

From the School Nurse.....

Some Tick Talk :

- *All ticks may transmit Lyme Disease (not necessarily limited to deer ticks).
- *Increased incidence of Lyme Disease is partially attributed to the population explosion in the rural areas.
- *Keep wood and brush away from your house. Stone walls attract small rodents which can also carry ticks. Bird feeders also increase the incidence of ticks.
- *Avoid pets on furniture and sleeping with kids. Ticks can travel from your furry animal onto the skin of your family.
- *Avoid tick infested areas and sitting directly on the ground. Use EPA approved repellents.
- ***Frequent tick checks are probably your best protection from tick-borne illnesses. Removing ticks before they adhere to the skin, prevents the transmission of infection.**
- *Remember to protect (repellent) and check pets too!
- *Teach children to seek adult help for tick removal.
- *Squeezing the body of the tick can actually increase the chance of transmitting infectious material into the person who is bit by the tick.
- *Improper removal can increase the chances of infectious transmission of tick fluids and thus developing Lyme Disease and related tick-borne illnesses. Never put substances on the tick such as soap or other substances.
- ***Use a fine point tweezer and grasp tick mouth parts (place of attachment— as close to the skin as possible). Remove the tick with a steady pull away from the skin. Use a steady pressure and gently pull the tick straight out. Never squeeze, twist, or yank the body of a tick. Never put substances or fluids on the tick.**
- *If you save the tick for testing, place it in a sealed plastic bag with a moistened

(water) cotton ball.

*Disinfect tweezers.

*Wash hands thoroughly.

*If discarding tick, wrap in toilet tissue and flush into toilet.

*Don't touch tick with bare hands.

Clean area of the tick bite with an antiseptic and apply antibiotic ointment.

*Contact your doctor.

*Mark your calendar on the day of the tick removal.

*Be alert that The Lyme Disease Association states that "approximately 50% of people may develop a rash, but only 9% get the classic bull's eye rash."

*Many rashes that do develop after exposure to infectious tick bites may not present as the "classical bulls-eye" rash. You may see a solid red rash – possibly 3" diameter or larger, and may be smaller, too. Consult your medical professional as needed.

*Some people with dark skin may have a "bruise-like" appearance when developing a rash.

*It may be advisable to treat tick bites when there is:

1. a large rash or bulls-eye rash
2. an engorged tick upon removal
3. tick bite in an endemic area with high incidence of lyme and tick-borne illness
4. history of immune-suppressed state of health

If fever or flu-like illness develops within 4 weeks after a known tick bite, consider treatment for Lyme disease! Flu-like symptoms include extreme fatigue, malaise, achy, fever, headache, swollen glands or joints, and chills.

Other tick-borne diseases are Babesia, Anaplasma, Ehrlichia, and Bartonella. Ask your doctor to check for those other infections that may be transmitted along with Lyme.

Log onto www.lymediseaseassociation.org for more information and other websites.

Above information taken from various Lyme Disease Publications/Pamphlets.