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PUBLIC HEALTH ADVISORY

To: Health Care Providers
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2026 Lyme and Other Tickborne Disease Information

Background

Ticks are already active this year in Maine following a record year in 2025. As the weather warms, the Maine Department of Health and Human Services' Center for Disease Control and Prevention (Maine CDC) expects an increase in the number of Lyme and other tickborne disease case reports. The purpose of this advisory is to remind clinicians to consider testing patients presenting with possible tickborne disease.

Rates of human tickborne illnesses in Maine continue to increase every year. In 2025, providers reported more than 6,200 cases of tickborne illness: 4,257 Lyme disease cases, 1,604 anaplasmosis cases, 352 babesiosis cases, 31 hard tick relapsing fever (HTRF) cases, 6 Powassan cases, 2 ehrlichiosis cases, 2 tularemia cases, and 1 spotted fever rickettsiosis (SFR) case (*based on preliminary data*). It was the most active tickborne illness season to date. The Maine CDC has received 723 reports of tickborne illnesses as of May 13, 2026. Case numbers for Lyme disease, anaplasmosis, and babesiosis are available in near-real time on the [Maine Tracking Network](#).

The deer tick (*Ixodes scapularis*) is the primary vector of most tickborne diseases reported in Maine. Deer ticks can carry the pathogens that cause anaplasmosis, babesiosis, HTRF, Lyme disease, and Powassan. The Maine CDC considers these pathogens endemic in Maine. Individuals bitten by a deer tick can acquire more than one infection simultaneously. **Clinicians should consider testing for tickborne diseases year-round.** Most infections occur during peak deer tick activity in the spring and summer months, and again in late fall, but **ticks can be active any time the temperature is above freezing throughout the year.** In late 2025, the Maine CDC confirmed the first reported pediatric arboviral illness (Powassan) in Maine. **Clinicians should be aware that tickborne infections can occur in patients of all ages.**

People traveling outside of Maine may encounter tickborne illnesses not common in the state, including alpha-gal syndrome (AGS), Bourbon virus, ehrlichiosis, Heartland virus, SFR, and Southern Tick-Associated Rash Illness (STARI). AGS is a serious, potentially life-threatening allergic reaction. People can become sensitized to the carbohydrate alpha-gal after lone star tick (*Amblyomma americanum*) bites. Some people develop reactions 2–10

hours after exposure to red meat, dairy, or other alpha-gal–containing products. Lone star ticks are not endemic to Maine, but they are established in parts of Massachusetts. The [UMaine Tick Lab](#) reports a small number of lone star tick submissions in Maine each year.

Symptoms

The most common early symptoms of tickborne diseases occur within 30 days after a tick bite. Some of these non-specific symptoms are similar to the symptoms of COVID-19, influenza, and other infections. Untreated infections can lead to serious manifestations like bicytopenia, severe arthritis, carditis, and meningoencephalitis. Most tickborne diseases in Maine are treatable, and most patients recover after receiving appropriate therapy.

Symptoms of tickborne diseases of concern in Maine include:

- Anaplasmosis: fever, headache, malaise, and body aches.
- Babesiosis: extreme fatigue, aches, fever, chills, sweating, dark urine, and possibly anemia.
- HTRF: fever, chills, headache, body and joint pain, and fatigue.
- Lyme disease: fever, headache, joint pain, muscle pain, *erythema migrans* rash.
- Powassan: fever, headache, vomiting, weakness, confusion, loss of coordination, speech difficulties, seizures, encephalitis, and meningitis.
- AGS: hives, anaphylaxis, gastrointestinal symptoms, and hypotension.
- Ehrlichiosis: fever, headache, gastrointestinal symptoms, muscle aches, confusion, and rash.
- SFR: eschar, fever, headache, rash, and muscle aches.

What to do after a tick bite

- Remove the tick properly using tweezers or a tick spoon.
- Clean the area around the bite.
- Instruct the patient to watch for signs and symptoms for 30 days.
- [Identify the tick](#) and the [engorgement level](#) (the amount of time the tick was attached).

Prophylaxis

- Prophylaxis after a tick bite for Lyme disease is **not routinely recommended**, but can be considered under specific circumstances including:
 - Tick is identified as an engorged deer tick that was attached for at least 24 hours.
 - Exposure occurred in an area where there is a high rate of infected ticks.
- Prophylaxis can be started within 72 hours of tick removal. There are no data showing if prophylaxis is effective in preventing other tickborne bacterial illnesses like anaplasmosis or HTRF. A single dose of doxycycline will not have an effect on babesiosis or Powassan virus disease. Therefore, **even if prophylaxis is used, Maine CDC recommends monitoring for symptoms of these diseases for 30 days.**

Tick identification and tick testing

- The [University of Maine Tick Lab](#) offers:
 - Tick identification for free.
 - Tick testing for \$20 to Maine residents with a three-day turnaround time.
- The lab tests deer ticks for *Anaplasma phagocytophilum*, *Borrelia burgdorferi*, *Borrelia miyamotoi*, *Babesia microti*, and Powassan virus.
- The lab tests non-Ixodes ticks for *Ehrlichia spp.*, *Francisella tularensis*, *Rickettsia rickettsii*, and Heartland virus.
- Clinical decisions **should not** be made based on the results of this testing service.
- While testing ticks for clinical purposes is not recommended, data from tick testing is very helpful for surveillance purposes and determining [tick infection rates](#) in the state.

Testing

Preferred testing for Lyme disease is a two-tier test (TTT). The standard TTT is an EIA or IFA followed by a Western Blot for both IgG and IgM. The modified TTT is an EIA or IFA followed by another EIA. IgM is only considered reliable in the first month after exposure.

Preferred testing for anaplasmosis, babesiosis, ehrlichiosis, HTRF, and SFR is by PCR. Many reference and commercial laboratories offer testing for these diseases. Babesiosis can also be confirmed by blood smear. If serological testing is pursued, clinicians should collect **acute and convalescent** phase samples.

Diagnostics for AGS include testing for antibodies to alpha-gal sIgE are available at several commercial laboratories and some academic institutions.

Preferred testing for Bourbon, Heartland, and Powassan viruses is by serological IgM and PRNT, but PCR is also available at many commercial laboratories. Bourbon, Heartland, and Powassan testing can be performed at Maine's Health and Environmental Testing Laboratory (HETL). If providers suspect infection with Bourbon, Heartland, or Powassan based on clinical evidence, they should submit whole blood and CSF for arboviral testing at HETL and serum for testing at U.S. CDC. A HETL [Requisition Form](#) and [Arboviral Submission Form](#) are required for arboviral testing.

Reporting

Anaplasmosis, babesiosis, ehrlichiosis, HTRF, Lyme disease, Powassan, SFR, including Rocky Mountain spotted fever (RMSF), and tularemia are all reportable in Maine ([State of Maine Control of Notifiable Diseases and Conditions Rule](#)). Clinicians are encouraged to report positive reports of other tickborne diseases to Maine CDC under 'Any Case of Unusual Illness of Infectious Cause.'

Additional information

- [Maine CDC tickborne diseases](#)
- [Maine Tracking Network data dashboard](#)
- [HETL forms](#)
- [Tickborne reference manual for healthcare providers](#)
- IDSA treatment guidelines for [Lyme disease](#), [babesiosis](#), and [encephalitis](#)
- [University of Maine Tick Lab](#)
- Maine CDC disease reporting & consultation line: 1-800-821-5821 (**available 24/7**)
 - Fax: 1-800-293-7534
 - Email: disease.reporting@maine.gov