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2013 TICKBORNE DISEASE SEASON ADVISORY

TO: All West Virginia Healthcare Providers

**FROM: Marian Swinker, MD, MPH, Commissioner for Public Health and State Health Officer,
WVDHHR, Bureau for Public Health**

DATE: April 2, 2013

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

Tickborne diseases occur annually in West Virginia with most cases developing symptoms between April and September. While Lyme disease is the most common tickborne disease in West Virginia, rickettsial tickborne diseases (ehrlichiosis, anaplasmosis, Rocky Mountain spotted fever [RMSF]) are more likely to result in hospitalization or death. All forms of ehrlichiosis and anaplasmosis are characterized by acute onset of fever, headache, myalgia, malaise, thrombocytopenia, leukopenia and evidence of hepatic injury. RMSF is characterized by fever and rash in the early stages and may progress to systemic illness (pneumonitis, myocarditis, hepatitis, acute renal failure, etc.) if untreated. Rickettsial tickborne diseases may be confused with other illnesses and serologies are typically negative in the first week of illness. Treatment must be started early to avoid severe complications.

Serologic confirmation is important for diagnosis. For Lyme disease, a two-tiered testing approach is recommended by CDC (EIA/IFA followed by IgG and IgM Western immunoblot). To arrange free testing for RMSF, please call the Division of Infectious Disease Epidemiology at (800)-423-1271. For more information about tickborne diseases, including links to CME opportunities, see: www.dide.wv.gov.

Please work with your local health department to provide timely reporting of tickborne disease cases (as is required by 64CSR7) and patient information necessary for case ascertainment. These efforts are important for public health surveillance and prevention activities. Thank you!

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