This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.

The Pennsylvania Department of Health (PADOH) has identified recent sustained increases in tick bite-related emergency department visits in nearly all regions of the state. This trend is expected, as tick exposures in Pennsylvania generally increase during spring and summer months and serves as an important reminder that tickborne diseases occur annually in Pennsylvania. From May through September, health care providers should have a heightened clinical suspicion for tickborne diseases.

Report all tickborne diseases, confirmed or suspected, to the PADOH web-based electronic disease surveillance system, PA-NEDSS:
https://www.nedss.state.pa.us/nedss/default.aspx

PENNSYLVANIA TICK SURVEILLANCE DATA
A 2015 Pennsylvania Department of Environmental Protection study documented the presence of *Ixodes scapularis* (known commonly as the blacklegged tick or deer tick) infected with *Borrelia burgdorferi* (the bacterium that causes Lyme disease) in all 67 Pennsylvania counties.

EPIDEMIOLOGY OF TICKBORNE DISEASES IN PENNSYLVANIA
In Pennsylvania, Lyme disease (LD) is the most commonly reported tickborne disease and is usually seen during the months of May through September throughout the commonwealth. Pennsylvania ranked third nationally in LD incidence rate (57.4 per 100,000 persons) in 2015,
over six times higher than the overall national rate (8.9 per 100,000 persons). Several other non-Lyme tickborne diseases are also reported annually in Pennsylvania, including anaplasmosis, babesiosis, ehrlichiosis, and spotted fever rickettsiosis. Additionally, a case of Powassan virus disease, a tickborne arbovirus, was documented in northeastern Pennsylvania in 2011.

**DIAGNOSIS AND TREATMENT OF TICKBORNE DISEASES**

The CDC has produced a reference manual for health care providers that provides comprehensive information on tick identification, disease distribution, clinical signs and symptoms, laboratory testing, and treatment for the tickborne diseases that are endemic to North America. This manual is freely available at: https://www.cdc.gov/lyme/resources/TickborneDiseases.pdf

**TICK BITE PREVENTION AND TICK REMOVAL**

Individuals with exposure to wooded and brushy areas with high grass and leaf litter are at greatest risk of tick exposure. It is important to remind patients to reduce the likelihood of a tick bite by:

- walking in the center of trails and avoiding areas with high grass and leaf litter;
- using repellent that contains at least 20 percent DEET on exposed skin and use products that contain 0.5% permethrin on clothing;
- wearing light-colored clothing, which will make it easier to see crawling ticks;
- conducting full-body tick checks (including pets) after spending time in tick habitat; and
- bathing or showering within 2 hours after coming indoors.

If an attached tick is found, it should be promptly removed using fine-tipped tweezers. The tick should be grasped as close to the skin’s surface as possible and pulled upward with steady, even pressure. CDC’s directions for tick removal can be found here: https://www.cdc.gov/lyme/removal/index.html.

It is common for individuals who remove a tick to want it tested. However, testing of individual ticks is discouraged because of the following reasons:

- If the tick tests positive for disease-causing organisms, that does not necessarily mean that the bitten individual has been infected.
- If the bitten individual has been infected, they are likely to develop symptoms before results of the tick test are available. Patients with symptoms should not wait for tick testing results before beginning appropriate treatment.
- Negative results can lead to false assurance. For example, the individual may have been unknowingly bitten by a different tick that was infected.

For questions, please call your local health department or the Pennsylvania Department of Health at 1-877-PA HEALTH (1-877-724-3258).

Categories of Health Alert messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of May 12, 2017, but may be modified in the future.