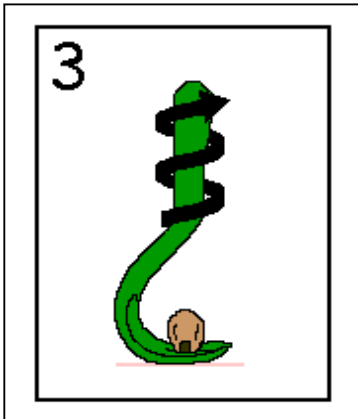


Ticks, Lyme disease and Tick-borne encephalitis

Ticks

Ticks are the hosts for many diseases. In the UK, the only major concern is Lyme disease but they do carry other infections (albeit rare) and they can cause skin infections. In the USA and Europe there are many other deadlier diseases including tick borne encephalitis.

As always the best approach is prevention. Ticks are at their most prolific in summer. Long trousers should be worn. Clothes and skin sprayed with permethrin and DEET respectively. Wearing light coloured clothes makes ticks easier to spot. The best way to remove a tick is to use a specialist tool available from pet shops:



This tool contains a slit which can be guided under the tick. It should then be gently lifted and twisted (either direction is ok) to disengage the tick from the skin. A loop of cotton can be also be tied under the mouthparts and pulled upwards. The area should be disinfected before and after removal.

Using tweezers, or worse still, fingers will exert pressure on the tick causing it to eject saliva containing disease in to the skin. Noxious substances such as whisky or cigarettes will distress the tick, again causing it to release more saliva back in to the skin. If only tweezers are available then try to grasp the tick as near to the skin as possible without squeezing the tick's body.

It is a good idea to keep the tick in a container in case you develop symptoms later. The ticks can also be sent away to the health protection agency to help further their research on Lyme disease. Details of this and other information on ticks/ Lyme disease can be found at www.hpa.org.uk

Lyme disease

Ticks containing Lyme disease are now found in most parts of Scotland. There are hotspot areas where a higher number of people have developed Lyme disease, but the reality is that we do not know what percentage of ticks are infected in these areas. It is thought that up to 2-3% of people bitten in high risk areas will develop Lyme disease. The risk of transmission of Lyme disease is thought to be very low in the first 24 hours. Taking antibiotics "just in case", after a tick bite is not currently recommended.

The normal incubation period for Lyme disease is two to thirty days but bacteria can lie dormant in the body without causing disease straight away.

Usually the first sign of Lyme disease is a rash known as erythema migrans - this is a redness of the skin with an edge that spreads outwards from the bite. However this only occurs in 50% of cases. The list of symptoms is long and diverse and varies from person to person. These include fatigue, flulike symptoms, headaches, neck stiffness, muscle and joint pains and sensitivity to sound and light. Diagnosis of Lyme disease can be difficult as none of the lab tests are totally reliable. If you develop any of these symptoms after being bitten by a tick you should be treated with antibiotics even if lab tests are negative. If earlier symptoms are not recognised, serious complications such as arthritis, numbness, facial paralysis and memory problems can develop weeks, months or even years later.

Tick Borne Encephalitis

This is a virus transmitted by ticks or unpasteurised milk. Symptoms start 7-14 days after the bite. It usually starts with flulike symptoms for a week. This can then progress to brain inflammation which results in headache, fever, confusion, vomiting and eventually a coma. It is fatal in 1 in 30 cases. It is common in warm forested parts of Central, Eastern Europe and Scandinavia but does not occur in the UK. Vaccination is available and recommended if you are likely to be walking or cycling through heavily forested areas. The usual schedule is 2 vaccines up to 3 months apart. If you have not been vaccinated and happen to be bitten by a tick in a high risk area then you should seek medical advice. You may then be given an antiserum if it is suspected that you have contracted the virus.