



Tick Bites, Rashes, and Lyme Disease

Tick bite reactions are small and do not expand in size when observed over several days. If you have a tick bite observe the bite site for any sign of an expanding red rash over the next 1 to 3 weeks. Small, red reactions less than 1-2 inches in size (the size of a dime) are common after tick bites and do not represent Lyme disease. These are tick bite reactions and are often confused with the rash of Lyme disease. With a tick bite reaction, the surrounding redness does not expand when observed over 24 to 48 hours. Small reactions at site of a tick bite can last days to weeks.



The earliest stage of Lyme disease occurs at the site of the tick bite. The initial rash is difficult to distinguish from a tick or bug bite. If the rash is Lyme disease it will enlarge further over days or weeks and will not fade over the next few days. Only 2% of tick bites result in Lyme disease. A Lyme rash occurs at the site of the tick bite in 80% of people who have early Lyme disease. The incubation period from a tick bite to the development of a rash is 3-30 days (usually 3-10 days).



The diagnostic rash of Lyme disease is red and round or oval and is called erythema migrans. It may have the distinctive bull's eye appearance. More often the rash is uniformly red. The size is usually greater than 2 inches in diameter, often as large as 6-8 inches. If the rash occurs in certain locations it may be difficult to immediately see the characteristic round or oval shape. The Lyme rash may be confused with a spider bite.





REMOVE TICKS PROMPTLY

1. Grasp the tick's mouthparts against the skin, using pointed tweezers (see figure, back page)
2. BE PATIENT – The long mouthpart is covered with barbs, making removal difficult and time consuming.
3. Pull steadily until the tick can be eased out of the skin.
4. DO NOT pull back sharply, as this may tear the mouthparts from the body of the tick, leaving them embedded in the skin. If this happens, do not panic. Embedded mouthparts are comparable to having a splinter in your skin and do not transmit Lyme disease.
5. DO NOT squeeze or crush the body of the tick because this may force infective body fluids from the tick and into the skin.
6. DO NOT apply substances such as petroleum jelly, finger nail polish, or a lighted match to the tick while it is attached. These materials may agitate the tick and cause it to force more infective fluid into the skin.
7. Following removal of the tick, wash the wound site and your hands with soap and water.
8. Observe the bite site for any signs of an expanding red rash over the next 1-2 weeks. Small red reactions less than the size of a dime are common after tick bites and do not represent Lyme disease.

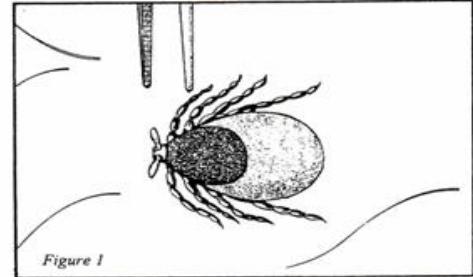


Figure 1

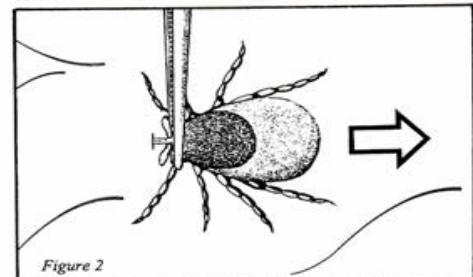


Figure 2

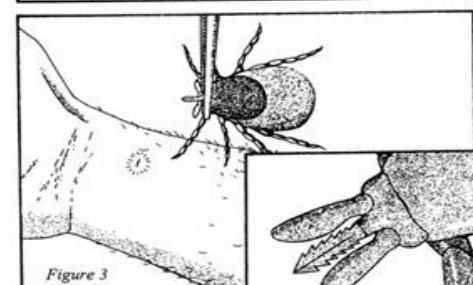


Figure 3

How the diagnosis of Lyme disease is made: Lyme disease is a clinical diagnosis made by a doctor or nurse by examining the patient. Early Lyme disease is not a laboratory diagnosis. A negative Lyme blood test does not exclude Lyme disease in the first few weeks of the rash. Also, 20% of people have no rash, only a "flu like" illness. Fever, aches and abrupt severe fatigue can be the main symptoms of acute Lyme disease. Lyme disease is different from a respiratory "cold" and does not cause a runny nose or a prominent cough.

The Bottom Line: If you have a tick bite, watch for an expanding red rash or lesion at the site of the tick bite, or an unexplained feverish, achy, fatiguing illness that would typically occur within 1 to 4 weeks after the tick bite. If this doesn't happen, you are likely one of the 98% of people who don't develop Lyme disease after a given tick bite. If you are concerned about any of these possible findings, take a picture of the rash and contact your regular physician for evaluation.