



Public Health
Prevent. Promote. Protect.

Mahoning County District Board of Health

50 Westchester Drive • Youngstown, Ohio 44515

(330) 270-2855
Laboratory Services (330) 270-2841
Tuberculosis Clinic (330) 744-4246
Nursing FAX (330) 270-2860
Environmental FAX (330) 270-2859
www.mahoninghealth.org

May 2017

Cases of Lyme Disease have steadily increased in Ohio over the past four years (93 cases in 2013 and 160 cases in 2016). This increase in Lyme Disease cases coincides with the emergence and increase of the principal vector, *Ixodes scapularis* (the black legged tick). Prior to 2010, there were no known established populations of blacklegged ticks in Ohio.

To develop a better understanding of tick-borne disease in Ohio, The Ohio Department of Health (ODH) would like to ensure that all cases are detected. For this reason, ODH recommends that healthcare providers consider Lyme Disease and other tick-borne diseases in the differential diagnosis for a patient that presents with appropriate symptoms. The following tick-borne disease should be reported to the local health department where the case resides:

- Anaplasmosis and Ehrlichiosis
- Babesiosis
- Lyme Disease
- Rocky Mountain Spotted Fever

Ensuring that Lyme Disease cases are properly reported in Ohio, it is essential that there is both clinical and laboratory evidence of infection. The Centers for Disease Control and Prevention still recommends a two-step process to properly test for evidence of antibodies against Lyme Disease bacteria. (See Attachment)

Please contact your local health department if you have questions.

Disease Reporting Phone Numbers for Mahoning County:

- Mahoning County District Board of Health: 330-270-2855 x 418
- Youngstown City Health District: 330-743-3333

Thank you for your consideration to improving tick-borne disease surveillance in Ohio.

Mahoning County District Board of Health
50 Westchester Drive
Austintown, OH 44515
Phone: 330-270-2855
Fax: 330-270-9194

Youngstown City Health District
345 Oak Hill Avenue, Suite 200
Youngstown, OH 44502
Phone: 330-743-3333
Fax: 330-743-3960

IMPORTANT NOTICE

If you received this fax in error, or wish to be removed from our fax list, please provide your fax number on the line below and fax this form to 330-270-9194. My fax number is: _____



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Attachment

Two-Tiered Testing for Lyme Disease

