

Resources for Healthcare Professionals

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Reporting a Lyme Disease Case in New Hampshire

Lyme disease is one of the many required reportable diseases in New Hampshire. To report a reportable disease to the New Hampshire Department of Health and Human Services, call 603-271-4496 or 1-800-852-3345 ext. 4496. After hours, call 603-271-5300 or 1-800-852-3345 ext. 5300. Forms can be faxed to 603-271-0545. Reports can be mailed to:

NH Department of Health and Human Services
 Division of Public Health Services
 Communicable Disease Control and Surveillance
 29 Hazen Drive, Concord, NH 03301-6504


Lyme Reporting Form for NH:

<http://www.dhhs.nh.gov/dphs/cdcs/documents/lymediseasereport.pdf>

NEW HAMPSHIRE LYME DISEASE CASE REPORT FORM HEALTH CARE PROVIDER	
Patient's Name _____ (Last Name) (First Name)	Report Date _____
Date of Birth _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Native Am/Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Address _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown
City / Town _____ County _____ State _____ Zip _____	
Home Phone _____ Work Phone _____	
Occupation: _____	
SYMPTOMS AND SIGNS OF CURRENT EPISODE (Please answer each question)	
Is this person being diagnosed with Lyme Disease?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of symptom onset _____ Onset date unknown <input type="checkbox"/> Date of Lyme Disease diagnosis _____	
DERMATOLOGIC: Erythema migrans (physician diagnosed EM at least 5 cm in diameter)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
RHEUMATOLOGIC: Arthritis characterized by recurrent brief attacks of joint swelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
NEUROLOGIC: Bell's palsy or other cranial neuritis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Radiculoneuropathy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Lymphocytic meningitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Encephalitis/Encephalomyelitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown CSF tested for antibodies to <i>B. burgdorferi</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Antibody to <i>B. burgdorferi</i> higher in CSF than serum <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
CARDIOLOGIC: Acute onset 2 nd or 3 rd degree atrioventricular block? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, where _____	
Treatment: <input type="checkbox"/> Doxycycline <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Other: _____	
Duration of treatment in days: _____	
Has this patient been diagnosed with Lyme Disease prior to this diagnosis? <input type="checkbox"/> Yes, date (mm/yyyy) _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	
EXPOSURE HISTORY	
Tick Bite reported within 30 days of onset: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
In the 30 days prior to symptom onset, did this individual travel outside of NH: <input type="checkbox"/> Yes, out of state <input type="checkbox"/> Yes, out of country <input type="checkbox"/> No <input type="checkbox"/> Unknown	
County and state most likely exposed? _____	
LABORATORY RESULTS (check all that apply)	
EIA/IFA: <input type="checkbox"/> Positive <input type="checkbox"/> Equivocal <input type="checkbox"/> Negative <input type="checkbox"/> Not done/Unknown Date if positive: _____	
Western Blot: <input type="checkbox"/> IgM Positive <input type="checkbox"/> IgM Negative <input type="checkbox"/> Not done/Unknown Date if positive: _____ <input type="checkbox"/> IgG Positive <input type="checkbox"/> IgG Negative <input type="checkbox"/> Not done/Unknown Date if positive: _____	
Culture Results/Other: _____	
HEALTH CARE PROVIDER REPORTING INFORMATION:	
Reported by _____	
Ordering Provider _____ Phone _____	
Provider Facility _____	
City/Town _____ State _____ Zip _____	
Mail or Fax to: NH Department of Health and Human Services, Bureau of Infectious Disease Control 29 Hazen Drive, Concord, NH 03301. Fax: (603) 271-0545, Phone: Hotline 1 (888) 836-4971. vMar14	
For NH DHHS Staff Only	
Imported <input type="checkbox"/> Acquired in NH <input type="checkbox"/> Acquired Outside US <input type="checkbox"/> Acquired in Another State <input type="checkbox"/> Unknown	
Case Status <input type="checkbox"/> Confirmed (meets CDC definitions) <input type="checkbox"/> Probable (meets CDC definitions) <input type="checkbox"/> Suspected (meets CDC definitions) <input type="checkbox"/> Not A Case <input type="checkbox"/> Out of state Notes: _____	


Complete list of Reportable Diseases:

<http://www.dhhs.nh.gov/dphs/cdcs/documents/reportablediseases.pdf>



New Hampshire

Department of Health and Human Services



Reportable Diseases 2008

Disease Reporting Guidelines

Reportable Diseases 2008

Acquired Immune Deficiency Syndrome (AIDS)
 Anaplasmosis [*Anaplasma Phagocytophilum*]
 Anthrax [*Bacillus anthracis*]*
 Arboviral infection, including EEE & WNV*
 Babesiosis [*Babesia microti*]
 Botulism [*Clostridium botulinum*]*
 Brucellosis [*Brucella abortus*]*
 Campylobacteriosis [*Campylobacter* species]
 Chlamydial infection [*Chlamydia trachomatis*]
 Cholera [*Vibrio cholerae*]*
 Coccidioidomycosis [*Coccidioides immitis*]
 Creutzfeldt-Jakob Disease*
 Cryptosporidiosis [*Cryptosporidium parvum*]
 Cyclospora infection [*Cyclospora cayentensis*]
 Diphtheria [*Corynebacterium diphtheriae*]*
 Ehrlichiosis [*Ehrlichia* species]
 Escherichia coli O157 infection and other shiga toxin producing *E. coli*
 Giardiasis [*Giardia lamblia*]
 Gonorrhea [*Neisseria gonorrhoeae*]
 Haemophilus influenzae, invasive disease, sterile site*
 Hantavirus Pulmonary Syndrome [Hantavirus]*
 Hemolytic Uremic Syndrome (HUS)
 Hepatitis, viral: A*, B, E, G
 Hepatitis, viral: positive B surface antigen in a pregnant woman
 Human Immunodeficiency Virus (HIV), including perinatal exposure
 Human Immunodeficiency Virus-related CD4+ counts and all viral loads
 Legionellosis [*Legionella pneumophila*]
 Leprosy, Hansen's disease [*Mycobacterium leprae*]
 Listeriosis [*Listeria monocytogenes*]
 Lyme disease [*Borrelia burgdorferi*]
 Malaria [*Plasmodium* species]
 Measles [Rubeola]*
 Mumps*
 Neisseria meningitidis, invasive disease, sterile site*
 Pertussis [*Bordetella pertussis*]*
 Plague [*Yersinia pestis*]*
 Pneumococcal disease, invasive [*Streptococcus pneumoniae*]*
 Pneumocystis pneumonia [*Pneumocystis jiroveci* formerly *carinii*]
 Poliomyelitis [Polio]*
 Psittacosis [*Chlamydia psittaci*]*
 Rabies in humans or animals*
 Rocky Mountain Spotted Fever [*Rickettsia rickettsii*]
 Rubella, including Congenital Rubella Syndrome*
 Salmonellosis [*Salmonella* species] (report *S. Typhi** within 24 hours)
 Shigellosis [*Shigella* species]
 Streptococcus Group A/B, invasive disease [*S. pyogenes/agalactiae*]
 Syphilis, including Congenital Syphilis Syndrome [*Treponema pallidum*]
 Tetanus [*Clostridium tetani*]
 Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
 Trichinosis [*Trichinella spiralis*]
 Tuberculosis disease [*Mycobacterium tuberculosis*]*
 Tuberculosis infection, latent
 Tularemia [*Francisella tularensis*]*
 Typhoid fever [*Salmonella Typhi*]*
 Typhus [*Rickettsia prowazekii*]*
 Varicella*
 Vibriosis [any *Vibrio* species]*
 Vancomycin Resistant Enterococci (VRE)
 Vancomycin Resistant *Staphylococcus aureus* (VRSA)*
 Yersiniosis [*Yersinia enterocolitica*]
 Any suspect outbreak, cluster of illness, or unusual occurrence of disease that may pose a threat to the public's health must be reported within 24 hours of recognition*

Disease Reporting Guidelines

- ✓ All suspect and confirmed cases must be reported within 72 hours of diagnosis or suspicion of diagnosis
- ✓ Diseases with an asterisk (*) and in red must be reported within 24 hours of diagnosis or suspicion of diagnosis
- ✓ Reports are handled under strict confidentiality standards

Disease Reports Shall Include:

<p>1. Name of the disease</p> <p>2. Name of the person reporting</p> <p>3. Physician name and phone number</p> <p>4. Patient information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name <input type="checkbox"/> Date of birth and age <input type="checkbox"/> Sex <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Address <input type="checkbox"/> Telephone number <input type="checkbox"/> Occupation <input type="checkbox"/> Place of employment <input type="checkbox"/> Date of onset <p>5. Diagnostic test information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Type of test performed <input type="checkbox"/> Specimen type(s) <input type="checkbox"/> Date <input type="checkbox"/> Results 	<p>6. Treatment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date <input type="checkbox"/> Drug <input type="checkbox"/> Dosage
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How to Report a Disease:

PHONE

Office: 1-603-271-4496
 Toll Free Office: 1-800-852-3345 ext. 4496
 Hotline: 1-888-836-4971

After Hours Response: 1-603-271-5300
Toll Free After Hours: 1-800-852-3345 ext. 5300

FAX: 1-603-271-0545 Do Not FAX HIV/AIDS Reports

MAIL

NH Department of Health and Human Services
 Division of Public Health Services
 Communicable Disease Control and Surveillance
 29 Hazen Drive, Concord, NH 03301-6504

www.dhhs.state.nh.us/DHHS/CDCS


New Hampshire Health Alert Network (HAN) Messages

The NH DHHS utilizes the NH Health Alert Network to provide timely messages to Healthcare providers. The NH Health Alert Network (NH HAN) is a 24/7/365 comprehensive system for public health emergency notifications and alerts in response to events or incidents of public health significance. It includes a network of individuals and the software and hardware needed to create messages and respond to communications around public health incidents. For more information on receiving Health Alerts, contact the NH HAN Lyme Coordinator at Health.Alert@nh.gov.

- General Information on HAN: <http://www.dhhs.nh.gov/dphs/cdcs/alerts/>
- To access archived HAN messages: <http://www.dhhs.nh.gov/dphs/cdcs/alerts/han.htm>
- NH DHHS Tick-borne Disease Guidance from 2014: <http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/lymedisease-2014.pdf>

THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network
Health.Alert@nh.gov
May 19, 2014, 1400 EDT (2:00 PM EDT)
NH-HAN 20140519



Lyme Disease and Other Tickborne Diseases in New Hampshire

NH Division of Public Health Services (NH DPHS) recommends:

1. Recognition that NH continues to have one of the highest rates of Lyme disease in the nation and ~60% of deer ticks sampled in NH are infected with *Borrelia burgdorferi*, the bacteria that causes Lyme disease.
2. Prevention of disease through use of DEET insect repellent, wearing long pants and sleeves outdoors, and daily tick checks followed by prompt removal of any ticks.
3. Diagnosis of early Lyme disease when erythema migrans is present based solely on clinical suspicion because diagnostic serologies (including IgM) may not yet be positive.
4. Awareness that recent reports of sudden cardiac death attributed to Lyme disease carditis highlight the importance of prompt diagnosis and treatment of Lyme disease.
5. Report all tickborne diseases, confirmed or suspected, to the NH DPHS Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345, x5300).

Background:

Lyme disease (*Borrelia burgdorferi*), babesiosis (*Babesia microti* and other species), anaplasmosis (*Anaplasma phagocytophilum*), and Powassan virus are transmitted by the bite of the deer tick (*Ixodes scapularis*), also known as the black-legged tick. Although these ticks have a 2-year life cycle, the greatest risk for human acquisition of tickborne diseases is between May and August when the aggressive nymph stage of the deer tick is active. Nymphs are very small (< 2mm) and easy to miss unless they become engorged with blood.

Epidemiology:

Over the last decade, reported Lyme disease cases have increased significantly in NH. In 2013, 1,689 cases (confirmed and probable) were reported. The highest disease rates occurred in Rockingham, Strafford and Hillsborough counties, respectively. Compared to national data from 2012 (the most recent available), the Centers for Disease Control and Prevention (CDC) reports that NH has the highest incidence rate of Lyme disease in the United States (75.9 confirmed cases per 100,000 population). NH Lyme disease data and maps by county and town from 2006-2013 are available at <http://www.dhhs.nh.gov/dphs/cdcs/lyme/publications.htm>. In 2013, 88 cases of anaplasmosis, 23 cases of babesiosis, and the first case of locally-acquired Powassan virus infection were also reported.

The risk of Lyme disease for any individual depends on their outdoor activities and the abundance of infected ticks. Tick surveillance performed during 2007-2010 in NH counties showed that >50% of ticks tested in most counties were infected with the bacteria causing Lyme disease with the exception of slightly lower rates (40%) in Belknap and Carroll, and very low numbers of ticks collected in Coos County, precluding prevalence assessment. *Babesia* and *Anaplasma* have been detected in ticks in NH, though reliable prevalence data for these pathogens in ticks is not available.




Tick-borne Diseases of the United States: A Reference Manual for Health Care Providers

- <http://www.cdc.gov/lyme/resources/TickborneDiseases.pdf>
 - This manual can be used by healthcare providers to identify different species of ticks, find out where each type of tick is most common in the continental U.S. and review general information of common tick-borne diseases.

Lyme Disease

AGENT
Borrelia burgdorferi

SIGNS/SYMTOMS

WHERE FOUND

Lyme disease is most frequently reported from the upper midwestern and northeastern U.S. Some cases are also reported in northern California, Oregon, and Washington. In 2010, 94% of Lyme disease cases were reported from 12 states: Connecticut, Delaware, Maine, Maryland, Massachusetts, Minnesota, New Jersey, New Hampshire, New York, Pennsylvania, Virginia, and Wisconsin.

INCUBATION PERIOD: 3–30 days

SIGNS AND SYMPTOMS

Localized Stage¹

- Erythema migrans (EM)—red ring-like or homogenous expanding rash; classic rash not present in all cases. See examples on following pages.
- Flu-like symptoms—malaise, headache, fever, myalgia, arthralgia
- Lymphadenopathy

Disseminated Stage

- Multiple secondary annular rashes
- Flu-like symptoms
- Lymphadenopathy

Rheumatologic Manifestations

- Transient, migratory arthritis and effusion in one or multiple joints
- Migratory pain in tendons, bursae, muscle, and bones
- Baker's cyst
- If untreated, arthritis may recur in same or different joints

Cardiac Manifestations

- Conduction abnormalities, e.g. atrioventricular node block
- Myocarditis, pericarditis

Neurologic Manifestations

- Bell's palsy or other cranial neuropathy
- Meningitis
- Motor and sensory radiculoneuropathy, mononeuritis multiplex
- Subtle cognitive difficulties
- Encephalitis, encephalomyelitis, subile encephalopathy, pseudotumor cerebri (all rare)

Additional Manifestations

- Conjunctivitis, keratitis, uveitis
- Mild hepatitis
- Splenomegaly

¹ During the **localized** (early) stage of illness, Lyme disease may be diagnosed clinically in patients who present with an EM rash. Serologic tests may be insensitive at this stage. During **disseminated** disease, however, serologic tests are usually positive.

GENERAL LABORATORY FINDINGS

- Elevated erythrocyte sedimentation rate
- Mildly elevated hepatic transaminases
- Microscopic hematuria or proteinuria
- In Lyme meningitis, CSF typically shows lymphocytic pleocytosis, slightly elevated protein, and normal glucose.

LABORATORY DIAGNOSIS

- Demonstration of diagnostic IgM or IgG antibodies in serum. A **two-tit** testing protocol is recommended—EIA or IFA should be performed first; if positive or equivocal it is followed by a Western blot.
- Isolation of organism from a clinical specimen.
- In suspected Lyme meningitis, testing for intrathecal IgM or IgG antibodies may be helpful.

NOTES ON SEROLOGIC TESTS FOR LYME DISEASE

- Serologic tests are insensitive during the first few weeks of infection. During this stage, patients with an EM rash may be diagnosed clinically. While not necessary, acute and convalescent titers may be helpful in some cases.
- In persons with illness > 1 month, only IgG testing should be performed (not IgM). A positive IgM test alone is not sufficient to diagnose current disease.
- Due to antibody persistence, single positive serologic test results cannot distinguish between active and past infection.
- Serologic tests cannot be used to measure treatment response.
- Enzyme immunoassay (EIA) and immunofluorescence assay (IFA) tests have low specificity and may yield false-positive results. They may cross-react with antibodies to commensal or pathogenic spirochetes, some viral infections (e.g., varicella, Epstein-Barr virus), or certain autoimmune diseases (e.g., lupus).

LYME DISEASE OR STARI?

An erythema migrans-like rash has also been described in humans following bites of the lone star tick, *Amblyomma americanum*. This condition has been named Southern Tick-Associated Rash Illness (STARI). Although the rash may be accompanied by flu-like symptoms, long-term sequelae have not been reported. Because the cause of STARI is unknown, diagnostic blood tests are not available.

Lone star ticks can be found from central Texas and Oklahoma eastward across the southern states and along the Atlantic coast as far north as Maine.

It is not known whether antibiotic treatment is necessary or beneficial for patients with STARI. Nevertheless, because STARI resembles early Lyme disease, physicians often treat patients with the same antibiotics recommended for Lyme disease.

NOTE: Coinfection with *B. microti* and/or *A. phagocytophilum* should be considered in patients who present with initial symptoms that are more severe than are commonly observed with Lyme disease alone, especially in those who have high-grade fever for more than 48 hours despite appropriate antibiotic therapy or who have unexplained leukopenia, thrombocytopenia, or anemia. Coinfection might also be considered in patients whose erythema migrans skin lesion has resolved but have persistent flu-like symptoms.

Lyme Disease

Rocky Mountain Spotted Fever

Tuberculosis

Other Tickborne Diseases

Tick Bites/Prevention

Centers for Disease Control and Prevention Resources for Clinicians

Includes information on diagnostics, treatments and learning tools.

- <http://www.cdc.gov/lyme/healthcare/clinicians.html>

The screenshot shows the CDC website page for Lyme Disease resources for clinicians. The page features a navigation menu on the left with categories like 'Preventing tick bites', 'Transmission', and 'Diagnosis and testing'. The main content area is titled 'Resources for Clinicians' and includes sections for 'Diagnosis, Treatment and Testing' and 'Learning Tools'. A video player is visible, showing a CDC expert commentary by Joseph D. Forrester, MD, MSc, titled 'Recognizing Lyme Carditis'. The page also includes social media sharing options, a search bar, and contact information for the CDC.

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

Lyme Disease

Lyme Disease

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- Info for Healthcare Professionals
- Clinicians**
- Public Health Officials
- Veterinarians
- Tool kit
- Lyme disease quiz

[Lyme Disease](#) > [Info for Healthcare Professionals](#)

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Resources for Clinicians

Diagnosis, Treatment and Testing

- Treatment
- 2006 IDSA Treatment Guidelines [↗](#)
- Two-tier testing explained
- Tests that are NOT recommended (including CD57, urine antigen testng, etc.)
- **New Handbook** - Tickborne Diseases of the United States: A Reference Manual for Health Care Providers, Second Edition. [↗](#) [PDF - 21 pages]

On this Page

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- [Learning Tools](#)
- [CME for Clinicians](#)
- [Lyme Disease Self-Assessment](#)
- [Case Definition and Report Forms](#)

Contact Us:

- Centers for Disease Control and Prevention
Bacterial Diseases Branch
Foothills Campus
Fort Collins, CO 8052
- 800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
- [Contact CDC-INFO](#)

Learning Tools

Videos

Recognizing Lyme Carditis [↗](#)
CDC Expert Commentary, January 2014

Southern Tick-Associated Rash Illness -- When a Bull's-

2006 IDSA Treatment Guidelines

- <http://cid.oxfordjournals.org/content/43/9/1089.full>
 - This is an updated set of guidelines that can be used by healthcare providers to assess, treat and prevent tick-borne diseases.

The Clinical Assessment, Treatment, and Prevention of Lyme Disease, Human Granulocytic Anaplasmosis, and Babesiosis: Clinical Practice Guidelines by the Infectious Diseases Society of America

Gary P. Wormser¹, Raymond J. Dattwyler², Eugene D. Shapiro^{5,6}, John J. Halperin^{3,4}, Allen C. Steere⁹, Mark S. Klemperer¹⁰, Peter J. Krause⁸, Johan S. Bakken¹¹, Franc Strle¹³, Gerold Stanek¹⁴, Linda Bockenstedt⁷, Durland Fish⁶, J. Stephen Dumler¹², and Robert B. Nadelman¹

[+ Author Affiliations](#)

Reprints or correspondence: Dr. Gary P. Wormser, Rm. 245, Munger Pavilion, New York Medical College, Valhalla, NY 10595 (Gary_Wormser@nymc.edu).

Abstract

Evidence-based guidelines for the management of patients with Lyme disease, human granulocytic anaplasmosis (formerly known as human granulocytic ehrlichiosis), and babesiosis were prepared by an expert panel of the Infectious Diseases Society of America. These updated guidelines replace the previous treatment guidelines published in 2000 (Clin Infect Dis 2000; 31[Suppl 1]:1-14). The guidelines are intended for use by health care providers who care for patients who either have these infections or may be at risk for them. For each of these *Ixodes* tickborne infections, information is provided about prevention, epidemiology, clinical manifestations, diagnosis, and treatment. Tables list the doses and durations of antimicrobial therapy recommended for treatment and prevention of Lyme disease and provide a partial list of therapies to be avoided. A definition of post-Lyme disease syndrome is proposed.

Executive Summary

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This Article

Clin Infect Dis. (2006) 43 (9): 1089-1134.
doi: 10.1086/508667

Abstract **Free**
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Full Text (PDF) **Free**

A correction has been published

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Current Issue


August 15, 2014 59 (4)




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Editor-in-Chief
Sherwood L. Gorbach, M.D.

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Continuing Medical Education for Clinicians

- As a service to clinicians, CDC has supported the development of an online CME Case Study Course on the Clinical Assessment, Treatment, and Prevention of Lyme Disease. This free, interactive course consists of a series of case studies designed to educate clinicians regarding the proper diagnosis and treatment of Lyme disease. Each case is accredited for .25 CME credits, for a maximum of 1.5 CME. There is no cost for these credits.
 - <http://lymecourse.idsociety.org/>
- The National Association of School Nurses presents an online course titled “Tick-borne Illness: Prevention, Assessment and Care” that focuses on clinical care of tick-borne diseases in school and camp settings. CNE is available.
 - <http://bit.ly/1rCgUW5>

Lyme Disease Self -Assessment

- From the American College of Physicians (ACP) Initiative on Lyme Disease--an online quiz containing six clinical scenarios regarding the evaluation and treatment of Lyme disease.
 - <http://smartmedicine.acponline.org/content.aspx?gbosId=62>