



MEMO

**To:** Ottawa Health Care Providers  
**From:** Dr. Monir Taha, Associate Medical Officer of Health  
**Subject:** **Lyme disease prophylaxis: New recommendations for Ottawa**  
**Date:** April 12, 2017

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Dear Colleagues,

The prevalence in Ottawa of *Borrelia burgdorferi* (the agent of Lyme disease) in local *Ixodes scapularis* (the blacklegged tick vector) is now high enough that Ottawa Public Health (OPH) is recommending post-exposure prophylaxis for persons on whom a blacklegged tick was feeding if all of the following criteria are met:

- the tick is fully or partially engorged or has been attached for 24 or more hours
- it has been less than or equal to 72 hours since the tick has been removed
- doxycycline is not contraindicated (e.g., pregnancy, under 8 years old)

A single dose of oral doxycycline may be offered as post-exposure prophylaxis to adult patients (200 mg dose) and to children 8 years of age and older (4 mg/kg, up to a maximum dose of 200 mg). Doxycycline is relatively contraindicated for pregnant women and for children less than 8 years. In pregnancy, the patient and her provider should make an informed choice between a single dose of doxycycline and no prophylaxis with close observation for Lyme disease signs and symptoms. For children less than 8 years of age, doxycycline is not usually recommended, and instead monitoring for early Lyme disease is advised. Short-term use of doxycycline is considered acceptable in breastfeeding mothers. More information can be obtained from [LactMed](#) (English only), or [Motherisk](#) (English only).

Individuals who do not meet all of the above criteria for post-exposure prophylaxis should be counselled on the signs and symptoms of early Lyme disease and should be monitored for 30 days for an expanding skin lesion at the site of the tick bite (erythema migrans) or viral infection-like illness.

Risk of transmission of *Borrelia burgdorferi* from tick to human increases with the duration of tick attachment. When ticks acquired in high-risk areas have been attached less than approximately 24 hours, the probability of infection is low enough not to warrant use of prophylaxis. Nevertheless, in this situation patients should be counselled to observe for rash—especially an expanding red rash at the site of the initial tick bite—or other symptoms of Lyme disease for 30 days, and return for medical assessment should these arise. Partial or full engorgement of nymph and adult ticks would suggest the tick has been feeding longer than 24 hours, and should trigger the recommendation for prophylaxis for those eligible. The general principles of antibiotic stewardship should be applied and an informed consent discussion should include the risks of antibiotic therapy to the individual.

Suspected and/or confirmed cases of Lyme disease, whether clinically diagnosed or laboratory confirmed, are reportable to local public health under the [Health Protection and Promotion Act](#). This includes individuals who have been clinically diagnosed with Lyme disease in the absence of serology.

For additional information on Lyme disease, please visit our [website](#) at or call Ottawa Public Health at 613-580-6744, ext. 24224.