

R415

Publication Only

Public Health: Emerging infectious diseases

Lyme borreliosis in the UK and a case for an alternative name for chronic symptoms associated with tick bite

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Objectives: To describe the presentation and incidence of Lyme disease in southern UK.

Results: This series of serologically confirmed Lyme disease is the largest reported in the UK and it represents 508 patients in the South of England between 1992 and 2012. The mean rate of borreliosis increased each year with an overall mean of 9.8 per 100,000 population, higher than the national rate of 1.7. Patients presented with rash (71%), neurological symptoms (16%), (half had VII cranial nerve palsies), arthropathy (8%), pyrexia (5%), cardiac abnormalities (1%). 20% patients had additional non-specific symptoms of fatigue, myalgia, cognitive changes. Serological diagnosis was with a two-tiered system of ELISA and immunoblot. There was a marked seasonal presentation in the summer months and amongst the first and sixth decades of life. A third of patients gave a clear history of a tick bite. The median interval between tick bite and clinical symptoms was 15 days, with a further interval of 14 days to clinical diagnosis/treatment. Most cases were acquired locally, 5% abroad. Patients responded to standard antibiotic therapy and recurrence or persistence was extremely rare.

Conclusions: Lyme disease is common in southern UK, has specific and objective clinical characteristics, is readily diagnosed by serological tests, and responds quickly to appropriate antibiotic treatment. Many patients also present with a self diagnosis of Lyme disease with non-specific clinical findings and negative or indeterminate serological findings. These patients represent a range of possible aetiologies. Their label of Lyme disease is confusing and misleading for them and their doctors. We propose an alternative name, Chronic Arthropod-borne Neuropathy (CAN), and case definition for this chronic illness, attributed to arthropod bites. Some of these patients warrant further investigation.