WHAT IS LYME DISEASE?



150% The annual incidence of Lyme disease is now 1.5 times more than the estimated number of cases of breast cancer.

427,000 Estimated number of new

cases of Lyme disease each year. **10 times more** than previously reported. 200 CHILDREN get Lyme disease every day,

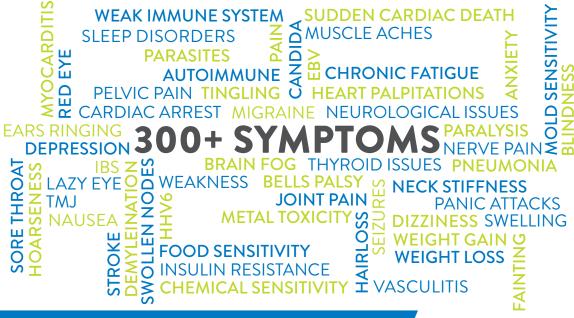
get Lyme disease every day, that is **4 school buses** of children a day diagnosed with Lyme.

LYME IS IN TEXAS!

TICK BITES CAN BE DANGEROUS

Lyme disease is an infectious disease usually transmitted by a tick bite. Reported in 50 states, Lyme is caused by a spirochete, a spiral-shaped bacterium (Borrelia burgdorferi), which may persist in the body for years if not treated with antibiotics. Early detection and immediate treatment at the acute stage of the disease provide the most successful chance in preventing late-stage Lyme disease. There are **300+ known symptoms** associated with Lyme disease. Lyme is often referred to as "The Great Imitator" due to the symptoms mimicking those of Fibromyagia, Arthritis, Chronic Fatigue Syndrome, Bells Palsy, MS, Lupus, Alzheimer's, etc. **40% of Lyme patients have long-term health problems.**

Diagnosis is complex and false negatives are common. Commonly used diagnostic Lyme tests miss a large percentage of Lyme disease cases, so using more accurate **CLIA approved tests Igenex and DNA Connexions** helps to avoid false negatives. Studies have shown that Lyme can hide in the immune cells and go virtually undetected. If patient has a negative Lyme test result, a clinical diagnosis can be made based on other factors such as potential exposure, symptoms, etc. A bull's eye rash is diagnostic for Lyme disease, but many patients do not develop a rash and many are unaware of a bite. The rash can take on many forms and will not always look like a bull's eye rash. Lyme disease is typically accompanied by a variety of **serious co-infections** which must be diagnosed and treated for a successful outcome. For example, co-infections like Bartonella, Babesiosis, Anaplasma, Enrichliosis, etc. Visit **www.txlda.com/co-infections** to learn more about possible co-infections... It is very important to note that the National Guideline Clearinghouse no longer recommends the IDSA treatment guidelines for Lyme disease. The NGC now recommends the more accurate and updated **ILADS guidelines** for diagnosing and treating a new tick bite and possible exposure to tick-borne diseases. **Being familiar with the updated guidelines is critical**.



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SAFELY REMOVING A TICK:

Don't squeeze, twist or squash it. Don't burn it with a match or cover it with Vaseline.

Use fine-point tweezers or a special tickremoving tool. Grasp the tick as close to the skin as possible. If you don't have tweezers, protect your fingers with a tissue.



Pull the tick straight out with steady, even pressure.



Disinfect the bite area. Wash your hands.

Save the tick for testing (alive if possible) in a small bottle or plastic bag with a green leaf or damp piece of tissue. Send to Igenex Labs www.igenex.com

Label it with your name, date, site of bite and how long tick was attached. Take photo of rash (Remember, there won't always be a rash).

LYME DISEASE IN TEXAS

Lyme disease is the most common vector-borne disease in the U.S, with some **427,000 diagnosed** cases annually. There are typically 50–275 human cases of Lyme disease reported in Texas every year; however, many diagnosed cases are not reflected in official statistics due to restrictive reporting criteria. Additionally, Lyme is largely unrecognized in Texas, so it is often misdiagnosed by doctors who are not familiar with its clinical presentation.

The causative agent of Lyme disease, Borrelia burgdorferi (Bb), was first detected in Texas in 1984. Recent research at Texas A&M has found Bb in half the Ixodes scapularis ticks collected all over the state. Texas is endemic for this species of tick. Patients with Lyme disease reside in each of the 11 public health regions in Texas. Texans are at risk of Lyme disease both from native sources and those brought in by migrating birds and animals, as well as from travel to other endemic areas. Visitors to any undeveloped countryside are at considerable risk of being bitten by ticks that carry the Lyme disease bacteria. Ticks may also be picked up in high grass, on golf courses, parks, playgrounds, greenbelts, farms, ranches, camps, and in private yards. Anyone who engages in outdoor pursuits may be exposed to Lyme disease and should take proper precautions. Additionally, pets and livestock can expose owners to infected ticks.

There are eight reportable tick-borne diseases in Texas: babesiosis, Lyme disease, ehrlichiosis, anaplasmosis, Rocky Mountain spotted fever, tularemia, Q fever, and tick-borne relapsing fever. Some of these can be fatal and require immediate treatment. Failure to report these diseases is a Class B misdemeanor under the Texas Health and Safety Code, Section 81.049, but this provision is rarely, if ever, enforced. Texas is a passive surveillance state, and it is likely that there is considerable under-reporting of tick-borne illnesses. The U.S. Centers for Disease Control and Prevention (CDC) estimates that only ten percent of the annual 427,000 Lyme disease cases in the U.S. are reported. Greater public awareness is needed for prevention and Physician Education based on current research is essential for proper diagnosis and treatment. Contrary to the assertions of many physicians, Lyme disease is not a rare illness that is easy to avoid, difficult to acquire, and simple to diagnose; nor is it easily treated and cured. The longer the time elapses between a tick bite causing infection and the diagnosis and treatment of Lyme disease, the more likely the illness will be serious and long lasting, and the cost of treatment very high.

Tick-borne illnesses can be extremely debilitating and even deadly. Failure to diagnose and treat aggressively may lead to disability, which can be comparable in intensity and effect to that caused by congestive heart failure. **Early detection and treatment is critical.** Intensive monitoring and aggressive treatment is needed at every stage. Many doctors in Texas believe that Lyme disease is not endemic to the state, and patients are often told that there is no Lyme disease in Texas. As a result, many patients must go out of state for diagnosis and treatment.

FOR MORE INFORMATION ABOUT LYME DISEASE, VISIT:

www.lymediseaseassociation.org www.lymedisease.org www.ilads.org www.lymeinfo.net www.lymenet.org www.ticktracker.com www.livlymefoundation.org



MAKE A DONATION, GET MORE INFORMATION AND SUPPORT OUR MISSION AT WWW.TXLDA.COM

The foregoing information is for educational purposes only. It is not intended to replace or supersede patient care by a healthcare provider. ACUTE SYMPTOMS: Common symptoms of early Lyme disease can occur in as late as 8 weeks after the initial tick bite. Early Lyme symptoms include: flu like symptoms, severe fatigue, fever, headaches, muscle and joint pain, bullseye rash or another form of rash.

LATE-STAGE SYMPTOMS: Left untreated, Lyme disease can spread beyond the skin and eventually affect any system and/or organ of the body causing a myriad of symptoms. Each person will vary in the type of symptoms as well as the severity. For example, one person might only exhibit a few symptoms and feel okay while another may experience hundreds of rotating symptoms and be bound to a wheelchair. For the full list of 300+ symptoms please visit: www.txlda.com/signs-symptoms

PREVENTION: Because diagnosis and treatment of Lyme disease is still evolving, prevention is critical. Wear light colored clothing so that crawling ticks can easily be seen and tuck pant legs into boots or socks so that ticks do not have access to skin. Use insect repellents with Permethrin or DEET-free Tick Tock Naturals in high-risk areas. Use tick and flea preventatives on your pets. Inspect yourself, your children, and your pets frequently for ticks, and remove any attached ticks promptly using proper removal procedures.

TREATMENT: If recently bitten by a tick, seek treatment immediately. For mid to late-stage Lyme treatment, options depend upon the stage of the disease and severity of symptoms, and must be tailored to the individual needs of each patient. Chronic, or late-stage, Lyme may be treated with combinations of oral, injected, and/or intravenous antibiotics, and treatment often requires rotations of combinations of various classes of antibiotics over an extended period of time to suppress the infection. Patients may incorporate alternative therapies as well. While there are treatment successes, failures do occur, and more research is needed to understand and eradicate the extremely complex bacteria that cause Lyme and related diseases.

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