



**Marked Increase in Reported Human Lyme Disease Cases**

**TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities**  
**FROM: Rahul Gupta, MD, MPH, FACP, Commissioner and State Health Officer, Bureau for Public Health, West Virginia Department of Health and Human Resources**  
**DATE: 08-11-2015**

**LOCAL HEALTH DEPARTMENTS:** PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

**OTHER RECIPIENTS:** PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

As of August 7, 2015, West Virginia has reported 119 confirmed and probable cases of Lyme disease. Only 77 confirmed and probable cases were reported during the same time period in 2014. Additionally, 29 counties have reported confirmed and/or probable cases this year (up from 22 and 23 counties for all of 2013 and 2014, respectively). Eighty-four (84) cases (70.6%) were reported from Lyme disease “endemic” counties of Berkeley, Hampshire, Hancock, Jefferson, Mineral, Morgan, and Wood.

For a county to be considered “endemic” for Lyme disease, it must have two confirmed cases with: 1) erythema migrans (EM); 2) appropriate confirmatory laboratory results (as defined by CDC’s two-tier recommended testing); and 3) infections acquired within the county. Through August 7, 2015, four new counties, Kanawha, Marshall, Roane and Wetzell, have met this criteria. Effective August 15, 2015, these four counties will be classified as Lyme disease endemic.

Healthcare providers are advised to consider Lyme disease if patients present with EM, facial palsy, or pain and swelling in joints. The two-tier recommended laboratory testing strategy consists of an EIA (enzyme immunoassay) with reflex to Western blot. If the EIA is negative, then no further testing is recommended. If the EIA is positive or indeterminate, IgM and IgG Western blots should be performed (IgM and IgG Western blots if the specimen was collected ≤ 30 days from onset of symptoms and IgG Western blot only if the specimen was collected > 30 days from onset of symptoms).

The adult life stage of *Ixodes scapularis*, the tick vector that transmits Lyme disease in West Virginia, is active in the fall. It is likely that patients will seek medical attention for Lyme disease associated symptoms during these months. Patients should be reminded to check themselves, family members, and pets after visiting wooded areas. Doxycycline is recommended for treatment of Lyme disease early during infection and will usually lead to rapid and full recovery.

Please partner with your local health department to provide timely reporting of Lyme disease cases and patient information necessary for surveillance. For more information about Lyme disease in West Virginia, visit the Division of Infectious Disease (DIDE) website at [www.dide.wv.gov](http://www.dide.wv.gov). You may also contact your local health department or DIDE at (800) 423-11271 ext. 1 or (304) 558-5358, ext. 1.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

**Categories of Health Alert messages:**

**Health Alert:** Conveys the highest level of importance. Warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation. May not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation. Unlikely to require immediate action.