

# Lyme Case Summary

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## Case Summary: Lyme

### Background

**Etiology** Lyme disease, caused by the bacterium *Borrelia burgdorferi*, is a vector-borne illness transmitted through the bite of infected black-legged ticks, also known as deer ticks (*Ixodes scapularis*). In Europe and Asia, Lyme disease can also be caused by *Borrelia afzelii* and *Borrelia garinii*.

**Epidemiology** Lyme disease is the most commonly reported vector-borne illness in the United States and is particularly prevalent in the Northeast, upper Midwest, and Northern California. The risk of contracting Lyme disease is higher during the months of May through September when tick activity peaks.

**Transmission** Transmission occurs through the bite of an infected tick. The tick typically must be attached for 36-48 hours or more to transmit the bacteria effectively. Not all tick bites result in Lyme disease, as the tick must be infected and attached long enough to transmit the bacteria.

### Patient Profile

**Demographics** A 45-year-old Caucasian female residing in a suburban area of New Jersey. She is an avid gardener and frequently engages in outdoor activities such as hiking.

**Symptoms** The patient presented with the hallmark sign of Lyme disease: an erythema migrans (EM) rash, often described as a “bull’s-eye” rash, appearing at the site of the tick bite. Other symptoms included: - Fever - Headache - Fatigue - Muscle and joint aches - Swollen lymph nodes

### Testing

- **Clinical Diagnosis:** Based on the presence of the characteristic EM rash and history of potential tick exposure.
- **Serologic Testing:** Two-tiered testing recommended by the CDC involves an initial enzyme immunoassay (EIA) or immunofluorescence assay (IFA) followed by a Western blot test for confirmation.

### Subsequent Cases

No subsequent cases were reported in the patient’s immediate surroundings, indicating no cluster outbreak. However, monitoring and educating the community

on preventive measures and recognizing symptoms were emphasized.

### **Learning Objectives**

- Understand the etiology and transmission of Lyme disease.
- Recognize the clinical presentation and symptoms associated with Lyme disease.
- Become familiar with the appropriate diagnostic tests and their interpretations.
- Learn effective prevention strategies and tick-bite management.
- Educate patients and communities about Lyme disease risks and prevention.

### **Actions and Outcomes**

- The patient was immediately started on a 21-day course of doxycycline, as recommended for early Lyme disease.
- Follow-up appointments were scheduled to monitor the patient's response to treatment and manage any lingering symptoms.
- Public health education sessions were conducted in the community to raise awareness, providing information on protective clothing, tick repellents, and safe removal of ticks.
- The patient's symptoms gradually improved, and her follow-up serologic tests were negative for *Borrelia burgdorferi* antibodies.

### **Reflection**

This case underscores the importance of early recognition and prompt treatment of Lyme disease to prevent its progression to more severe manifestations such as neurological or cardiac complications. Public health nurses play a crucial role in educating the community about preventive measures and early symptom recognition.

### **Discussion Questions**

1. What are the key identifying features that distinguish Lyme disease from other tick-borne illnesses?
2. Given that Lyme disease can manifest in different stages, how would you manage late-stage Lyme disease differently from early-stage?
3. What are the barriers to effective Lyme disease prevention in suburban areas, and how can they be overcome?
4. How does climate change impact the epidemiology of Lyme disease and tick distribution?
5. What multidisciplinary approaches can be implemented in a community to reduce the incidence of Lyme disease?