

Lyme Disease

CLINICAL SYNDROME	PREFERRED REGIMEN	ALTERNATIVE REGIMEN	CLINICAL CONSIDERATIONS
<p>Lyme Disease Early disease</p>	<p>Doxycycline 100 mg PO Q12H* OR Amoxicillin 500 mg PO Q8H*</p>	<p>Consult ID Cefuroxime 500 mg PO Q12H* is second-line for early disease</p>	<p>Relapse may occur with any regimen; patients with objective signs/symptoms may need a second course</p> <p>Duration of Treatment: Doxycycline 10-21 days Amoxicillin/Cefuroxime 14-21 days</p> <p>Lyme antibody testing can be negative in first 6 weeks</p> <p>Consider co-infection with anaplasma or babesia</p>
<p>Late disease with central OR peripheral nervous system disease</p>	<p>Consult ID Requires IV ceftriaxone 2g daily x 28 days OR in some cases, PO doxycycline 100 mg BID may be considered a reasonable alternative</p>		<p>Duration of Treatment: 28 days</p>
<p>Cardiac manifestations of Lyme</p>	<p>Consult ID Typically requires IV Ceftriaxone 2g daily until cardiac manifestations (eg. Heart block) resolve, THEN can consider PO doxycycline 100 mg BID for total treatment duration of 21-28 days</p>		<p>Duration of Treatment: 21-28 days</p>
<p>Septic arthritis secondary to Lyme disease</p>	<p>Consult ID Typically requires 28 days of therapy with IV Ceftriaxone 2g daily OR PO Doxycycline 100 mg BID, consider retreatment if arthritis symptoms persist.</p>		<p>Duration of Treatment: 28 days</p>

H= hour(s); ID= Infectious Diseases; IV= intravenous; PO= By Mouth; Q= every

*Doxycycline also has activity against *Ehrlichia* and *Anaplasma*. Amoxicillin and cefuroxime do not.

NOTE: Dosing based on normal renal function. Refer to Table of Contents for section on Antimicrobial Dosing for Adult Patients Based on Renal Function, Aminoglycoside High Dose Once Daily (HDOD) and Monitoring in Adult Patients, and Vancomycin Dosing and Monitoring in Adult Patients.