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16th April 2019

Deputy Eamon Scanlon
TD
Dail Eireann
Kildare Street
Dublin 2

PQ 15727/19: To ask the Minister for Health the number of confirmed cases of Lyme disease here in each of the years 2013 to 2018 and to date in 2019; and if he will make a statement on the matter. -Eamon Scanlon

Dear Deputy Scanlon,

The above PQ has been sent to my office for direct response to you on same.

“Lyme borreliosis (LB or Lyme disease) is a bacterial infection, cause by the bacterium *Borrelia Burgdorferi*. The disease and pathogen were made statutorily notifiable in Ireland by the Infectious Diseases (Amendment Regulations) Regulations 2011 (S.I. no 452 of 2011). The notifiable entity of Lyme disease, is Lyme neuroborreliosis (a form of LB that affects the nervous system). In 2018, the European Centre for Disease Prevention and Control developed an EU wide case definition for Lyme disease, also choosing neuroborreliosis to be the notifiable entity, and the condition that Member States should report Lyme disease to the European Centre for Disease Prevention and Control, and hence the European Commission.

Since becoming notifiable in Ireland (data collection began on 1/1/2012), the number of notifications of neuroborreliosis averages about 13-14 per annum:

	2012	2013	2014	2015	2016	2017	2018	Total
Lyme disease	8	13	18	11	21	12	13	96

This equates to an average annual incidence rate of about 2.8 cases of Lyme neuroborreliosis, per million population.

LB is transmitted by the bite of feeding, infected ticks; preventing tick bites will prevent Lyme disease.

Testing for LB is currently undertaken in most of the larger hospitals in Ireland. The UK provides an additional diagnostic service to individual hospitals in Ireland. HPA Porton uses the two-tier (double testing) diagnostics system recommended by American and European authorities; this involves a screening test (carried out in Ireland) followed by a confirmatory test (carried out in the UK)..

The Scientific Advisory Committee (SAC) of Health Protection Surveillance Centre (HPSC) established a Lyme Borreliosis Subcommittee in 2014 to address the issue of awareness raising around Lyme disease in Ireland. Prior to, and following the establishment of this Subcommittee, HPSC had developed an extensive suite of material raising awareness about Lyme disease and preventing tick bites. This preventive advice and guidance material can be found on the [Lyme section](#) of HPSC's website.

The Lyme Borreliosis Subcommittee is manned by a range of professionals and patient group representatives. Its work is coming to an end; the penultimate version of the draft final report is about to be circulated to the Subcommittee, and it is intended that the final report would be presented to SAC prior to the summer break.

There have been recent concerns - often voiced - that Lyme disease is increasing in incidence – in Ireland, and elsewhere. A important and recent piece of Irish research has added to our understanding of this disease in Ireland, and its frequency. Prof Martin Cormican and colleagues – in 2018 - published a [paper in the *Irish Journal of Medical Science*](#) entitled, “Geographic distribution and incidence of Lyme borreliosis in the west of Ireland”. In this paper, they examined five years of data relating to Lyme disease tests and results, submitted to a large hospital covering the West of Ireland. The researchers considered at all laboratory requests and results for Lyme borreliosis from 2011 to 2014. What they found was that, although, over that period, the number of test requests had increased (almost five-fold), there was no corresponding increase in the number of positive tests. This strongly suggests that over this period, awareness (among both the public and GPs) had increased, while the risk to the public from biting ticks (and hence the incidence of Lyme disease) had remained unchanged.”

I trust this information is of assistance to you.

Yours sincerely,



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