



## NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Deputy Secretary for Health

SUSAN KANSAGRA MD, MBA • Assistant Secretary for Public Health

Division of Public Health

Developed by the North Carolina Division of Public Health, Communicable Disease Branch

### ***Ehrlichiosis Surveillance from 2017—2022***

#### **Background**

Ehrlichiosis is a general name to describe several bacterial infections caused by *Ehrlichia spp.* including *E. chaffeensis*, *E. ewingii*, or *E. muris eauclairensis*. Ehrlichiae are transmitted to humans through the bite of an infected tick. In North Carolina, the most common vector of ehrlichiosis is the lone star tick, *Amblyomma americanum*. Like other tickborne illnesses, Ehrlichiosis can be prevented; it is a serious illness that can be fatal if not promptly treated.

#### **Symptomology**

Symptoms of ehrlichiosis typically appear within 1—2 weeks following a tick bite. While there are a number of symptoms, the combination of symptoms can vary from person to person. Symptoms may include fever, headache, fatigue, chills, malaise, muscle aches, nausea, vomiting, diarrhea, confusion, conjunctivitis (red eyes), and a rash. Rashes can be present in up to 60% of children and less than 30% of adults.

#### **Epidemiology**

##### National

Incidence varies considerably by geographic area. Ehrlichiosis is most frequently reported in the southeastern and south-central US. In 2019, four states accounted for 50% of all reported cases of Ehrlichiosis: Missouri, Arkansas, North Carolina, and New York.<sup>1</sup> The number of reported ehrlichiosis cases has increased since it was added to the National Notifiable Conditions list in 1998; the case fatality rate continues to hover around 1% annually. The national average incidence of ehrlichiosis of confirmed and probable cases in 2019 was 0.65 cases per 100,000.<sup>2</sup>

##### North Carolina

The number of reported confirmed and probable cases of ehrlichiosis has gradually increased between 2017 and 2022. The highest incidence of ehrlichiosis typically occurs during the months of June to August. The 5-year average incidence rate of ehrlichiosis in North Carolina between 2017—2021 was 1.09 confirmed and probable cases per 100,000 residents, which is higher than the national average. The incidence rate of ehrlichiosis in North Carolina in 2022 was 0.81 cases per 100,000 (based on 2021 population data).

#### **Diagnosis**

Diagnosis of ehrlichiosis is often difficult because symptoms vary from patient to patient and are non-specific, making it difficult to distinguish from other illnesses. Serological and Polymerase Chain Reaction (PCR) tests can be used to confirm clinical diagnosis. However, serological tests are often negative during the acute phase of illness; healthcare providers should use their judgement to treat patients empirically based on the symptoms above.

#### **Prevention**

Reducing exposure to ticks is the best defense against ehrlichiosis. There are a number of methods that can be used to prevent tickborne illness:

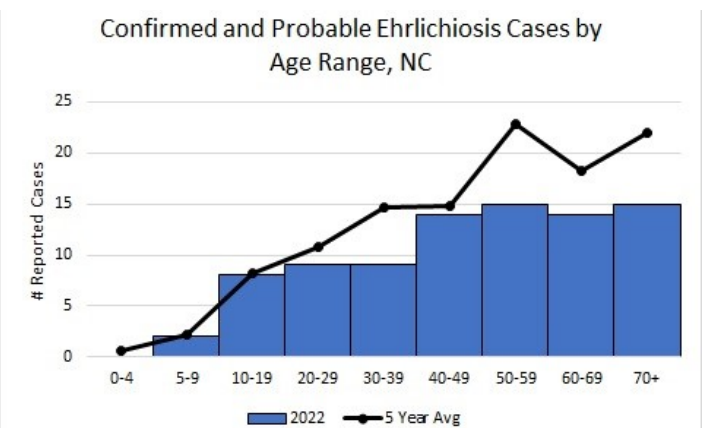
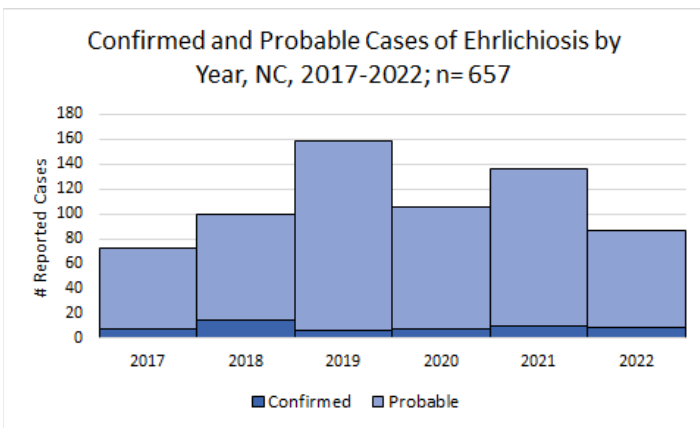
- Wear permethrin treated clothing (0.5%) when exploring the outdoors.
- Use Environmental Protection Agency (EPA) registered insect repellents containing DEET or picaridin to deter ticks.
- Avoid contact with ticks by avoiding wooded and brushy areas with high grasses and leaf litter and walking in the center of trails.
- Check clothing and skin for ticks you may have encountered while outdoors; shower soon after returning indoors.

## Case Demographics (Confirmed & Probable)

Sex	5 Year Avg (2017-21)		2022	
	No. of Cases	% of total	No. of Cases	% of total
Male	61	53.2%	45	52.3%
Female	53	46.8%	41	47.7%

Race	5 Year Avg (2017-21)		2022	
	No. of Cases	% of total	No. of Cases	% of total
White	77	67.4%	71	82.6%
Black or African Amer.	12.4	10.9%	7	8.1%
Asian or Pac. Islander	2.2	1.9%	2	2.3%
Amer. Indian or Alaskan	0	0.0%	2	2.3%
Other	<1	0.0%	2	2.3%
Unknown	18	15.8%	2	2.3%

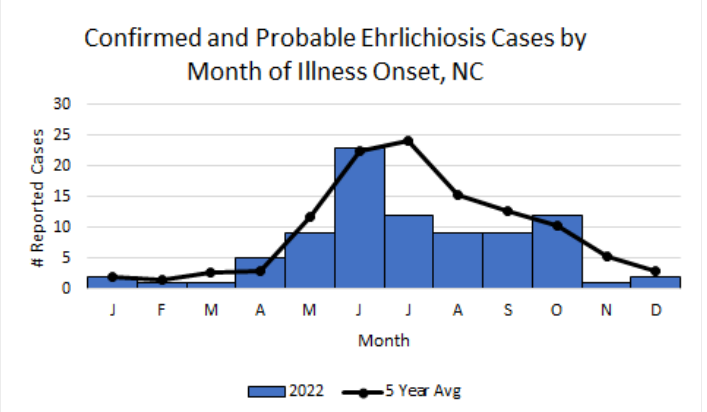
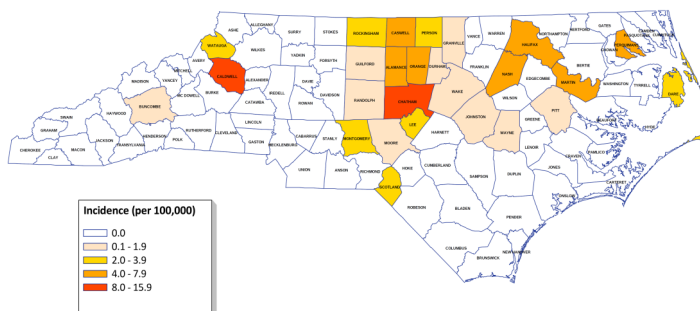
Hispanic Ethnicity	5 Year Avg (2017-21)		2022	
	No. of Cases	% of total	No. of Cases	% of total
Yes	5	4.4%	2	2.3%
No	83	72.5%	77	89.5%
Unknown	26	23.1%	7	8.1%



Geographic Distribution

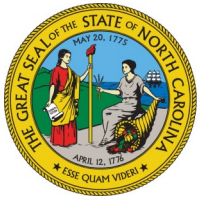
Cases by Age

Confirmed and Probable Incidence of Ehrlichiosis Cases by County of Residence, NC, 2022



<sup>1</sup>Data are based on a national surveillance data found at: <https://www.cdc.gov/ehrlichiosis/stats/index.html>

<sup>2</sup>Data are based on a national surveillance data found at: <https://wonder.cdc.gov/nndss/static/2019/annual/2019-table2f.html>



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### ***Lyme Disease Surveillance Summary from 2017—2022***

#### **Background**

Lyme disease is a bacterial infection caused by *Borrelia burgdorferi*, and is transmitted to humans and animals through the bite of infected *Ixodes scapularis* (blacklegged) ticks. Symptoms of Lyme disease include fever, headache, fatigue, and a characteristic bull's-eye rash called erythema migrans (EM). If left untreated, infection can spread to the joints, heart, and nervous system. Diagnosis is based on the presence of symptoms, clinical findings (like an EM rash), exposure to ticks, and serological testing. Most cases of Lyme disease are effectively treated with antibiotics.

#### **Symptomology**

Early signs of Lyme disease include fever, chills, headache, fatigue, muscle and joint aches, swollen lymph nodes, and EM rash. It is important to note that an EM rash only occurs in 70—80% of patients, and can take up to 30 days to appear. Untreated Lyme disease can cause a variety of symptoms including severe headaches and neck stiffness, additional EM rashes, arthritis with severe joint pain and swelling, particularly in the knees and other large joints, facial palsy and heart conditions associated with Lyme carditis.

#### **Epidemiology**

##### National

Reported cases of Lyme disease are centered in the Northeast and upper Midwest of the United States, with 16 jurisdictions designated as high incidence: Connecticut, Delaware, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin and the District of Columbia.<sup>1</sup> The reported national incidence rate in 2020 was 5.5 **confirmed and probable** cases per 100,000 residents.<sup>2</sup>

##### North Carolina

In North Carolina, the reported number of confirmed and probable cases of Lyme disease has remained stable over the past five years. The highest incidence of Lyme disease in 2022 is largely clustered to the northwestern portion of the state, particularly in Ashe, Alleghany, Madison, Mitchell, Watauga, and Yancey counties. The 5-year reported average incidence rate of Lyme disease in North Carolina between 2017—2021 was 2.84 **confirmed and probable** cases per 100,000 residents, which is significantly lower than the national average. The estimated incidence of Lyme disease in 2022 was 2.83 **confirmed and probable** cases per 100,000 residents (2021 population data). In 2022, there were a significant increase in confirmed Lyme disease cases in North Carolina. While the cause is unclear, this may be attributed to increased awareness among physicians leading to increased testing via Modified Two-Tiered Testing (MTTT). Additionally, the national case definition for Lyme disease was amended, which may have had an impact on increased Lyme disease reporting.

#### **Diagnosis**

Lyme disease can be physician diagnosed based on the symptoms outlined above, a history of tick exposure, and serological testing. Serological tests are effective when used correctly. FDA approved Standard Two Tier Test (STTT) or Modified Two Tier Test (MTTT) are appropriate. An initial (first tier) positive or equivocal enzyme immunoassay (EIA) or immunofluorescent assay (IFA) followed by a second positive IgM or IgG EIA (MTTT) or a positive Immunoglobulin M1 (IgM) or Immunoglobulin G2 (IgG) western immunoblot (STTT) can help to determine active infection. Lab tests are not recommended for patients who do not have symptoms of typical Lyme disease.

#### **Prevention**

Reducing exposure to ticks is the best defense against Lyme disease. There are a number of methods that can be used to prevent tickborne illness:

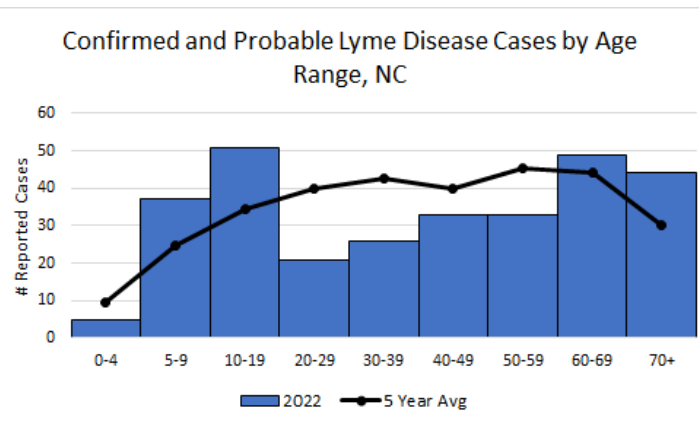
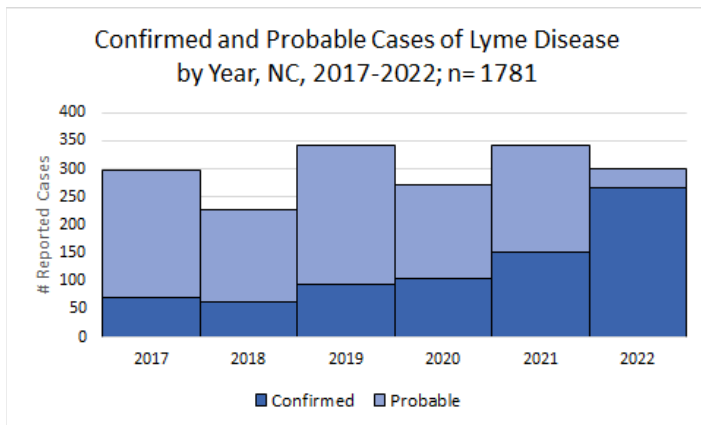
- Wear permethrin treated clothing (0.5%) when exploring the outdoors.
- Use EPA registered insect repellents containing DEET or picaridin to deter ticks.
- Avoid ticks in wooded/brushy areas with high grasses and leaf litter by walking in the center of trails.
- Check clothing and skin for ticks you may have encountered while outdoors; shower soon after returning indoors.

## Case Demographics (Confirmed & Probable)

Sex	5 Year Avg (2017-21)		2022	
	No. of Cases	% of total	No. of Cases	% of total
Male	157	53.0%	173	57.9%
Female	140	47.2%	125	41.8%

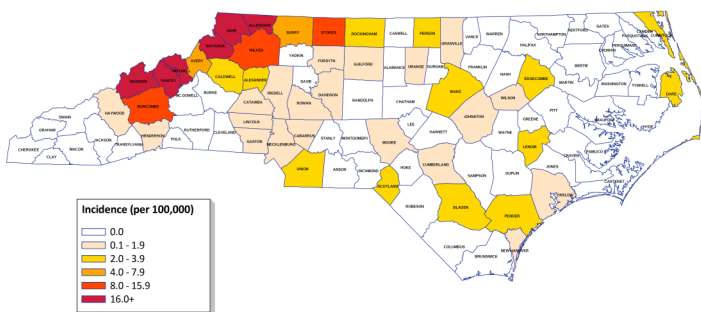
Race	5 Year Avg (2017-21)		2022	
	No. of Cases	% of total	No. of Cases	% of total
White	144	48.6%	187	62.5%
Black or African Amer.	8	2.7%	2	0.7%
Asian or Pac. Islander	1	0.3%	1	0.3%
Amer. Indian or Alaskan	0	0.0%	0	0.0%
Other	2	0.7%	7	2.3%
Unknown	141	47.6%	102	34.1%

Hispanic Ethnicity	5 Year Avg (2017-21)		2022	
	No. of Cases	% of total	No. of Cases	% of total
Yes	5	1.82%	6	2.0%
No	145	48.92%	92	30.8%
Unknown	146	49.26%	201	67.2%



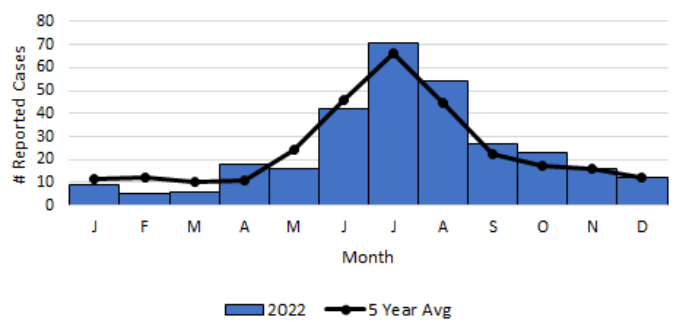
## Geographic Distribution

Confirmed and Probable Incidence of Lyme Disease Cases by County of Residence, NC, 2022



## Cases by Age

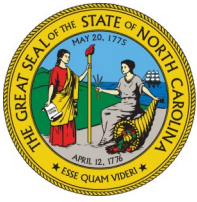
Confirmed and Probable Lyme diseases cases by Month of Illness Onset, NC



<sup>1</sup>These data are based on a national surveillance data found at: <https://ndc.services.cdc.gov/case-definitions/lyme-disease-2022/>

<sup>2</sup>CDC Lyme Disease Data Tables: <https://www.cdc.gov/lyme/datasurveillance/surveillance-data.html>

<sup>3</sup>Modified Two-Tiered Testing: <https://www.aphl.org/aboutAPHL/publications/Documents/ID-2021-Lyme-Disease-Serologic-Testing-Reporting.pdf>



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### ***Spotted Fever Rickettsiosis Surveillance Summary from 2017—2022***

#### **Background**

Spotted fever rickettsioses (SFR), including Rocky Mountain spotted fever (RMSF), are a group of bacterial infections caused by *Rickettsia* spp. including *R. rickettsii* and *R. parkeri*, among others. Spotted fevers are transmitted to humans through the bite of an infected tick. In North Carolina the most common vectors of spotted fevers include the American dog tick, *Dermacentor variabilis*, and the Lone star tick, *Amblyomma americanum*. The brown dog tick, *Rhipicephalus sanguineus* and the Rocky Mountain wood tick, *D. andersoni*, has been implicated in transmission in other parts of the US. If left untreated, illness can become serious, even leading to death.

#### **Symptomology**

Early signs of SFR are non-specific, including fever and headache. Symptoms may appear 3–12 days following a tick bite. Other signs and symptoms can include nausea, vomiting, stomach pain, muscle pain, lack of appetite, and rash (may be present or absent). Rash is a common sign among those infected with *R. rickettsii*, the causative agent of RMSF, and usually develops 2–4 days following fever onset. Rashes can look like red splotches or pinpoint dots.

#### **Epidemiology**

##### National

Incidence varies considerably by geographic area. Between 2008–2012, 63% of reported SFR cases originated from five states: Arkansas, Missouri, North Carolina, Oklahoma, and Tennessee<sup>1</sup>. Thousands of cases of SFR occur every year, but it is unknown how many cases are RMSF. Case fatality rates vary annually, but have decreased overall from 28% in 1944 to < 1% in 2001. The national average incidence of **confirmed and probable** SFGR cases in 2019 was 1.59 cases per 100,000.<sup>2</sup>

##### North Carolina

The number of confirmed and probable cases of spotted fever rickettsiosis decreased significantly in North Carolina since 2020. In January 2020, the case definition of SFR was amended to require an elevated IgG antibody titer of  $\geq 1:128$  within 60 days of illness onset<sup>3</sup>, which resulted in a sharp decrease in SFGR cases nationwide. The decline in SFGR cases in 2022 may also be linked to the large number of events that were closed as “suspect.” Suspected events occur when a patient has a positive laboratory test, but no accompanying clinical data can be gathered. The 5-year average incidence rate of SFGR in North Carolina between 2017—2021 was 3.99 **confirmed and probable** cases per 100,000 residents, which is higher than the national average<sup>2</sup>. The incidence of **confirmed and probable** SFGR cases in North Carolina in 2022 was 1.91 cases per 100,000 residents (using 2021 population data).

#### **Diagnosis**

Delay in diagnosis and treatment is the most important factor associated with poor outcomes, and early treatment based on clinical impression is the best way to prevent RMSF progression. Both acute and convalescent serum specimens are needed to confirm the rickettsial infection. Serological tests are often negative during the acute phase of illness, however, physicians may diagnose patients based on the symptoms outlined above.

#### **Prevention**

Reducing exposure to ticks is the best defense against SFGR. There are a number of methods that can be used to prevent tickborne illness:

- Wear permethrin treated clothing (0.5%) when exploring the outdoors.
- Use EPA registered insect repellents containing DEET or picaridin to deter ticks.
- Avoid ticks in wooded/brushy areas with high grasses and leaf litter by walking in the center of trails.
- Check clothing and skin for ticks you may have encountered while outdoors; shower soon after returning indoors.

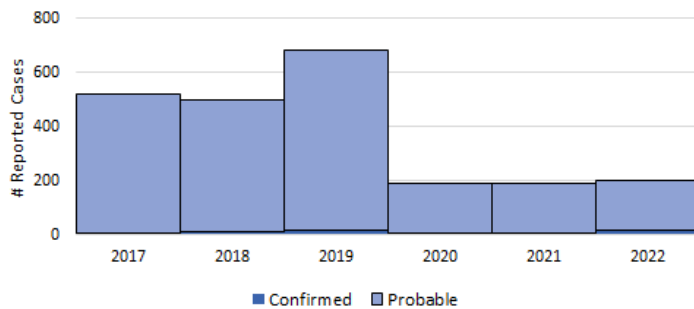
## Case Demographics (Confirmed and Probable)

Sex	5 Year Avg (2017-21)		2022	
	No. of Cases	% of total	No. of Cases	% of total
Male	280	67.3%	144	72%
Female	136	32.7%	57	28%

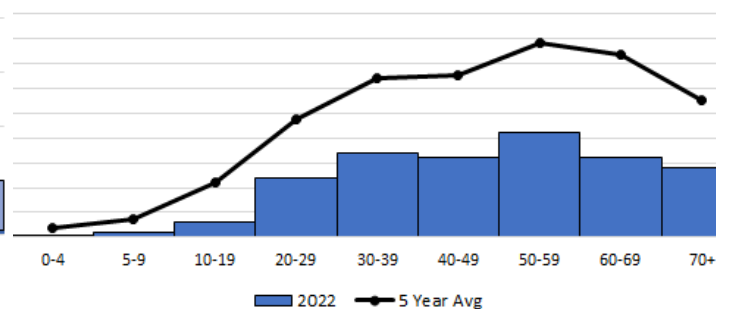
Race	5 Year Avg (2017-21)		2022	
	No. of Cases	% of total	No. of Cases	% of total
White	243.4	58.5%	139	69.2%
Black or African Amer.	22.2	5.3%	17	8.5%
Amer. Indian or Alaskan	1	0.2%	2	0.0%
Asian	3	0.7%	4	2.0%
Other	8.4	2.0%	12	6.0%
Unknown	164.8	39.6%	27	13.4%

Hispanic Ethnicity	5 Year Avg (2017-21)		2022	
	No. of Cases	% of total	No. of Cases	% of total
Yes	12	3.0%	10	5.0%
No	228	54.8%	125	62.2%
Unknown	176	42.3%	66	32.8%

Confirmed and Probable Spotted Fever Rickettsiosis by Year, NC, 2017-2022; n= 2283

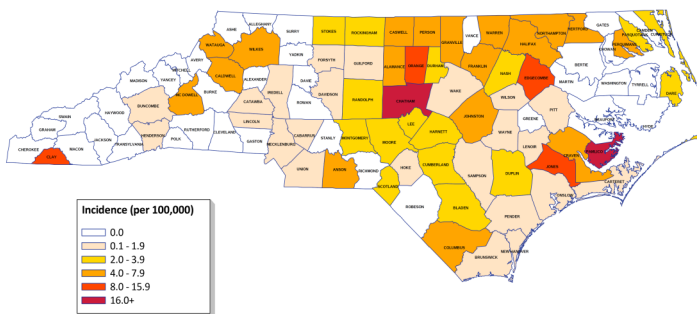


Confirmed and Probable Spotted Fever Rickettsiosis by Age Range, NC



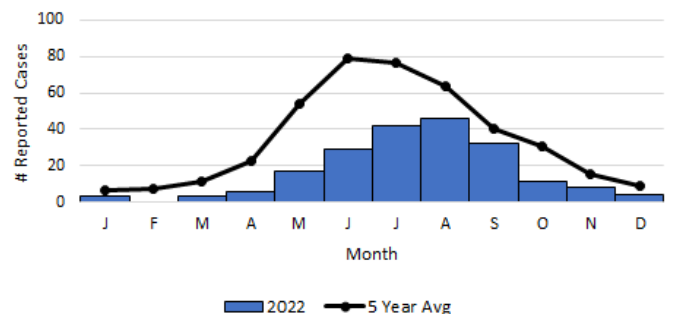
## Geographic Distribution

Confirmed and Probable Incidence of Spotted Fever Group Rickettsiosis Cases by County of Residence, NC, 2022



## Cases by Age

Confirmed and Probable Spotted Fever Rickettsiosis cases by Month of Illness Onset, NC



<sup>1</sup> Rocky Mountain Spotted Fever Facts: <https://www.cdc.gov/rmsf/stats/index.html>

<sup>2</sup> Data are based on a national surveillance data found at: <https://wonder.cdc.gov/nndss/static/2019/annual/2019-table2p-H.pdf>

<sup>3</sup> CDC Spotted Fever Group Rickettsiosis Case Definition: <https://ndc.services.cdc.gov/case-definitions/spotted-fever-rickettsiosis-2020/>