



Infectious Disease Epidemiology Report

Lyme Disease Surveillance Report – Maine, 2016



Background

Lyme disease is a tickborne illness with variable dermatologic, rheumatologic, neurologic, and cardiac manifestations. It is caused by a type of bacteria, *Borrelia burgdorferi*, which is carried by infected deer ticks (*Ixodes scapularis*). Transmission occurs when individuals have an infected deer tick attached to their bodies for at least 24 hours. The first clinical sign of the disease is a skin lesion referred to as the “bull’s-eye” rash or erythema migrans (EM), which occurs in 70-80% of cases nationally 3-30 days after a tick bite. Untreated infections can lead to clinical findings in skeletal, cardiac, and nervous systems. Disseminated manifestations of disease include: arthritis characterized by recurrent, brief attacks of joint swelling; lymphocytic meningitis; cranial neuritis (such as Bell’s palsy); encephalitis; and second or third degree atrioventricular block.

Methods

Lyme disease is a reportable condition in Maine. The surveillance case definition of Lyme disease is used for national reporting and is not intended to be used in clinical diagnosis. For surveillance purposes, reported cases are classified as confirmed, probable, or suspect based on clinical symptoms and laboratory testing interpreted using criteria established by the federal CDC. Confirmed cases must meet the following criteria:

- 1) A person with erythema migrans; or
- 2) A person with at least one disseminated manifestation and laboratory confirmation of one of the following:
 - Positive culture for *B. burgdorferi*;
 - IgG positive Western blot;
 - Positive ELISA test and an IgM positive Western blot within 30 days of onset. This should be confirmed by IgG Western blot;
 - CSF antibody positive by EIA or IFA, where the titer is higher than it was in serum.

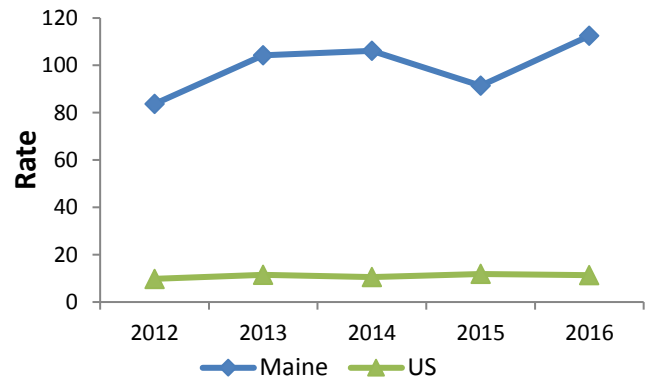
Probable cases must meet one of the laboratory criteria mentioned above and be physician diagnosed.

Maine CDC investigates all reports of positive confirmatory laboratory tests or clinical diagnoses of EM by requesting standard information on a case report form completed and submitted by physicians. Cases are classified based on the information completed on the case report form. Data presented in this report reflect only those cases meeting the probable or confirmed case definition.

Results

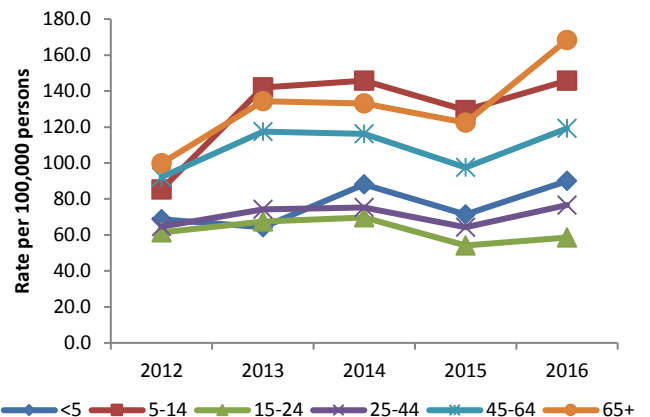
In 2016, a total of 1,496 probable and confirmed cases were reported to Maine CDC. This represents a state case rate of 112.5 cases per 100,000 persons (Figure 1).

Figure 1: Lyme Disease Incidence – Maine and US, 2012-2016*



Fifty-eight percent of the cases were male. The median age was 52 years, with a range from 1 to 95 years. The 65 years and older age group had the highest rate of cases, followed closely by the 5-14 years age group (Figure 2).

Figure 2: Lyme disease rates by age group – Maine 2011-2016*

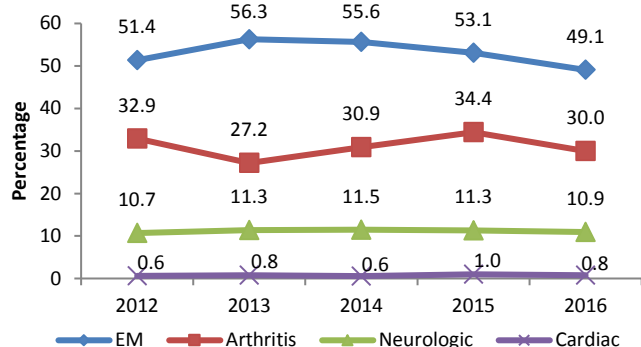


Forty-nine percent of cases reported an erythema migrans (EM) rash. Thirty percent of cases reported arthritis, 11% reported neurologic symptoms, and less than 1% reported cardiac symptoms (Figure 3). Multiple symptoms could be reported by each case. Providers reported four percent of cases as hospitalized for Lyme disease.

*Data as of 1/16/2018

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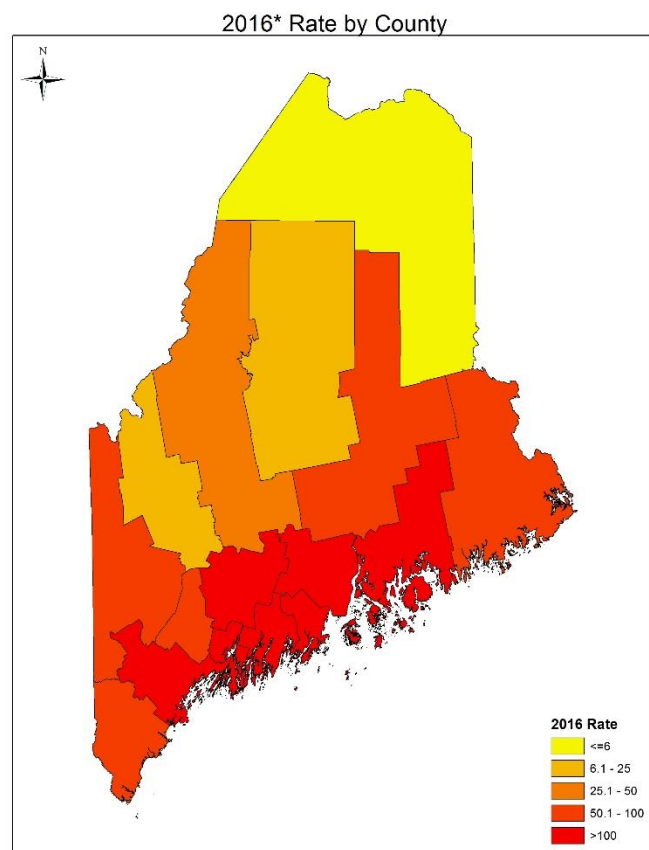
Figure 3: Percentage of symptoms reported among Lyme disease cases – Maine, 2012-2016*



Fifty-two percent of cases reported a symptom onset date during the summer months of June, July and August. Onset date information was missing for 351 (23.5%) cases.

In 2016, Lyme disease was reported for residents in all sixteen counties (Figure 4).

Figure 4: Lyme Disease Rate (per 100,000 persons) by county – Maine 2016



Discussion

Lyme disease cases increased slightly in 2016. There were six counties with rates of Lyme higher than the

state rate (Hancock, Kennebec, Knox, Lincoln, Sagadahoc, and Waldo).

EM remained the most common symptom of Lyme disease reported to Maine CDC. EM rashes are under-reported and the actual incidence of EM in Maine is likely higher than the reported incidence.

May is Lyme Disease Awareness month in Maine.

Lyme disease can be prevented by:

- Using caution in tick-infested areas
- Using EPA approved repellents containing DEET, picaridin, IR3535, or oil of lemon eucalyptus - always follow the instructions on the product's label
- Applying permethrin (an EPA approved repellent) to clothing
- Wearing long sleeve shirts and long pants
- Checking for ticks after being outside
- Removing ticks with tweezers or a tick spoon immediately
- Using "tick-safe" landscaping, such as removing leaf litter, tall grass and brush, creating borders between woods and lawn, and discouraging deer with physical barriers

For More information

Provider information about testing and additional information about Lyme disease is available at the Maine CDC website: <http://www.maine.gov/lyme> and at the federal CDC website: <http://www.cdc.gov/lyme>

Clinical guidelines are available at the Infectious Disease Society of America website: <http://www.idsociety.org/Lyme/>.

Human Lyme disease data for Maine can be found at: [Data Portal - Lyme](#)

Ticks can be identified for free by UMaine Cooperative Extension: <http://extension.umaine.edu/ipm/tickid/>

Lyme disease cases can be reported to Maine CDC by calling 1-800-821-5821 or faxing the Lyme disease report form available online (<http://www.maine.gov/lyme>) to 1-800-293-7534.