

LYME'S DISEASE AND YOUR CAMP

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FORWARD

In late 2013, a camp in Connecticut was sued for \$41.7 million, alleging that their daughter contracted Lyme's Disease at camp, and that the camp failed to monitor and protect campers from this ailment. Her attorney claimed she suffers debilitating injuries, including memory loss and migratory joint, muscle and nerve pain. She also suffers from burning sensations in her skin, arthritis, muscle spasms, nausea, dizziness, and difficulty breathing.

The attorney also noted that the camp's handbook specifically promised that the camp would take precautions to protect campers from this disease. Yet, allegedly, despite many visits to the infirmary with some of the symptoms noted above, the disease was not diagnosed or treated.

Given this dramatic lawsuit and the seriousness of this disease, we thought this an opportune time to refresh our camps on what Lyme's disease is, and the steps you should take at your camp, both before and during the season.

LYME'S DISEASE

Lyme's is an infectious disease caused by a bacteria spread from ticks to humans. It is not contagious from human to human. Although deer are the main hosts, ticks do not acquire the bacteria from them, mainly from field mice. Lyme's disease is the most common tick born disease in the U.S. After the tick attaches, it may take as short as 24 hours until transmission occurs. A typical "bull's eye" rash occurs in 75% of bites and can occur from 3-30 days with 1 week as the average. Up to 30% of bites do not present with a rash. The incubation period from infection to onset symptoms may vary from several days to months and even years.

The three stages of Lyme's are:

1. Early localized
2. Early spread (disseminated) and
3. Late spread (disseminated)

Early symptoms include flu-like symptoms, headaches, muscle aches, fever, malaise, joint pain and swelling, dizziness and jaw pain. Early disseminated infection may occur in days to weeks and can include facial nerve paralysis, neurological symptoms, meningitis, severe headaches, memory loss, muscular skeletal symptoms and heart manifestations. Late spread infection may affect the brain,

nerves, heart, eyes and joints with potential of permanent disabilities. Diagnosis is made by a detailed history of the patient's symptoms, presence of a rash, physical findings on exam, and laboratory blood tests.

Treatment is administered by use of antibiotics for one to four weeks for early localized infection. Intravenous therapy and other forms of treatment are used for late disseminated cases and often treatment is problematic in these cases.

In the camp setting Lyme's disease is extremely common and must be taken very seriously. The following steps should be undertaken to protect campers and staff.

1. Education - All staff and campers should be given an orientation discussing Lyme's disease prevention, detection and treatment.
2. Prevention - As Lyme's is endemic in New England, middle, central and south Atlantic states, it affects hundreds of camps in these areas. With campers and staff spending time in activities such as hiking, camping and outdoor adventure, exposure in the woods and the perimeter of wooded areas increases the likelihood of spread. While in the woods, light colored clothing should be worn in order to make it easier to see a tick. Long sleeve shirts should be worn as well as a hat and socks should be tucked over long pants. Use insect repellents with deet and eucalyptus that can repel ticks. Common areas that ticks will be attracted to are warm, moist parts of the body including the nape of the neck, armpits, the fold of the arm, lower central back, groin, behind the knees, but be aware that they can attach anywhere. Campers and staff must be taught to do examinations to detect ticks when leaving wooded areas as well as a general check when showering. Ticks look like a small poppy seed. If a tick is found it should be reported immediately to the medical staff. **Removal within 24 hours significantly reduces the likelihood of infections.** They are removed by grasping it with tweezers as close to the skin as possible without twisting or crushing the tick.
3. Detection - Early detection of Lyme's is critical in managing the disease. Consequently, any rash should be seen by medical personnel. Campers and staff should be made keenly aware of the symptoms described in the early localized phase and should be evaluated by the medical staff immediately.
4. Treatment - Immediate antibacterial treatment as determined by medical staff and contact with patient's family should be undertaken.
5. Follow-up - It is of the utmost importance that a letter or email be sent to each camper's and staff's family upon their departure from camp reviewing the signs and symptoms of Lyme's. They should be told to see their physician immediately if any of the aforementioned symptoms, unexplained illness or malaise should present. Lyme's Disease can mimic many other diseases, so close evaluation and testing must be undertaken if necessary.

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