



STATE OF CONNECTICUT
STATE DEPARTMENT OF HEALTH
79 ELM STREET • HARTFORD, CONNECTICUT 06115



OFFICE OF COMMISSIONER

August 3, 1976

Circular Letter #12-32
To: Directors of Health

In November 1975, several cases of arthritis in Lyme children were reported to the Connecticut State Department of Health. Dr. David Snyderman, Acting Director of the Preventable Diseases Division of the Department of Health discussed these cases with Dr. Allen Steere and Dr. Stephen Malawesta, Section of Rheumatology, Department of Internal Medicine, Yale University School of Medicine. Between them they planned a joint Health Department/Yale survey to detect additional cases in the Lyme area and to describe the disease in detail. Findings to date from this epidemiologic survey, clinical evaluation of patients, and laboratory work performed at the Department of Health and at Yale are as follows:

Fifty-one residents (39 children and 12 adults) in Old Lyme, Lyme and East Haddam have had an apparently similar arthritis. It has been characterized by usually short and mild but often recurrent attacks of pain and swelling in a few large joints, especially knees, with longer intervening periods of no symptoms at all. No patients have had permanent injury to joints. Although almost half the patients had only joint symptoms, others had fever, headaches, weakness and a skin rash as well. One quarter of the patients had an unusual skin lesion before the onset of joint symptoms.

There were 4.3 cases per 1,000 residents in Old Lyme, Lyme and East Haddam. Cases tended to occur among persons living near heavily wooded and sparsely settled areas, not in the town centers or on Long Island Sound. On some roads as many as 1 in 10 children were affected. Most of those affected had the onset of their symptoms in the summer or early fall.

The seasonal and geographic distribution of cases and the association with a skin lesion suggest that a virus carried by a biting insect may be responsible for this disease. Accordingly, a concentrated effort by Yale University and by the Connecticut State Department of Health is now aimed at identifying viruses in new cases of arthritis from the Lyme area and in insects trapped in that area. Blood studies to identify virus infection in the cases already studied have not to date implicated any known virus or other infectious agent.

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Any meaningful effort to control this problem and prevent new cases must depend on finding new information about its cause. Present efforts to detect new cases and to isolate an infectious agent are the appropriate action to take now toward controlling the disease. Any other action taken now to prevent contact with an unknown virus carried by an unknown insect would disrupt the community far more than is warranted by the facts.

Sincerely yours,

Douglas S. Lloyd, M.D.

Douglas S. Lloyd, M.D., M.P.H.
Commissioner

DSL:mlp