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From Sartell Pediatrics:



TICK TALK

POWASSAN VIRUS | LYME DISEASE

If a child has a tick that is attached to the skin, Reach-Up staff is **not** allowed to remove the tick.

When a tick is found, parents will be called to either remove the tick or take the child home. It will be treated as non-life threatening event.

The longer the tick is attached the greater likelihood for disease.



Both the Powassan Virus and Lyme Disease are caused by tick bites. The most common types of both diseases are carried by the Blacklegged Tick (Deer Tick).

UP TO 30 DAYS AFTER A DEER TICK BITE, LOOK FOR:

			
fever, chills, headache, vomiting, dizziness	muscle and joint pain, weakness, fatigue	seizures, encephalitis, facial paralysis	rash, irregular heartbeat, stiff neck

Lyme Disease is treated with antibiotics.



Treatment is most effective if the disease is detected early.



Powassan Virus has no cure. Patient care may need to be supported by hospitalization.

PREVENTION

			
avoid blacklegged tick habitats (heavily wooded areas) during the peak time of year (May-July)	wear long-sleeved shirts and long pants. bright colors help to spot ticks better	DEET-based repellents (up to 30%) are safe for children*. Do not use DEET for infants under two months of age	check frequently for ticks and remove them promptly



PROMPT TICK REMOVAL IS IMPORTANT.

Powassan Virus can be transmitted to humans much faster than Lyme Disease. In animal studies, the virus could be passed from tick to host after only about 15 minutes of attachment. For Lyme Disease, it takes 24 hours.

If possible, use a pair of tweezers to grasp the tick by the head. Grasp the tick close to the skin. Pull the tick outward slowly, gently, and steadily. Use an antiseptic on the bite.

