Lyme Disease (LD) Part 3 Ongoing care & prevention









PATIENT CARE		
Ongoing needs	Clinical support	Functional impact/disability
 Subset of LD patients report 	May require:	Minority but important
ongoing symptoms	Secondary care referral	 Loss of independence
 May be prolonged, mild or severe 	 Specialist physiotherapy 	 Assistance needed in daily living
 Pragmatic, regular review of 	 Occupational therapy 	 Compensation: doing things more
progress – new/existing issues,	 Mental health support 	slowly, use of aids
holistic, multifactorial	Pain management	 Consider impact on carers
 Tailored investigations 	Pacing important for recovery	
Psychological impact	Social impact	Other support
 Uncertainty, frustration due to 	Challenges accessing education	 Signpost to <u>support organisations</u>
unpredictable course of illness	 Impact on employment/career 	Education
 Sense of loss of former health 	Effect on income	 Occupational health/Access to
Reduced self-esteem, low mood	 Interpersonal relationships 	Work
 Impact of uncertain diagnosis 	Social loss and isolation	Social services
		 Social prescribers, Citizens Advice

PRIMARY CARE EDUCATION				
Practice team	Primary care clinicians	Practice population		
Tick and Lyme disease awareness – whole practice	 Training for staff on tick bite prevention and removal 	Focus on prevention: posters, waiting room screen, website		
 Discuss with clinician if Lyme is a possibility 	Awareness on signs and symptomsAdvice that occupationally acquired	 Consider specific high-risk groups, e.g. outdoor occupations/hobbies, 		
 Access to, and correct use of, <u>tick</u> <u>removal tools</u> 	Lyme disease requires a <u>RIDDOR</u> report	rural/semi-rural residents/schools Resources:		
 Awareness that EM rashes can be mistaken for insect bites, allergy, ringworm 	 Resources NICE CKS - LD RCGP e-learning module 	<u>UKHSA awareness</u> , <u>NHS Inform</u> <u>Lyme Resource Centre</u>		
Promote accurate coding and audit	UK Govt LD Resources, Guideline Scotland LD Resources, Guidance	Lyme Disease UK Lyme Disease Action		

	Scotland LD Resources, Guidance	<u> </u>		
TICK AWARENESS AND DISEASE PREVENTION				
Understanding tick risk	Tick bite avoidance	Tick bite management		
 Ticks occur across the UK and worldwide. Ticks are tiny, bites painless and easily missed Attach to and feed on passing hosts - mammals & birds Approximately 4% of ticks in the UK are infected with B. burgdoferi Ticks can carry other bacteria, viruses or protozoa, leading to other tick-borne diseases No minimum duration of tick attachment to transmit infection 	 Blood-sucking arachnids found in vegetation in rural and urban areas, parks and gardens Wear light-coloured clothing (easier to spot a tick), long sleeves, tuck trousers into socks Use insect repellent Keep to paths – avoid long grass Check for ticks after being outdoors – especially the head and neck area in children, including the scalp Children usually bitten above the waist 	 Carry and use tick removal tools Remove attached ticks promptly and correctly Clean the area with an antiseptic wipe Traumatic tick removal increases the risk of infection Do not cover in oil/gel Monitor bite area Photograph and date any rash Know signs of LD and seek medical advice early Ticks can be sent to <u>UKHSA tick</u> 		
 but risk increases with attachment length Be aware of <u>alpha-gal allergy</u> – a food allergy triggered by a tick bite 	 Check pets for ticks – including between paw pads and around eyes 	<u>surveillance</u> scheme		