

## Joint Committee on Health

28 November 2018

### Opening Statement – Department of Health

Chairman, members of the Committee. My name is Dr. Ronan Glynn, Deputy Chief Medical Officer and recently appointed Lead in Health Protection at the Department of Health.

Firstly, my colleagues and I wish to acknowledge that Lyme disease has been the subject of significant attention in recent years. The matter has been regularly highlighted in the Oireachtas by means of Leaders Questions, Parliamentary Questions or Topical Issues and indeed has previously been discussed by this Committee. I want to thank you for inviting us here today to speak to the issue, and to introduce my colleagues:

- Dr Paul McKeown, Specialist in Public Health Medicine, Health Protection Surveillance Centre (HPSC)
- Dr Cillian De Gascun, Consultant Medical Virologist and Director of the National Virus Reference Laboratory (NVRL)
- Professor Karina Butler, President of the Infectious Diseases Society of Ireland and Consultant in Infectious Diseases in Crumlin and Temple Street Children's Hospitals
- Lyme disease (also known as Lyme borreliosis) is an infection caused by a bacteria called *Borrelia burgdorferi*. It is transmitted to humans by bites from ticks infected with the bacteria and is the most common tick-borne infection in the US, Canada, and Europe.
- Lyme disease infection is generally mild affecting only the skin. The most common noticeable evidence of infection is a rash called erythema migrans. This is seen in up to 90% of patients.

- Occasionally, there may be more serious symptoms involving the nervous system, joints, the heart or other tissues.

## **Surveillance**

- Lyme disease was made statutorily notifiable in Ireland by the Infectious Diseases (Amendment) Regulations 2011 (S.I. no 452 of 2011). The notifiable entity is the more severe neurological form of Lyme disease: Lyme neuroborreliosis.
- The choice of Lyme neuroborreliosis as the notifiable entity was based on scientific advice from the European Centre for Disease Control and followed wide consultation with experts across EU member states.
- Since first becoming notifiable, between eight and 21 cases of Lyme neuroborreliosis have been notified each year in Ireland.
- One of the major advantages of using Lyme neuroborreliosis as the notifiable entry is that the relationship of the proportion of neuroborreliosis cases to other cases of Lyme Disease is well described and relatively stable - nervous system involvement arises in approximately 10 to 15% of Lyme infections. We can estimate therefore that there could be up to 300 total cases of Lyme disease each year.
- One of the reasons for making a disease notifiable is that it helps to raise awareness of that disease and awareness of Lyme disease has been steadily increasing since it was made notifiable. For example, a recent scientific paper reported that, over the five-years from 2011, the number of requests for Lyme testing in the West of

Ireland increased by almost 80%. It is worth noting, however, that despite this increase in testing, no significant increase in the number of positive tests was detected.

## **Diagnosis and Treatment**

- Lyme disease is diagnosed by medical history and physical examination. The infection is confirmed by a standard two-staged set of blood tests.
- A 2016 survey reported that all laboratories offering this testing in Ireland are appropriately accredited and are testing in accordance with best international practice.
- Lyme disease is normally treated using common antibiotics. My colleague, Professor Butler, will make a more in-depth statement regarding the diagnosis and treatment of Lyme disease but I would note that the guidelines produced by the Infectious Diseases Society of America (IDSA) are those upon which the vast majority of clinicians in Ireland base their treatment approach.
- In addition, a consensus statement on the clinical management of Lyme disease which endorses the IDSA guidance, has been issued jointly from the Scientific Advisory Committee of the Health Protection Surveillance Centre, the Infectious Diseases Society of Ireland, the Irish Society of Clinical Microbiologists, the Irish Institute of Clinical Neuroscience and the Irish College of General Practitioners.

## **Guidance and Prevention**

- The best protection against Lyme disease is to prevent tick bites when walking in grassy, bushy or woodland areas, particularly between May and October.

- Both the HPSC and Tick Talk Ireland provide guidance on protection against contracting Lyme disease and the HPSC runs a Lyme disease awareness campaign each year.
- A Lyme Disease Sub-Committee has been established at the HPSC. This aims to examine best practice in prevention and surveillance of Lyme Disease and to produce a report which identifies the best strategies for the prevention of this disease in Ireland.
- The HPSC delayed the publication of its Report in order to incorporate the findings of an extensive systematic review of the evidence on Lyme Disease by the National Institute for Health and Care Excellence (NICE) in the UK. This was published earlier this year and the HPSC's own report is now due to be published early in the New Year.
- Mr. Chairman I am happy to now hand over to my colleague Professor Butler who will talk to you in more detail about Lyme disease, and the panel will then answer any queries you may have.

**Dr. Ronan Glynn**  
**Health Protection Unit**  
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