



Ridgefield Pediatric Associates, P.C.

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February 4, 2015

Chairs and Members of the Committee on Children

Ridgefield Pediatric Associates is in support of Raised Bill No. 207, an Act concerning funding for a Lyme Disease Prevention and Education Program. As you know, in 2013, 95% of the confirmed Lyme disease cases were reported from 14 states with Connecticut being one of them. Lyme disease is the most commonly reported vectorborne illness in the United States. In 2013, it was the 5th most common Nationally Notifiable Disease.

As a pediatric medical practice in Connecticut, we strongly endorse the Connecticut Department of Health (DPH) request to be rewarded the \$450,000 in funding necessary to implement and sustain a statewide Lyme Disease prevention effort combining mass media marketing and community education based on the BLAST Lyme prevention model. Most importantly, we understand that the Ridgefield Health Department would receive \$280,000 to coordinate this effort. We have no doubt that they would do an excellent job with this task since they have assisted the community already in this endeavor.

Recently one of our providers, Jane Brotanek, M.D. published an article in the Ridgefield Press in an effort to emphasize the important of prevention in containing the prevalence of Lyme disease in our state and country. As you can see, this is a small piece of what could be done if the Connecticut Department of Health was a recipient of this grant.

Many individual groups recognize the importance of addressing this disease. However our resources are limited, and a statewide Lyme Disease Program would have an enormous impact for the children in Connecticut, something that we cannot do on our own.

Please vote to commit the funds to the Connecticut State Department of Health, so that we can lead the way in a comprehensive Lyme Disease Prevention Program.

Sincerely,

Marcia J. Nock
Administrator
Ridgefield Pediatric Associates

Discussion on Lyme Disease

With the summer upon us and a relatively prolonged, milder spring behind us – the tick season seems to have broken into full swing this year. The history of Lyme disease had its inception in 1975 when a cluster of children and adults living in Lyme, Connecticut, reported unusual arthritic symptoms. Since then, the disease was widely researched. In 1982, *Borrelia Burgdorferi*, the bacterium that causes the illness, was discovered. For the past 30 years, the Connecticut Department of Public Health, Epidemiology, and Emerging Infections Program has maintained one of the most comprehensive Lyme disease surveillance systems in the country.¹ With years of research and surveillance contributing to improved methods of control, the Centers of Disease Control and CT Department of Public Health emphasize the importance of prevention in containing the prevalence of Lyme disease in our state and country. There are four simple ways that you can help prevent Lyme disease in your children and family:

- **Tick Checks:** Before bedtime, have your children take a bath or shower. Scrubbing them down with a soft sponge helps to dislodge any ticks that might be attached to the skin. Carefully check your child's skin from top to bottom, looking for ticks. You may find using a mirror or magnifying glass helpful for seeing small ticks or ticks in places where it's hard to see them. If tick checks are done as a routine on a daily basis, they are a useful tool for spotting ticks attached since the day before. Prompt identification and removal of ticks is key to the prevention of Lyme disease. Ticks removed within 36 hours of attachment are much less likely to transmit *Borrelia Burgdorferi* to their hosts.²
- **Spot the Bull's Eye Rash:** Early in the course of Lyme disease (about 3 to 30 days after the tick bite; average 7 days), a classic targetoid lesion or "bull's eye rash" can be seen in up to 70-80% of those infected.³ The formal medical terminology for this rash is *erythema chronicum migrans* from the Latin. This red, round rash, rarely itchy or painful, expands to become larger over several days, is usually bigger than 5 cm, and has a clear or dusky area in the middle.⁴ If you spot this rash, your doctor can prescribe antibiotics to treat your child right away, and the chances are high that the Lyme disease will be completely cured. The bull's eye lesion can be anywhere on the body, so make sure to look all over. Other early signs of Lyme disease include fever, headache, fatigue, muscle and joint pains, and swollen lymph nodes.
- **Use Insect Repellent:** The risk of tick bites can be further reduced by applying insect repellants. Repellents are sold in different forms and may be applied as an aerosol, spray, lotion, stick, cream, roll-on, or towelette.⁵ DEET (N,N-diethyl-m-toluamide) is the most common active ingredient in insect repellents; it is safe and effective if used properly according to instructions. The American Academy of Pediatrics (AAP) supports the use of DEET (up to a 30% concentration) in children and adolescents but cautions against its use in children younger than 2 months of age. Picardin is a plant-derived compound also used in insect repellents; it is better tolerated on the skin than DEET.

Insect repellents made from natural materials are also available. Products containing PMD (para-Menthane-3, 8-diol, the active ingredient in oil of lemon eucalyptus) and IR3535 (3-[N-butyl-N-acetyl]-aminopropionic acid) have repellent durations similar to DEET. Products containing oil of lemon eucalyptus should not be used on children younger than 3 years old. Also, products containing citronella and other botanical oils are in general less effective than DEET, picardin, PMD, or IR3535.

- **Ask Your Doctor:** If you have found a tick on your child or see some lesions on your child that you would like your doctor to check, please do so. It is better to be safe than sorry. Your doctor can help you remove the tick completely from your child's skin using proven technique. In some cases, particularly if the tick has been attached to the skin longer than 48-72 hours, doctors can prescribe a very short course of antibiotics as a preventive measure to further reduce the chances of Lyme disease. Your doctor can also answer any other questions that you may have. (References on request)

References

1. Lyme Disease in CT. Department of Public Health State of Connecticut. Available at: <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388506> Accessed on July 7, 2013.
2. American Academy of Pediatrics. *Red Book 2012 Report of the Committee on Infectious Diseases*. Pickering LK, ed. 29th edition. Elk Grove Village, IL: American Academy of Pediatrics 2012.
3. Centers for Disease Control and Prevention. Lyme disease home page. Available at: <http://www.cdc.gov/lyme/> Accessed on July 6, 2013.
4. Tibbles CD and Edlow JE. Does this patient have erythema migrans? *JAMA*. 2007; 297 (23): 2617-2627.
5. American Academy of Pediatrics. "Repellents part of arsenal in war against insects" by Dr. Schutze and Dr. Fischer. *AAP News*. 2012; 34 (6).