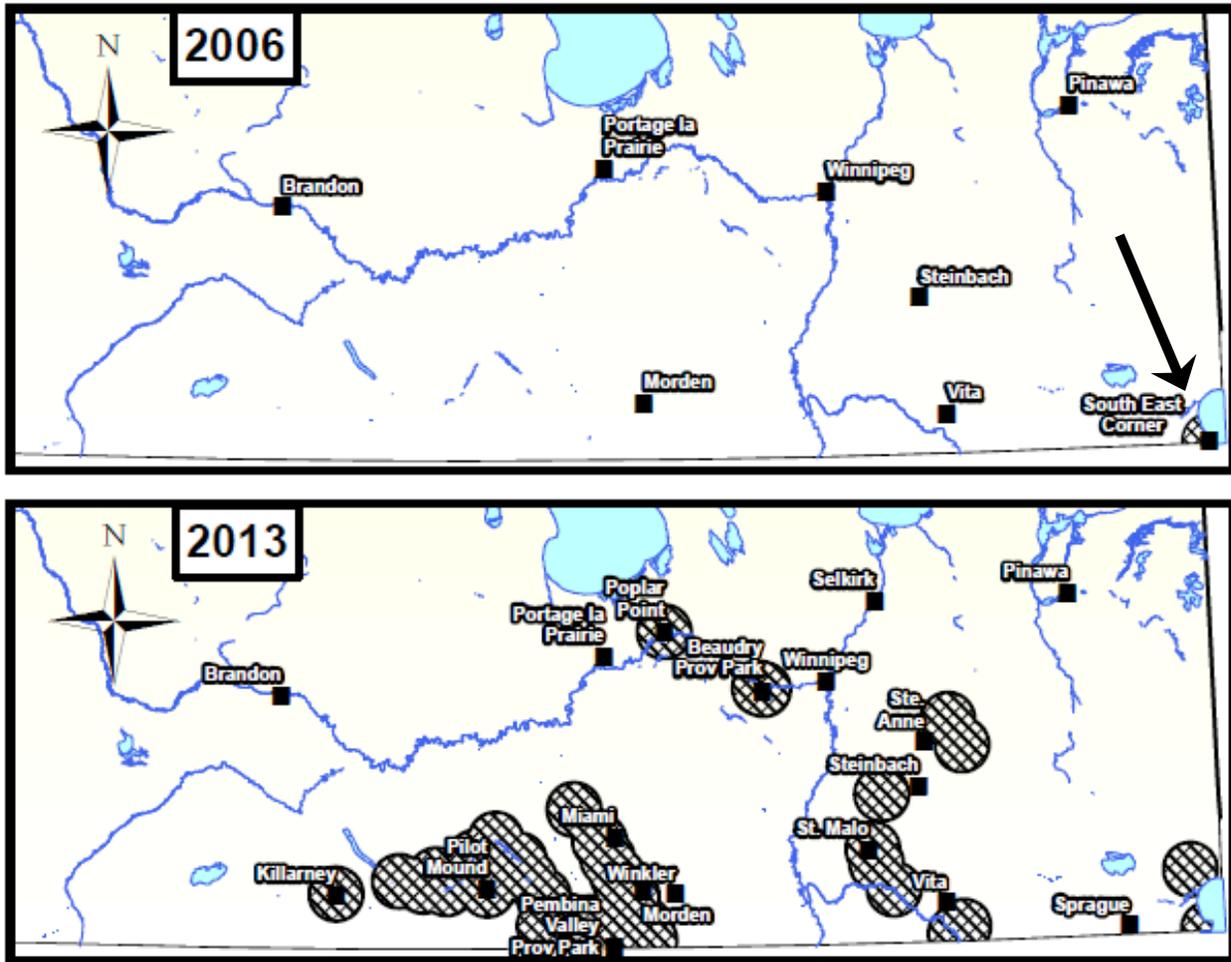
Treatment and laboratory requirements vary with presenting stage; details are in the protocol. Consultation with an appropriate specialist is recommended for patients who present with disseminated or late disease.

Ticks:

Lyme disease can occur anywhere in the province as ticks can be transported outside of known higher risk areas by migrating birds. The boundaries of these higher risk areas continue to expand as noted in maps below. More information can be found at

<http://www.gov.mb.ca/health/lyme/surveillance.html>

Known Higher Risk Areas (cross-hatched areas) for Blacklegged Ticks 2006 and 2013
Cases of Lyme disease or other tick borne disease are not limited to these areas



Anaplasmosis

Blacklegged ticks infected with *Anaplasma phagocytophilum*, the causative agent of human anaplasmosis, are present in Manitoba. A human case of anaplasmosis acquired in Manitoba has been reported. Symptoms may include:

- Fever, chills, headache, arthralgia, nausea and vomiting, often in association with leukopenia, thrombocytopenia and/or elevated liver enzymes
- Severe manifestations can occur rarely and may include pulmonary infiltrates, bone marrow hypoplasia, DIC, encephalitis or meningitis and renal failure.

Babesiosis is caused by microscopic parasites that infect red blood cells. *Babesia microti*, the causative agent, has been detected in blacklegged ticks and/or small mammal tissues in at least four fairly dispersed locations in Manitoba. A human case of babesiosis acquired in Manitoba has been reported. Symptoms may include:

- Nonspecific flu-like symptoms, such as fever, chills, sweats, headache, body aches, loss of appetite, nausea, or fatigue
- Hemolytic anemia

Risk factors for severe babesiosis include asplenia, advanced age, and other causes of impaired immune function (e.g., HIV, malignancy, corticosteroid therapy).

Consultation with a specialist is recommended for anaplasmosis and babesiosis when suspected.

Thank you for your anticipated cooperation.

Sincerely,

Original signed by

Margaret V. Fast, MD, FRCPC
Medical Officer of Health
Public Health and Primary Health Care Division,
Manitoba Health

Original signed by

Lindsay Nicolle, MD, FRCPC
Infectious Disease Consultant
Public Health and Primary Health
Care Division, Manitoba Health