

# Treating Lyme disease in 2018—advances and misconceptions

3 August 2018



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26,203 confirmed cases with estimates of an actual annual figure of 300,000. Indeed, he notes, that geographic distribution has increased, although only to locations "adjacent to endemic areas," such as New England, the Mid-Atlantic, and the areas around Wisconsin.

**More information:** Eugene D. Shapiro et al. Lyme Disease in 2018, *JAMA* (2018). DOI: [10.1001/jama.2018.10974](https://doi.org/10.1001/jama.2018.10974)

Provided by Yale University

Summer in Connecticut is also Lyme disease season. In the past few years, there has been much media attention over the significant increase in the incidence of the condition. However, according to Yale pediatrician and epidemiologist Eugene Shapiro, M.D., that increase has all but levelled off in the past four or five years (2013 to 2016)—that worry over escalation of the disease is one of the many misconceptions that plagues the current conversation around the tick-borne infection.

Writing in the Viewpoint column of *JAMA* on Aug. 2, Shapiro has brought together the latest updates on the diagnosis and treatment of Lyme disease. These include insights about the misdiagnosis of a similar deer tick-borne infection as Lyme disease, a new and more efficient serologic antibody test for the condition, the debunking of the myth that antibody tests are not useful in the confirmation of a Lyme [disease](#) diagnosis, and the revised antibiotic protocols for treating the condition in children.

The epidemiologist does not downplay, however, the overall prevalence of Lyme, which in 2016 had

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