



Lyme and Other Tickborne Illnesses Report

2025 Annual Report

Report Period January 1, 2025 to December 31, 2025

Pursuant to:

22 M.R.S. § 1645; PL 2009 c. 494

Submitted by:

Maine Department of Health and Human Services
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Executive Summary

Pursuant to 22 M.R.S. § 1645, the Department of Health and Human Services Maine Center for Disease Control and Prevention (Maine CDC) annually reports information on Lyme disease and other tickborne illnesses in Maine, including incidence rates, recommendations related to prevention and treatment, and related program activities.

Lyme disease is one of the tickborne diseases designated as a notifiable condition in the State of Maine requiring reporting to the Department as means of surveillance, in accordance with rule 10-144 CMR chapter 258¹. The goal of tick-related disease surveillance is to help define demographic, geographic, and seasonal distribution; monitor disease trends; identify risk factors for transmission; and promote prevention and education efforts among the public and medical communities. The reported cases are classified as *probable*, *suspect*, and *not a case* based on laboratory testing interpreted using criteria² established by the Council of State and Territorial Epidemiologists³. The surveillance case definition is not intended to be used in clinical diagnosis. Lyme disease surveillance is passive, dependent upon lab testing, and therefore likely to be an under-representation of the true burden of Lyme disease in Maine. The U.S. CDC released an updated statement in 2021 that the true burden of Lyme disease may be more than ten times the number of reported cases. In 2022, they estimated that the aggregate cost of diagnosed Lyme disease alone could be \$345-968 million to U.S. society⁴.

Maine Tickborne Disease 2025 Preliminary Data

(preliminary analysis of data extracted March 12, 2026)

- 4,257 probable cases of Lyme disease
- 1,604 confirmed and probable cases of anaplasmosis
- 352 confirmed and probable cases of babesiosis
- 31 confirmed and probable cases of Hard Tick Relapsing Fever
- 6 confirmed cases of Powassan virus disease

¹ 10-144 CMR c. 258, Control of Notifiable Diseases and Conditions Rule. Maine's Department of the Secretary of State. Department of Health and Human Services Rules.

² Lyme Disease (*Borrelia burgdorferi*) 2022 Case Definition. US Centers for Disease Control and Prevention. Case Data Implementation Resources. ndc.services.cdc.gov/case-definitions/lyme-disease-2022/

³ Council of State and Territorial Epidemiologists (CSTE), as an organization representing public health epidemiologists across states and territories, promotes the effective use of epidemiologic data to guide public health practice and improve health. CSTE accomplishes this by supporting the use of effective public health surveillance and good epidemiologic practice through training, capacity development, and peer consultation, developing standards for practice, and advocating for resources and scientifically based policy. <https://www.cste.org/>

⁴ US CDC, Understanding Lyme and other Tickborne Diseases; <https://www.cdc.gov/ticks/communication-resources/press-kit.html>

Introduction and Background

Public law 2007 chapter 561, *An Act to Implement the Recommendations of the Joint Standing Committee on Insurance and Financial Services Regarding Reporting on Lyme Disease and Other Tickborne Illnesses*, was enacted by Maine's 123rd Legislature. This law directs Maine Center for Disease Control and Prevention (Maine CDC) to monitor, review, and evaluate Lyme disease and other tickborne illnesses in the State.

Annually, Maine CDC is required to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over health insurance matters. The report is to include information on Lyme disease, including incidence rates, treatment recommendations, and other public awareness activities, and summaries of recent related studies and legislation enacted across the nation.

Maine's annual reporting on Lyme disease and tickborne illnesses reflects preliminary data. Due to ongoing data collection, reporting, and analysis, preliminary data is inherently subject to change; Maine CDC processes delayed reports, interstate notifications, and updated clinical information throughout the year, which may cause small changes to the data over time. All data is considered preliminary until final reconciliation with the United States Department of Health and Human Services, Centers for Disease Control and Prevention (U.S. CDC) is completed. Comparing data with preliminary data contained in previous reports highlights variance. Maine's data is cleaned quarterly and the data reported to the legislature is updated annually to ensure the most up-to-date and accurate information. This 2025 report considers preliminary data available as of March 12, 2026, and serves to provide initial information for timely assessment and reporting and guidance for statewide surveillance and other program activities.

22 M.R.S. § 1645 requires Maine CDC to report on:

- I. The incidence of Lyme disease and other tickborne illness in Maine;
- II. The diagnosis and treatment guidelines for Lyme disease recommended by Maine CDC and the U.S. CDC;
- III. A summary or bibliography of peer-reviewed medical literature and studies related to the surveillance, diagnosis, medical management, and treatment of Lyme disease and other tickborne illnesses, including, but not limited to, the recognition of chronic Lyme disease and the use of long-term antibiotic treatment;
- IV. The education, training, and guidance provided by Maine CDC to healthcare professionals on the current methods of diagnosing and treating Lyme disease and other tickborne illnesses;
- V. The education and public awareness activities conducted by Maine CDC for the prevention of Lyme disease and other tickborne illnesses; and
- VI. A summary of the laws of other states enacted during the last year related to the diagnosis, treatment, and insurance coverage for Lyme disease and other tickborne illnesses based on resources made available by the U.S. CDC or other organizations.

This is the eighteenth annual report to the Legislature and includes an update on activities conducted January through December 2025.

I. The incidence of Lyme disease and other tickborne illness in Maine

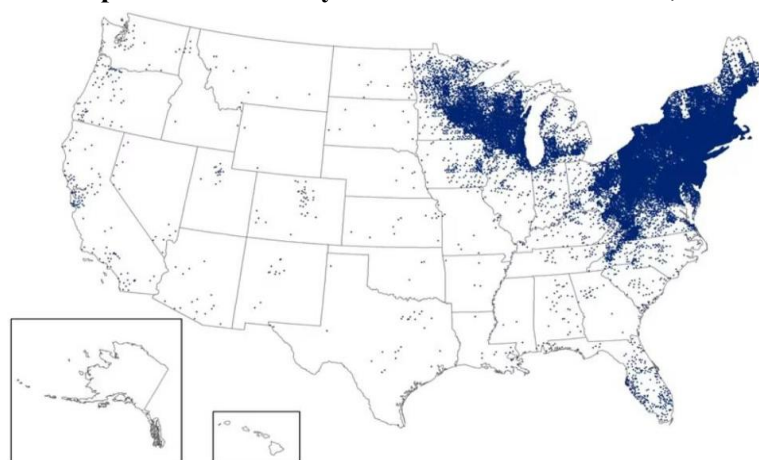
Lyme disease

Lyme disease is caused by the spiral-shaped bacteria *Borrelia burgdorferi*, and in rare cases, *Borrelia mayonii*. Two species of North American ticks, the deer or blacklegged tick (*Ixodes scapularis*) and the western blacklegged tick (*Ixodes pacificus*), can spread these pathogens to humans through bites. Symptoms of Lyme disease caused by *B. burgdorferi* include the formation of a characteristic expanding rash (erythema migrans) that usually appears 3 to 30 days after exposure and may appear on any area of the body. Fever, headache, joint and muscle pains, and fatigue are also common during the first several weeks. Later features of Lyme disease can include arthritis in one or more joints (often the knee), facial palsy, meningitis, and carditis (AV block). Lyme disease is rarely fatal. The great majority of Lyme disease cases can be treated very effectively with oral antibiotics for ten days to a few weeks. Some cases of Lyme disease which affect the nervous system, joints, or heart may need intravenous antibiotics for up to 28 days.

In 2013, scientists at the Mayo Clinic discovered *B. mayonii* while testing blood from patients thought to have Lyme disease with *B. burgdorferi* infection. Instead, they found a new bacterium that is also transmitted by deer ticks. Currently, *B. mayonii* is predominantly found in the Upper Midwest and is not thought to infect ticks in Maine. The New York State Department of Health reported the first case of *B. mayonii* in a resident with no recent travel history in July 2025⁵. Ten deer ticks subsequently tested positive for the pathogen after environmental sampling on the resident's property. This is the first detection of the pathogen in the eastern U.S. *Borrelia mayonii* causes a similar illness to *B. burgdorferi*, but can also cause nausea and vomiting; large, widespread rashes; and a higher concentration of bacteria in the blood. Lyme disease caused by *B. mayonii* can be diagnosed with the same tests used to identify Lyme disease due to *B. burgdorferi* infection, and treated with the same antibiotics.

In the United States, the highest rates of Lyme disease occur across the eastern seaboard (Maryland to Maine) and in the upper Midwest (Wisconsin and Minnesota), with the onset of most cases occurring during the summer months. Where they are endemic, deer ticks are most abundant in wooded, leafy, and brushy areas ("tick habitat"), especially where deer populations are large.

Reported Cases of Lyme Disease – United States, 2023



1 dot placed randomly within county of residence for each confirmed case.

Source: U.S. CDC [Lyme Disease Surveillance Data](https://www.cdc.gov/lyme/data-research/facts-stats/surveillance-data-1.html); <https://www.cdc.gov/lyme/data-research/facts-stats/surveillance-data-1.html>

⁵ U.S. Centers for Disease Control and Prevention. *Notes from the Field: Borrelia mayonii* Lyme Disease — New York, 2025. *Morbidity and Mortality Weekly Report (MMWR)*. <https://www.cdc.gov/mmwr/volumes/75/wr/mm7521a2.htm>

Healthcare providers documented the first case of Maine-acquired Lyme disease in 1986. In the 1990s, the great majority of Lyme disease cases occurred among residents of south coastal Maine, principally in York County. Currently, the Midcoast and Downeast areas have the highest incidence of Lyme disease in the State. Based on 2025 data, nine counties have rates of Lyme disease higher than the State rate (Franklin, Hancock, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo, and Washington). This is the third consecutive year that these same counties, except Oxford County, have exhibited higher Lyme disease incidence than the State rate.

Preliminary data as of March 12, 2026, indicates that, in 2025, providers reported 4,257 probable cases of Lyme disease among Maine residents, which is a rate of 303 cases of Lyme disease per 100,000 persons in Maine. This is a 32 percent increase from the 3,233 cases in 2024. Thirty percent (30 percent) of reported cases were from the Midcoast counties (Knox, Lincoln, Sagadahoc, and Waldo) and 15 percent were from the Downeast counties (Hancock and Washington).

Forty-three percent (43 percent) of cases are female and 57 percent of cases are male. The median age of cases in 2025 is 61 years of age and the average age is 55 years old. The age at diagnosis ranges from two years to greater than 95 years of age. For further Lyme disease statistics in Maine, please see [Appendix 1](#).

Anaplasmosis

Anaplasmosis is a disease caused by the bacterium *Anaplasma phagocytophilum*, which infects white blood cells (neutrophils). Anaplasmosis was previously known as human granulocytic ehrlichiosis (HGE) or human granulocytic anaplasmosis (HGA), but the name changed in 2008 to differentiate between two different organisms that cause similar diseases (anaplasmosis and ehrlichiosis). Signs and symptoms of anaplasmosis include fever, headache, malaise, and body aches. Nervous system involvement may occur but is rare. Later features of anaplasmosis can include respiratory failure, bleeding problems, organ failure, and death. Anaplasmosis is transmitted to a person through the bite of an infected deer tick. As of March 12, 2026, Maine reported 1,604 confirmed and probable cases of anaplasmosis in 2025, a 22 percent increase from the 1,318 cases in 2024. Cases occurred in every county in Maine. For further anaplasmosis disease statistics in Maine, please see [Appendix 2](#).

Babesiosis

Babesiosis is a potentially severe tickborne disease transmitted through the bite of an infected deer tick. Signs of babesiosis range from no symptoms (asymptomatic) to serious disease. Common symptoms include extreme fatigue, aches, fever, chills, sweating, body aches, dark urine, and anemia. Infected people generally make a full recovery if they have a healthy spleen and do not have other diseases that prevent them from fighting infections. As of March 12, 2026, Maine reported 352 confirmed and probable cases of babesiosis in 2025, a 9 percent increase from the 322 cases in 2024. Cases occurred in every county in Maine except Aroostook and Piscataquis counties. For further babesiosis disease statistics in Maine, please see [Appendix 2](#).

Ehrlichiosis

Ehrlichiosis is a disease caused by the bacteria *Ehrlichia chaffeensis*, *Ehrlichia ewingii*, and *Ehrlichia muris euclairensis* which infect white blood cells (monocytes and granulocytes). In the United States, *E. chaffeensis* causes most cases. Ehrlichiosis was previously known as human monocytic ehrlichiosis (HME). Signs and symptoms of ehrlichiosis include fever, headache, nausea, and body aches. A rash may develop, especially in children. Severe illness, especially when treatment is delayed, may include encephalitis/meningitis, kidney failure, and liver failure. *E. chaffeensis* and *E. ewingii* spread to a

person through the bite of an infected lone star tick (*Amblyomma americanum*). This tick does not currently live in Maine, so ehrlichiosis is uncommon. However, as lone star tick populations continue to creep northward, this disease may become more common in Maine in the future. *Ehrlichia muris eauclairensis* spreads through the bite of infected deer ticks, though there is no current evidence that deer ticks in Maine are infected with this pathogen. At present, most ehrlichiosis cases detected in Maine are due to exposure to infected ticks during travel to an endemic state. As of March 12, 2026, Maine reported two confirmed or probable cases of ehrlichiosis in 2025 from Penobscot and York counties. For further ehrlichiosis disease statistics in Maine please see [Appendix 2](#).

Hard Tick Relapsing Fever

Hard Tick Relapsing Fever (HTRF), previously referred to as *Borrelia miyamotoi* disease, is caused by a species of spiral-shaped bacteria, called *B. miyamotoi*, that is closely related to the bacteria that causes tickborne relapsing fever (TBRF). It is more distantly related to the bacteria that causes Lyme disease. First identified in 1995 in ticks from Japan, two species of North American ticks carry *B. miyamotoi*, the deer or blacklegged tick and the western blacklegged tick. Common symptoms include fever, chills, headache, joint pain, and fatigue. Although HTRF is not nationally notifiable, U.S. CDC, in association with endemic states, developed a case classification to standardize reporting and understand the prevalence in the United States. Hard Tick Relapsing Fever is a notifiable condition in Maine. As of March 12, 2026, Maine reported 31 probable or confirmed cases of HTRF in 2025, a 35 percent increase from the 23 cases in 2024. Cases occurred in every county except Androscoggin, Aroostook, Franklin, Knox, Piscataquis, and Waldo counties. For further HTRF statistics in Maine, please see [Appendix 2](#).

Powassan virus disease

Two related viruses cause Powassan virus disease, Powassan virus and deer tick virus, which are transmitted to humans through the bite of an infected woodchuck tick (*Ixodes cookei*) or deer tick, respectively. Signs and symptoms of Powassan virus disease include fever, headache, vomiting, weakness, confusion, seizures, and memory loss. Long-term neurologic problems may occur. As of March 12, 2026, Maine reported six confirmed cases of Powassan encephalitis in Maine in 2025. These cases occurred in Hancock, Sagadahoc, and York counties.

Spotted fever rickettsiosis

Spotted Fever Rickettsioses (SFR) are a group of bacterial illnesses, the most common of which is Rocky Mountain Spotted Fever (RMSF), caused by the bacterium *Rickettsia rickettsii*. Signs and symptoms of RMSF include fever, chills, headache, gastrointestinal symptoms, and a non-itchy spotted rash (called maculopapular) often on the palms and the soles of the feet. Other spotted fever rickettsioses show similar symptoms, including fever, headache, and rash, and may also feature a dark scab at the site of the tick bite (known as an eschar). Rocky Mountain Spotted Fever is transmitted to a person through the bite of an infected American dog tick (*Dermacentor variabilis*) in most of the U.S. Rocky Mountain Spotted Fever is not known to be endemic in Maine but could emerge, as American dog ticks are commonly found across the state. As of March 12, 2026, Maine reported one probable case of SFR in 2025. This case occurred in Penobscot County. For further SFR disease statistics in Maine please see [Appendix 2](#).

Alpha-gal syndrome

While not an infectious disease, alpha-gal syndrome (AGS) is an allergic condition associated with tick bites. Alpha-gal (galactose- α -1,3-galactose) is a sugar molecule found on the muscle tissue of most mammals, but not in humans. Alpha-gal can be found in red meat (pork, beef, rabbit, lamb, venison,

etc.) and products made from mammal tissues (including gelatin, milk, milk products, and some medical products). Alpha-gal syndrome is a potentially life-threatening allergy, also known as red meat allergy. People with AGS experience symptoms that develop up to 10 hours after eating red meat or being exposed to other mammal products. Symptoms are similar to other food allergies and can include hives or itchy rash, cough or difficulty breathing, swelling of the throat or face, severe stomach pain, indigestion, and diarrhea, among others. In the United States, AGS is associated with lone star tick bites. The lone star tick is not believed to be established in Maine, currently, though populations are moving up the east coast and are established in southern Massachusetts. Alpha-gal syndrome is not a reportable condition, either in Maine or nationally.

Other emerging tickborne diseases

U.S. CDC and other researchers are continually on the watch for new or emerging tickborne diseases. Pathogens emerging in the United States include Bourbon virus, Colorado Tick Fever virus, and Heartland virus. While Maine has no documented human cases of any of these diseases, there is serological evidence from whitetail deer of Heartland virus in Maine. Several of these pathogens are transmitted by ticks that already live in Maine or may move into Maine in the future, so Maine CDC monitors for these pathogens. Maine CDC also continues to monitor regional surveillance for the expansion of lone star and longhorned tick (*Haemaphysalis longicornis*) populations in the Northeast. In 2025, the [University of Maine Cooperative Extension Tick Laboratory](#) reported the identification of the first longhorned tick submitted to the lab in Maine from local exposure. Follow-up active surveillance in the area did not detect any further specimens and this tick is still not believed to be established in Maine.

II. The diagnosis and treatment guidelines for Lyme disease recommended by Maine Center for Disease Control and Prevention and the United States Department of Health and Human Services, Centers for Disease Control and Prevention

Maine CDC continues to adhere to the strongest science-based source of information for the diagnosis and treatment of any infectious disease of public health significance. Nationally, the Infectious Disease Society of America (IDSA) is the leader in setting the standard for clinical practice guidelines on Lyme disease and other tickborne illnesses.

Lyme disease is diagnosed clinically with the aid of laboratory testing. An *erythema migrans* (Lyme disease rash) on a person from an endemic area is distinctive enough to allow a clinical diagnosis in the absence of laboratory confirmation. Patients should be treated based on clinical findings. Either a standardized or modified two-tier testing algorithm (STTT or MTTT, respectively) is recommended for laboratory testing. With STTT, the first tier includes an enzyme immunoassay (EIA) or immunofluorescence assay (IFA). If this first tier is positive or equivocal, an IgM and/or IgG Immunoblot follows. With MTTT, the first tier uses an EIA, similar to STTT. If positive or equivocal, a second EIA follows. Acute and convalescent testing, or testing run on samples collected during illness and after recovery, is useful to determine final diagnosis. Providers should consider other potential diagnoses for untreated patients who remain seronegative despite having symptoms for 6-8 weeks, as they are unlikely to have Lyme disease. A diagnosis of Lyme disease made by a clinician may or may not meet the federal surveillance case definition and therefore may not always be counted as a case. Maine CDC refers physicians with questions about diagnosis to the [IDSA guidelines](#).

In 2015, IDSA convened a panel to assess and update guidelines for the treatment and prevention of Lyme disease and other tickborne diseases. The results from this panel were published in the [2020 Lyme disease guidelines](#). This panel affirmed “the term ‘chronic Lyme disease’ as currently used lacks an accepted definition for either clinical use or scientific study.” Currently, U.S. CDC recognizes [Post-](#)

[Treatment Lyme Disease Syndrome \(PTLDS\)](#), defined as symptoms of pain, fatigue, or difficulty thinking that lasts for more than six months after completion of Lyme disease treatment. There is no proven treatment for PTLDS, but U.S. CDC notes that patients with PTLDS usually get better over time, though this may take many months. The 2015 panel also noted “[Studies] of persistent symptomatology after treatment of verified Lyme disease have found that prolonged antimicrobial therapy is not helpful and may cause harm. From this, one can infer that prolonged antibiotic treatment is unlikely to benefit individuals who lack a verifiable history of Lyme disease while exposing them to significant risk.”

III. A summary or bibliography of peer reviewed medical literature and studies related to the surveillance, diagnosis, medical management, and the treatment of Lyme disease and other tickborne illnesses, including, but not limited to, the recognition of chronic Lyme disease and the use of long-term antibiotic treatment

A bibliography of peer reviewed journal articles published in 2025, as related to surveillance, diagnostics, medical management, treatment, and other topics relevant in Maine for Lyme and other tickborne illnesses is included in [Appendix 3](#). Maine CDC reviews these journal articles to maintain an understanding of the current research and literature available on Lyme and other tickborne diseases.

IV. The education, training, and guidance provided by Maine Center for Disease Control and Prevention to healthcare professionals on the current methods of diagnosing and treating Lyme disease and other tickborne illnesses

Maine CDC continues to emphasize prevention and control of Lyme disease and other tickborne diseases. The Division of Disease Surveillance, Infectious Disease Epidemiology Program conducts surveillance for tickborne diseases; anaplasmosis, babesiosis, ehrlichiosis, Hard Tick Relapsing Fever, Lyme disease, Powassan virus disease, and spotted fever rickettsiosis are notifiable conditions to be reported by both medical practitioners and clinical laboratories. Reporting clinicians must submit subsequent clinical and laboratory information following the initial report. Maine CDC also monitors tickborne diseases through syndromic surveillance. By querying participating hospital emergency department (ED) patient visit data, Maine CDC can identify patients that complain of a tick bite. An increase in ED visits for tick bites is usually a precursor for the typical seasonal increase in incidences of Lyme and other tickborne diseases. A comparison of 2023, 2024, and 2025 syndromic data is included in [Appendix 4](#). Maine CDC displays 2025 Lyme disease surveillance data at the county level in [Appendix 5](#), showing the geographic spread of the disease in Maine.

Outreach and education to clinicians and other healthcare providers is ongoing. Maine CDC epidemiologists provide consultation to the medical community on tickborne diseases and conditions, offering educational and preventive information as needed. Maine CDC epidemiologists present educational outreach activities and seminars on tickborne disease prevention targeting the medical community at statewide meetings of school nurses and others. During 2025, Maine CDC Infectious Disease Epidemiology Program mailed a clinical management guide, “Tickborne Diseases of the United States: A Reference Manual for Healthcare Providers,” to hospitals, urgent care providers, and family medicine/primary care providers. This guide includes information on ticks found in the U.S. and signs/symptoms, laboratory services, diagnosis, and treatment of twelve tickborne diseases, including Lyme disease. As U.S. CDC closed their materials warehouse in 2025, which had previously provided printed copies of this guide, 2026 will be the last year physical copies of this guide are available for order. Maine CDC distributed 140 copies of this guide in 2025

Maine CDC continues to contribute to national surveillance and prevention activities. During 2025, Maine CDC epidemiologists represented the State at national and regional meetings:

- U.S. CDC Vector Day Conference, Virtual, April 2025
- Research Symposium in Honor of Dr. Peter Rand, MaineHealth Institute for Research, October 2025
- Council of State and Territorial Epidemiologists (CSTE) Annual Conference, Michigan, June 2025
- Northeast Epidemiology Conference, Virtual, November 2025
- CSTE Vector-borne and Zoonotic Diseases Subcommittee Calls (quarterly)
- USDA National Longhorned Tick Stakeholder Calls (monthly)
- Northeast Regional Center for Excellence in Vector-borne Diseases Arbovirus Situational Awareness Calls (weekly through summer and fall)
- National Association of Vector-borne Disease Control Officials (NAVCO) Board Meetings (throughout the year)
- NAVCO Regional Calls (throughout the year)
- NAVCO Membership Calls (throughout the year)
- New England Center of Excellence in Vector-borne Diseases (NEWVEC) Stakeholder Advisory Council (throughout the year)

Maine Epidemiologists are active contributors in federal working groups on:

- Alpha-gal allergy (monthly)

V. The education and public awareness activities conducted by Maine Center for Disease Control and Prevention for the prevention of Lyme disease and other tickborne illnesses

Maine CDC promotes ongoing educational outreach activities targeting the public and Maine municipalities. During 2025, Maine CDC epidemiologists provided consultation to the public on tickborne diseases and conditions, offering educational and preventive information as needed. Maine CDC epidemiologists presented educational outreach activities and seminars on tickborne disease prevention to the public including:

- Six presentations to community groups, three presentations to health care providers, and one presentation to local health officers statewide.
- Three tabling events at Waldo County YMCA Health Fair, Belfast; LL Bean, Freeport; and Maine Coastal Botanical Gardens, Boothbay.
- One television interview and one Maine Calling episode with the Vector-borne Disease Health Educator.

The director of Maine CDC's Infectious Disease Epidemiology Program chairs the State Vector-borne Disease Work Group, a group comprising both state agencies and private entities that meets on a bimonthly basis to proactively address surveillance, prevention, and control strategies. Members of this group include Maine Department of Health and Human Services; Maine Department of Agriculture, Conservation, and Forestry; Maine Department of Inland Fisheries and Wildlife; Maine Department of Education; Maine Department of Environmental Protection; Maine Forest Service; University of Maine Cooperative Extension Services; and the United States Department of Agriculture. A full list of members can be found in [Appendix 6](#). Educational efforts by the Vector-borne Work Group in 2025 included:

- Contributed to special issue of the [Journal of Maine Medical Center](#) with a focus on tickborne diseases.
- Presentations given on ticks and tickborne diseases

- Presence in radio and television interviews
- Distribution of educational materials including Lyme brochures, tick bite prevention posters, fact sheets, etc.

Maine CDC maintains an educational curriculum aimed at teaching students in grades 3 through 8 about tick biology and ecology, tickborne diseases, and tick prevention. The program consists of a twenty-minute PowerPoint presentation on tick biology, ecology, and tickborne disease information; four ten-minute interactive activities; and a take-home packet with games, activities, and information for parents. Maine CDC's interactive workbook called "Take Back Your Yard! A workbook for kids to fight the bite!" is also available with the curriculum. This workbook is designed for 3rd through 5th grade students to work with an adult parent/guardian to identify and remove tick and mosquito habitat around their homes to prevent vector-borne diseases. Maine CDC works with Maine DOE to share this curriculum with school nurses and administrators throughout the state.

In May through July 2025, Maine CDC ran a social media campaign. This campaign consisted of a series of static ads and short videos on Facebook, Instagram, and Twitter. Static ads and videos focused on tick identification, recognition of different life stages of the deer tick (especially nymphs and adults), bite prevention, symptoms of tickborne diseases, and EM rash (Lyme disease rash) recognition on different anatomical sites and on different skin tones.

Reach and engagement during the campaign include:

- Facebook (21 Total Posts in Campaign)
 - Total reach for campaign: 437,422 (range 709-112,845 per post)
 - Total post engagements for campaign (reactions, comments, and shares): 12,812 (range 7-4,863 per post)
 - Total link clicks: 682 (range 1-121 per post)
- Instagram (18 total posts in campaign)
 - Total reach for campaign: 10,401 (range 130-2,258 per post)
 - Total post engagements for campaign (reactions, comments, follows, saves, and shares): 386 (range 1-61 per post)

Maine CDC maintains a series of [short instructional videos](#)⁶ to educate the Maine community in tick prevention and tickborne diseases. These videos include:

- Choosing and Applying Personal Repellents – viewed 16 times in 2025
- Do You Know Who's Most at Risk for Lyme Disease – viewed 54 times in 2025
- How to Choose a Residential Pesticide Applicator – viewed 13 times in 2025
- How to Perform a Tick Check – viewed 935 times in 2025
- Know How to do Tick Checks – viewed 279 times in 2025
- Know How to Prevent Tick Bites – viewed 69 times in 2025
- Know How to Remove Ticks – viewed 147 times in 2025
- Reducing Tick Habitat Around Your Home- viewed 85 times in 2025
- Tick Identification – viewed 3,119 times in 2025
- Tickborne Diseases in Maine: Anaplasmosis – viewed 380 times in 2025
- Tickborne Diseases in Maine: Babesiosis – viewed 159 times in 2025
- Tickborne Diseases in Maine: Lyme Disease- viewed 20 times in 2025
- Tickborne Diseases: Powassan Encephalitis– viewed 38 times in 2025

⁶ <https://www.youtube.com/MainePublicHealth>

In 2025, Maine CDC's website underwent a large structural update and reorganization. During this process, the webpages dedicated to Lyme disease, other tickborne diseases, and the tickborne disease frequently asked questions were removed from the new website. This information was not added back to the site until several months after the launch of the new Maine CDC website⁷. As a result, any estimate of pageviews in 2025 would be inaccurate as they represent only a small portion of the year. These numbers will be available again in following years. The current tickborne disease pages are continually updated to provide information to the public and to health professionals about Lyme disease in Maine. These pages include:

- [Tickborne diseases](#)
- [Lyme disease](#)
- [Other tickborne diseases in Maine](#) (anaplasmosis, babesiosis, hard tick relapsing fever, and Powassan virus disease)
- [Travel-associated tickborne diseases](#) (alpha-gal syndrome, bourbon virus, ehrlichiosis, heartland virus, southern tick-associated rash illness, spotted fever rickettsiosis, and tularemia)

Tickborne disease educational resources on Maine CDC's website include:

- Printable resources: Fact sheets (Anaplasmosis, Babesiosis, Ehrlichiosis, Hard Tick Relapsing Fever, Lyme disease, Powassan virus disease, Rocky Mountain Spotted Fever, and Repellents), arboviral testing handout for health care providers, tick bite prevention and tick identification posters
- Tickborne disease and tick bite prevention videos on YouTube
- Tickborne disease school curriculum
- Frequently asked questions on ticks and tickborne diseases with peer-reviewed citations
- Disease surveillance data: Maine Tracking Network, surveillance reports for selected diseases, link to University of Maine Cooperative Extension Tick Lab tick testing data

During 2025, Maine CDC distributed Lyme disease educational materials to partners and members of the public. All printed materials are also available for download. Approximate numbers of materials distributed in 2025 include:

- 2,702 wallet-sized laminated tick identification cards
- 641 Tick ID posters
- 601 What to Do after a Tick Bite posters
- 497 Prevent Tickborne Diseases bookmark
- 40 Tickborne Diseases in the United States: A Reference Manual for Healthcare Providers
- 23 EM Rash poster
- 532 Lyme Disease Awareness Month posters
- 304 Prevent Tickborne Diseases in People and Pets bookmark
- 188 Lyme disease brochures

Maine CDC releases [Health Alerts](#), [press releases](#), and other information on disease concerns of public health significance, including tickborne diseases. Maine CDC also responds to numerous press inquiries and releases press statements as appropriate. Official releases in 2025 included:

- 2025 Lyme and Other Tickborne Disease Information (HAN) – May 19th
- “Don’t Let a Tick Make You Sick” (Press Release) – May 19th
- Local Powassan Virus and West Nile Virus Activity (HAN) – July 29th
- Maine CDC Identifies First West Nile and Powassan Virus Cases of the Season (Press Release) – July 29th
- 2025 Fall Tick Season (HAN) – October 17th

⁷ <https://www.maine.gov/dhhs/mecdc/diseases-conditions/insect-borne-diseases>

- Maine CDC Encourages Tick Bite Prevention This Fall (Press Release) – October 17th

Maine CDC also shares disease prevention information through blog posts on the [Maine DHHS blog](#). Blog posts issued in 2025 included:

- Celebrating Student Creativity and Public Health: 2025 Lyme Disease Poster Contest Winners – June 25th

Pursuant to legislation enacted in the second regular session of the 126th Legislature, May 2025 was declared to be Lyme Disease Awareness Month (PL 2009 c. 494). Educational activities took place throughout the entire month including:

- Governor’s Proclamation of Lyme Disease Awareness Month ([Appendix 7](#))
- Information distributed through social media (Facebook, Instagram, and Twitter)
- Information distributed through multiple newsletters throughout the state (medical, veterinary, and other general audiences)
- Information distributed through multiple media interviews across the State of Maine
- Educational tabling events at Waldo County YMCA Health Fair in Belfast, LL Bean in Freeport, and Maine Coastal Botanical Gardens in Boothbay.

Another major Lyme Disease Awareness Month activity was the statewide poster contest for students in grades K-8. Maine CDC asked students to create a poster with the theme “Don’t Let a Tick Make You Sick” demonstrating at least one of the four Lyme disease prevention methods (wear protective clothing, use repellent, use caution in tick infested areas, and perform daily tick checks). The four winning posters and one honorable mention poster were available for viewing on the [Lyme Disease Awareness Month webpage](#). Maine CDC used one of the winning posters for our 2025 statewide educational campaign ([Appendix 8](#)).

The Maine Tracking Network (MTN) Portal, a web-based portal that allows users to access environmental and health data, shares near real-time data on Lyme disease, anaplasmosis, and babesiosis for the current and previous year. Near real-time data is updated weekly with the rates (per 100,000) and number of cases. The data portal also shares data on suspected tick-related emergency department visits (as counts and percent of all emergency visits) and historical case data. The portal allows users to customize data inquiries at the town, county, and state level. The Tickborne Disease portion of the portal was accessed 7,519 times during 2025. The MTN Tickborne Disease Data is accessible at data.mainepublichealth.gov/tracking/tickborne.

Please see [Appendix 9](#) for sample maps and [Appendix 10](#) for a sample trend chart. Data can be broken down by:

- Town
- County
- Gender
- Age Group

Maine CDC's main prevention message is encouraging Maine residents and visitors to use personal protective measures to prevent tick exposures. Personal protective measures include avoiding tick habitat, using EPA-approved repellents, wearing long sleeves and pants, and daily tick checks and tick removal after being in tick habitats (ticks must be attached >24 hours to transmit Lyme disease). Persons who spent time in tick habitats should consult a medical provider if they have unexplained rashes, fever, or other unusual illnesses during the first several months after exposure. Possible community approaches to prevent Lyme disease include landscape management and control of deer herd populations.

Maine CDC partners with the University of Maine Cooperative Extension Office to monitor the identification of deer ticks (*Ixodes scapularis*) in Maine through a passive submission system.

Beginning in April 2019, the University of Maine Cooperative Extension Office offers the testing of deer ticks for the pathogens that cause Lyme disease, anaplasmosis, babesiosis, and Powassan virus. They also offer a panel to test non-*Ixodes* tick species, including the American dog tick and lone star tick for the pathogens that cause Rocky Mountain Spotted Fever, ehrlichiosis, tularemia, and Heartland virus. While the testing of ticks should not be used for clinical diagnosis or medical treatment decisions, this service provides surveillance information on ticks and tickborne diseases in Maine. For more information on this service, please visit www.ticks.umaine.edu. Data on the tick submission and tick testing results for 2025 can be found in [Appendix 11](#).

VI. A summary of laws of other states enacted during the past year related to the diagnosis, treatment, and insurance coverage for Lyme disease and other tickborne illnesses based on resources made available by federal Centers for Disease Control and Prevention or other organizations

Maine CDC performed a search of state and federal legislation. Of note, Public Law 2025, c. 536, introduced to the 132nd Maine Legislature as LD 1012, *An Act to Fund the Operations of the University of Maine Cooperative Extension Tick Laboratory* was enacted. This legislation established a fund to support the operations of the University of Maine Cooperative Extension tick laboratory or successor laboratory. Also in 2025, Maine Senators Collins and King supported the *Kay Hagan Tick Reauthorization Act*, legislation introduced to renew the 2019 landmark federal law that established the first US coordinated strategy to combat Lyme disease and other vector-borne illnesses. A state-by-state listing of legislation relating to Lyme and other tickborne diseases can be found in [Appendix 12](#).

Appendix 1 Maine Lyme disease statistics

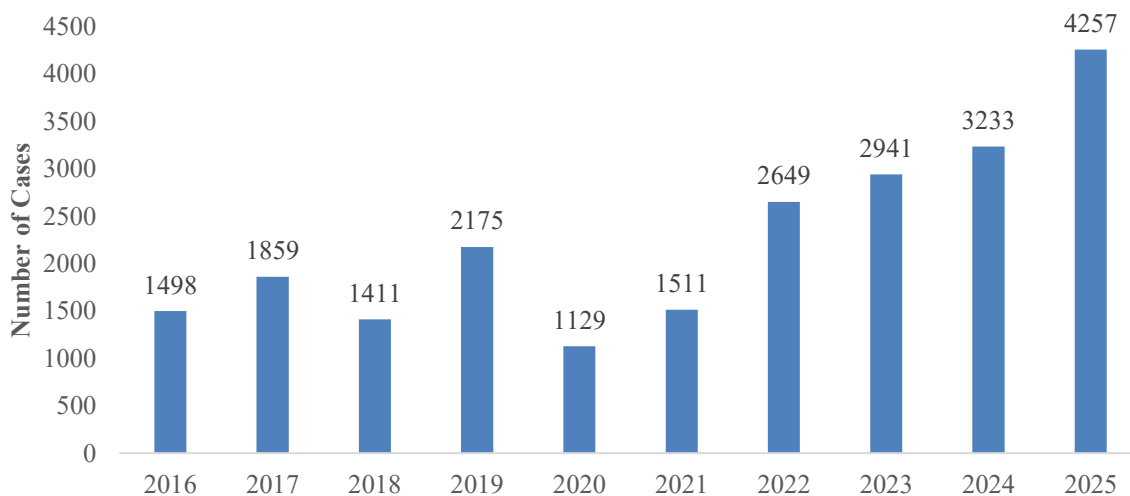
Note about the data: Effective 01/02/2022, CSTE changed the Lyme disease surveillance case definition to a lab-only definition, which includes only probable cases. All data prior to 2022 includes confirmed and probable cases.

Number and Rate per 100,000 persons of Lyme Disease Cases by County of Residence – Maine, 2021-2025*

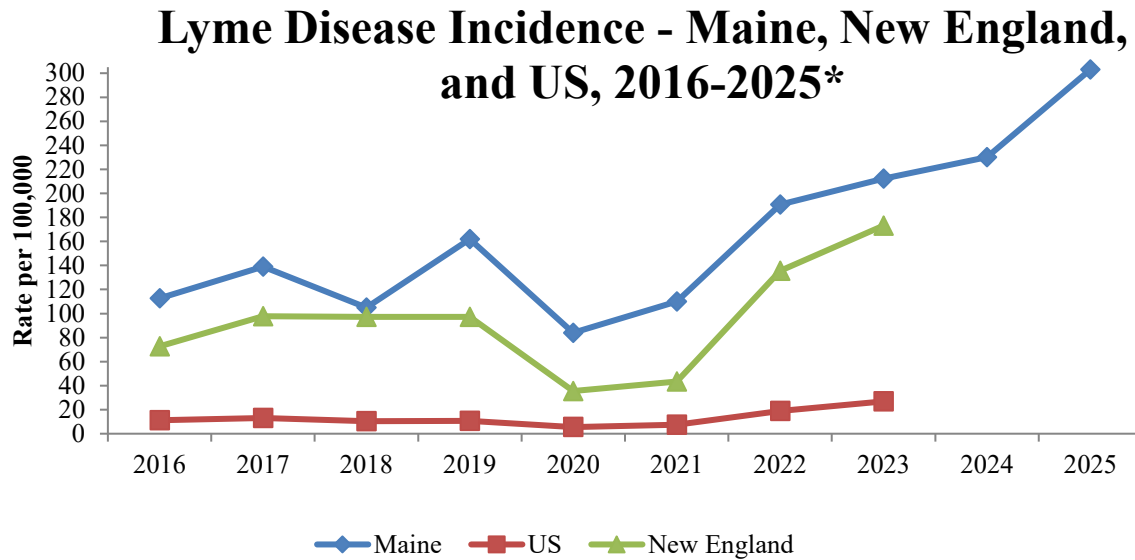
County	2021 Count	2021 Rate	2022 Count	2022 Rate	2023 Count	2023 Rate	2024 Count	2024 Rate	2025 Count	2025 Rate
Androscoggin	64	57.6	79	69.9	140	123.9	153	132.7	183	158.8
Aroostook	3	4.5	13	19.3	13	19.3	9	13.5	7	10.5
Cumberland	226	74.0	353	114.8	387	125.9	415	132.2	618	196.9
Franklin	24	80.8	40	131.3	70	229.7	75	242.7	95	307.4
Hancock	186	331.0	363	640.2	321	566.1	382	670.8	461	809.5
Kennebec	167	134.2	233	185.6	264	210.3	295	229.6	305	237.4
Knox	138	335.9	264	641.3	280	680.2	293	715.0	392	956.5
Lincoln	66	184.2	184	508.1	183	505.3	255	698.8	339	929.0
Oxford	57	97.2	65	109.3	102	171.4	131	218.2	189	314.8
Penobscot	126	82.5	239	155.5	239	155.5	255	162.6	296	188.7
Piscataquis	5	29.1	15	86.1	25	143.5	20	114.7	15	86.0
Sagadahoc	45	121.4	101	270.1	123	328.9	139	369.9	229	609.3
Somerset	80	158.1	127	248.5	134	262.2	177	344.8	201	391.5
Waldo	113	283.1	203	504.5	256	636.2	247	608.1	347	854.3
Washington	38	122.1	94	299.0	73	232.2	101	321.8	164	522.6
York	173	80.6	276	127.3	331	152.7	286	129.9	416	189.0
State	1511	110.1	2649	190.7	2941	212.3	3233	230.1	4257	303.0

*2025 data are preliminary as of 03/12/2026

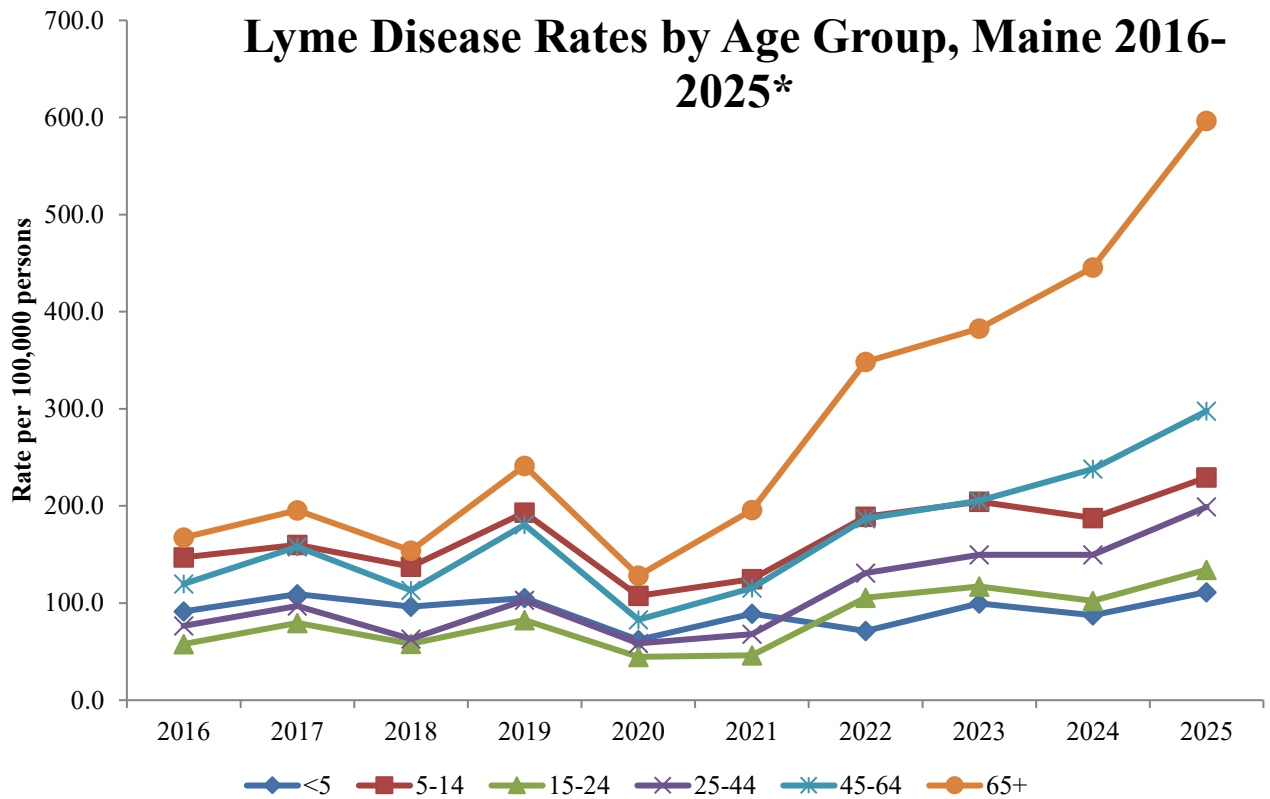
Lyme Disease Cases - Maine, 2016-2025



*2025 data are preliminary as of 03/12/2026



*2025 data are preliminary as of 03/12/2026



*2025 data are preliminary as of 03/12/2026

Appendix 2

Maine tickborne disease statistics (excluding Lyme disease)

Number of Selected Tickborne Disease Cases by County of Residence – Maine, 2025*

County	Anaplasmosis	Babesiosis	Ehrlichiosis	Hard Tick Relapsing Fever	Powassan	Spotted Fever Rickettsiosis
Androscoggin	69	15	0	0	0	0
Aroostook	5	0	0	0	0	0
Cumberland	146	53	0	5	0	0
Franklin	36	7	0	0	0	0
Hancock	215	41	0	11	2	0
Kennebec	139	44	0	6	0	0
Knox	124	31	0	0	0	0
Lincoln	162	28	0	2	0	0
Oxford	60	11	0	1	0	0
Penobscot	107	19	1	1	0	1
Piscataquis	8	0	0	0	0	0
Sagadahoc	76	16	0	1	2	0
Somerset	101	14	0	1	0	0
Waldo	172	26	0	0	0	0
Washington	51	8	0	1	0	0
York	133	39	1	2	2	0
Total	1604	352	2	31	6	1

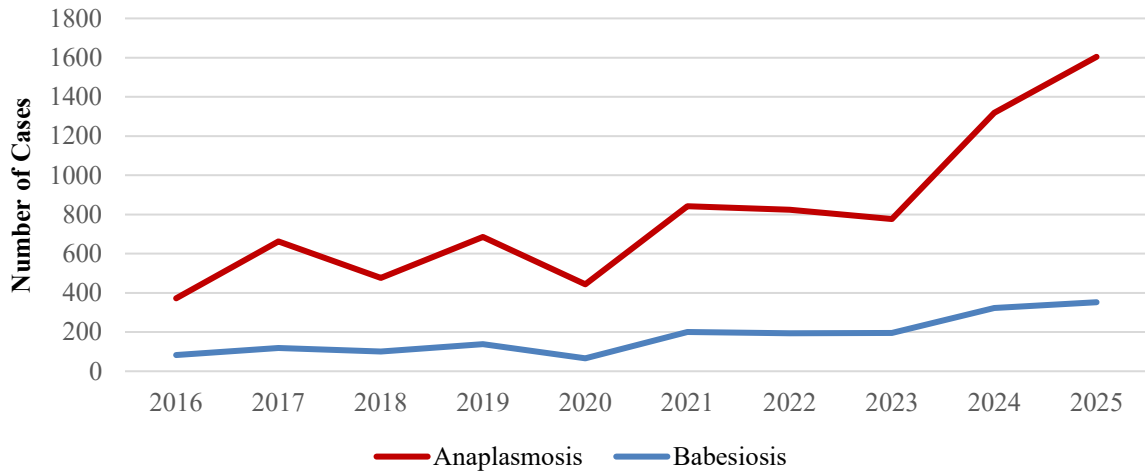
* 2025 data are preliminary as of 03/12/2026

Number of Selected Tickborne Disease Cases– Maine, 2016 - 2025*

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Anaplasmosis	372	663	476	685	443	841	824	777	1318	1604
Babesiosis	82	118	101	138	66	201	193	196	322	352
Ehrlichiosis	7	10	19	13	2	4	7	3	2	2
Hard Tick Relapsing Fever	2	6	8	13	12	9	12	13	23	31
Powassan	1	3	0	2	1	3	4	7	7	6
SFR	4	3	10	5	0	2	1	0	4	1

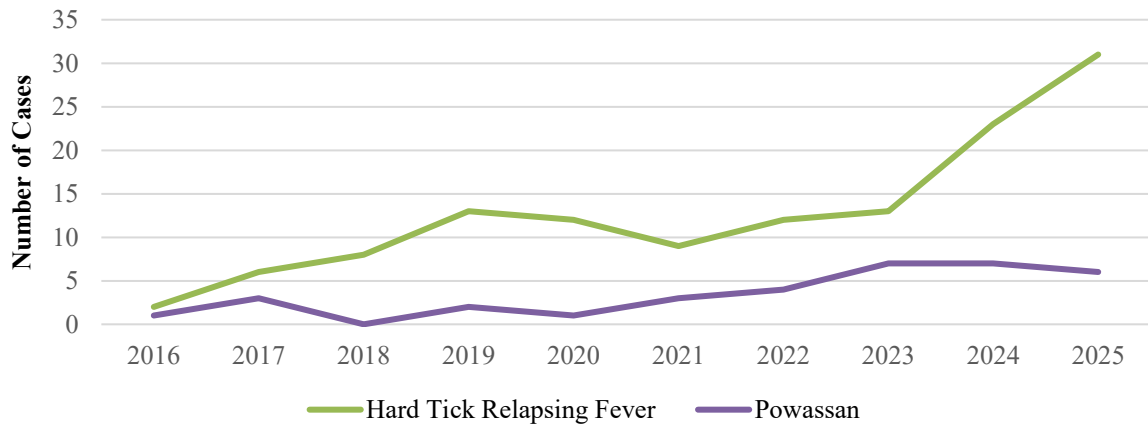
* 2025 data are preliminary as of 03/12/2026

Anaplasmosis and Babesiosis, Maine 2016-2025*



*2025 data are preliminary as of 03/12/2026

Hard Tick Relapsing Fever and Powassan, Maine 2016-2025*



*2025 data are preliminary as of 03/12/2026

Appendix 3

Peer-reviewed medical literature related to tickborne diseases – bibliography: 2025

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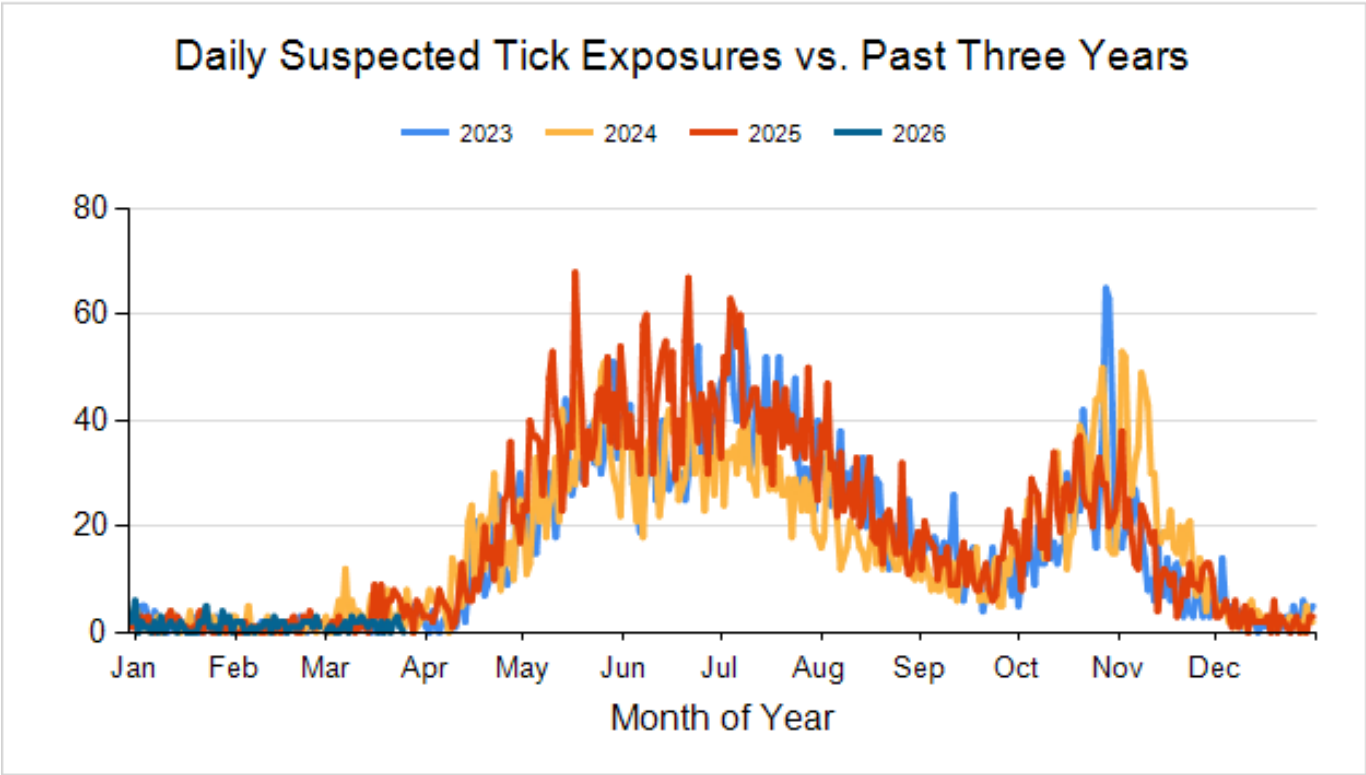
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Appendix 4
Maine CDC Syndromic Surveillance Report

Maine CDC *Syndromic Surveillance Report*

Report run: 3/25/2026 9:12:09 AM



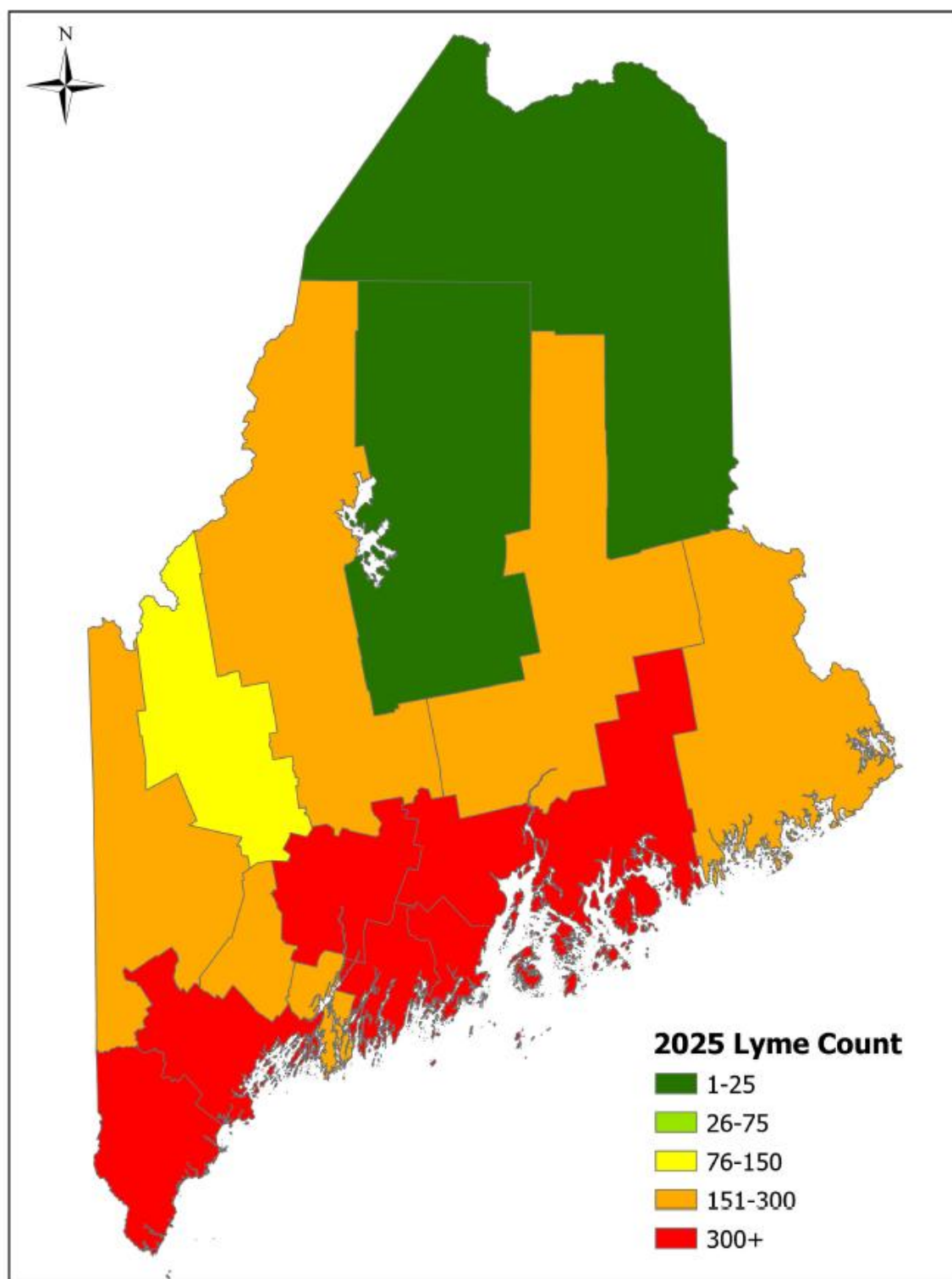
Data Notes:

The number of suspected tick exposures is based on automated processing of chief complaint text and diagnosis codes from patient encounters at Maine emergency departments and affiliated urgent care facilities. For more information about Maine's syndromic surveillance data and methods, please contact syndromic@maine.gov.

Appendix 5

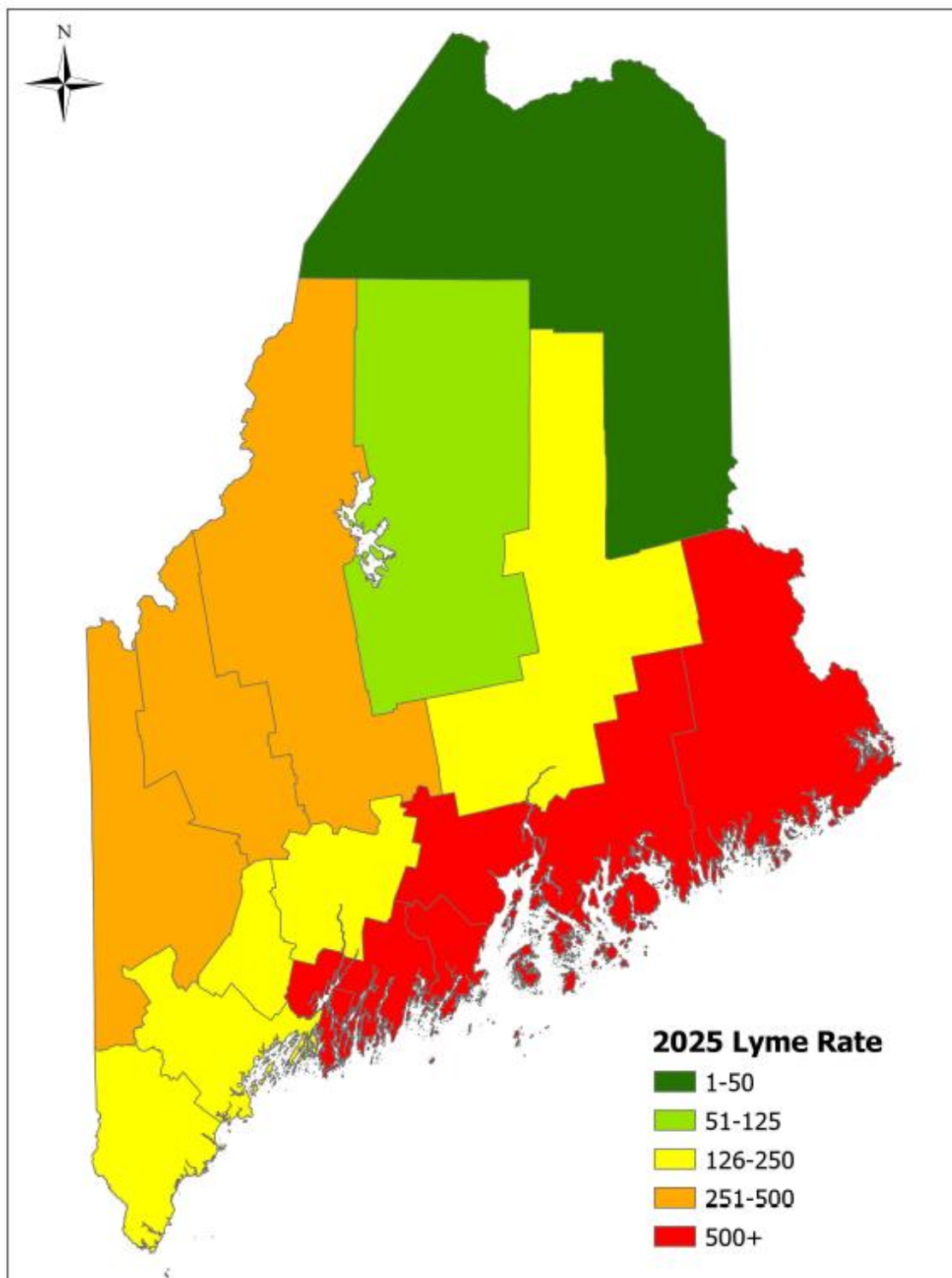
Lyme disease cases and rates

Probable Cases of Lyme Disease, Maine 2025*



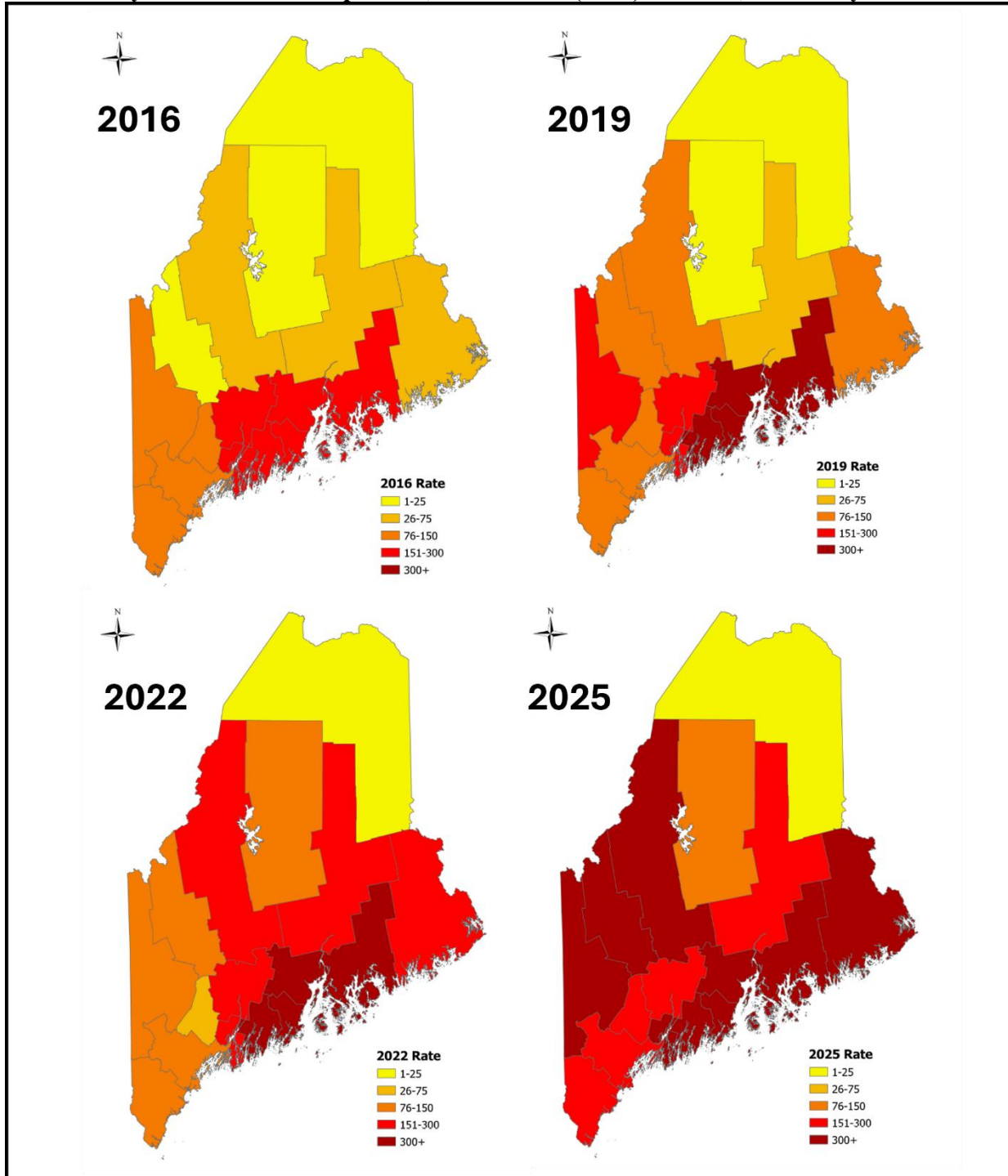
* 2025 data are preliminary as of 03/12/2026

Probable Lyme Disease Cases per 100,000 Persons (Rate), Maine 2025*



* 2025 data are preliminary as of 03/12/2026

Probable Lyme Disease Cases per 100,000 Persons (Rate) – Maine, Selected years 2016-2025*



*2025 data are preliminary as of 03/12/2026

Appendix 6

Maine Vectorborne Work Group

Chair: Sara Robinson, Maine Center for Disease Control and Prevention (Maine CDC)	
Benowitz, Isaac	Maine CDC
DeCato, Sarah	Maine Department of Education
Dill, Griffin	Maine Cooperative Extension
Elias, Susan	MaineHealth Institute for Research, University of Maine Orono
Fish, Gary	Maine Department of Agriculture, Conservation, and Forestry
Fiske, Rachael	Maine Department of Agriculture, Conservation, and Forestry
Gardner, Allison	University of Maine, School of Biology and Ecology
Henderson, Elizabeth	MaineHealth Institute for Research
Hill, Dana	University of Maine, Animal Health Laboratory
Jensen, Gary	Swamp, Inc.
Kanoti, Allison	Maine Forest Service
Keller, Jessica	Maine CDC
Kelley, Megan	Maine CDC
LeMay, Gabriel	Maine Department of Agriculture, Conservation, and Forestry
Lockwood, Maura	Maine CDC
Lubelczyk, Charles	MaineHealth Institute for Research
Matluk, Nick	Maine CDC
Meagher, Molly	MaineHealth Institute for Research
Meak, Sim	Maine CDC
Morris, Jesse	United States Department of Agriculture
Morrison, Michael	Swamp, Inc.
ONeill, Ashley	Maine CDC
Patterson, Megan	Maine Department of Agriculture, Conservation, and Forestry
Peacock, Alexander	Maine Board of Pesticides Control
Peterson, Hillary	Maine Department of Agriculture, Conservation, and Forestry
Porter, Megan	Maine CDC
Rietdyk, Marlys	Maine Department of Agriculture, Conservation, and Forestry
Rivard, Trevor	Maine CDC
Robich, Rebecca	MaineHealth Institute for Research
Rounsvelle, Thomas	Maine Cooperative Extension
Schappach, Brittany	Maine Department of Agriculture, Conservation, and Forestry
Smith, Rob	MaineHealth Institute for Research
Sohail, Haris	Maine CDC
Szantyr, Beatrice	Physician, Lincoln Maine
Szymanska, Kasia	Maine Department of Agriculture, Conservation, and Forestry
Taylor, Tegwin	Maine Department of Inland Fisheries and Wildlife
Urcuqui, Andres	University of Maine, School of Forest Resources
VanHoewyk, Doug	Maine Department of Agriculture, Conservation, and Forestry
Webber, Lori	Maine CDC
Woodworth, Kate	Maine CDC

To reach a member of the VBWG or to express interest in joining this workgroup, contact disease.reporting@maine.gov.

Appendix 7 2025 Governor's Proclamation



WHEREAS, the Maine Center for Disease Control and Prevention reported over 3,200 probable cases of Lyme disease in 2024; and

WHEREAS, the actual incidence of Lyme disease in Maine is likely much higher than reported, disproportionately affecting children between five and fifteen years and adults over sixty-five years; and

WHEREAS, tickborne illnesses can be prevented by staying in the center of wooded paths, wearing light-colored, long-sleeved clothing, using an EPA-approved insect repellent, performing daily tick checks, and properly removing ticks; and

WHEREAS, public awareness and education are necessary to help reduce tickborne illnesses in Maine by promoting awareness of Lyme disease, other tickborne illnesses, and the regular use of prevention measures, as illustrated by the 2025 theme "Don't Let a Tick Make You Sick"; and

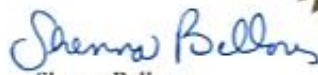
WHEREAS, in accordance with 1 MRSA § 150-E, the State of Maine designates the month of May each year as Lyme Disease Awareness Month;

NOW, THEREFORE, be it resolved that I, Janet T. Mills, Governor of the State of Maine, do hereby proclaim the month of May 2025 as

Lyme Disease Awareness Month

in Maine, and I urge all the citizens of Maine to become aware of the steps that can be taken to reduce the risk of tickborne illnesses.




Shenna Bellows
Secretary of State

In testimony whereof, I have caused
the Great Seal of the State to be
hereunto affixed GIVEN under my
hand at Augusta this twenty third day of
April Two Thousand Twenty-Five


Janet T. Mills
Governor

Appendix 8

Maine CDC Lyme Disease Awareness Month Poster 2025

Artwork submitted by Joy C. from Thomaston Grammar School



Appendix 9 Maine Tracking Network

Cases of Tickborne Diseases, Maine 2025 (Preliminary Results)

Lyme Disease

4,257

Anaplasmosis

1,604

Babesiosis

352

This is the total annual number of case reports. Data shown are preliminary and subject to change.

Topic

Measure

Display

Data Labels (Maps/Charts)

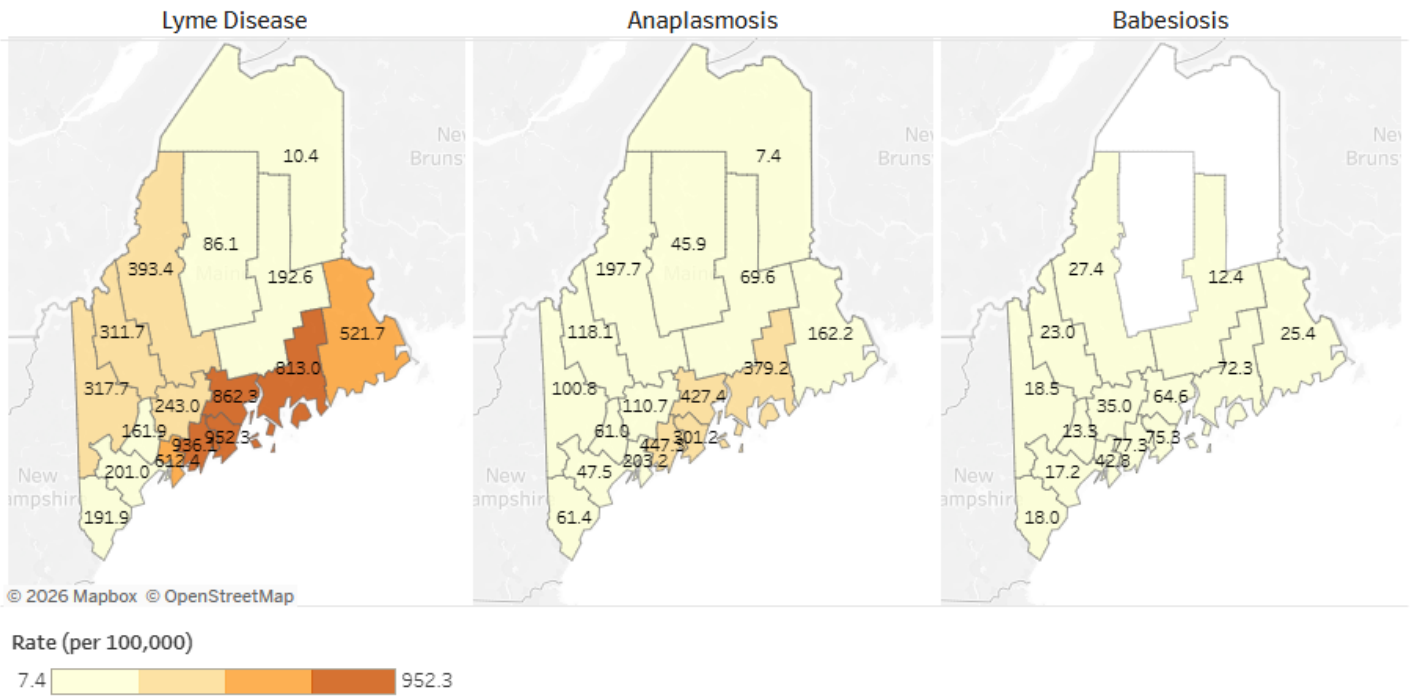
(All)

Rate (per 100,000)

Maps

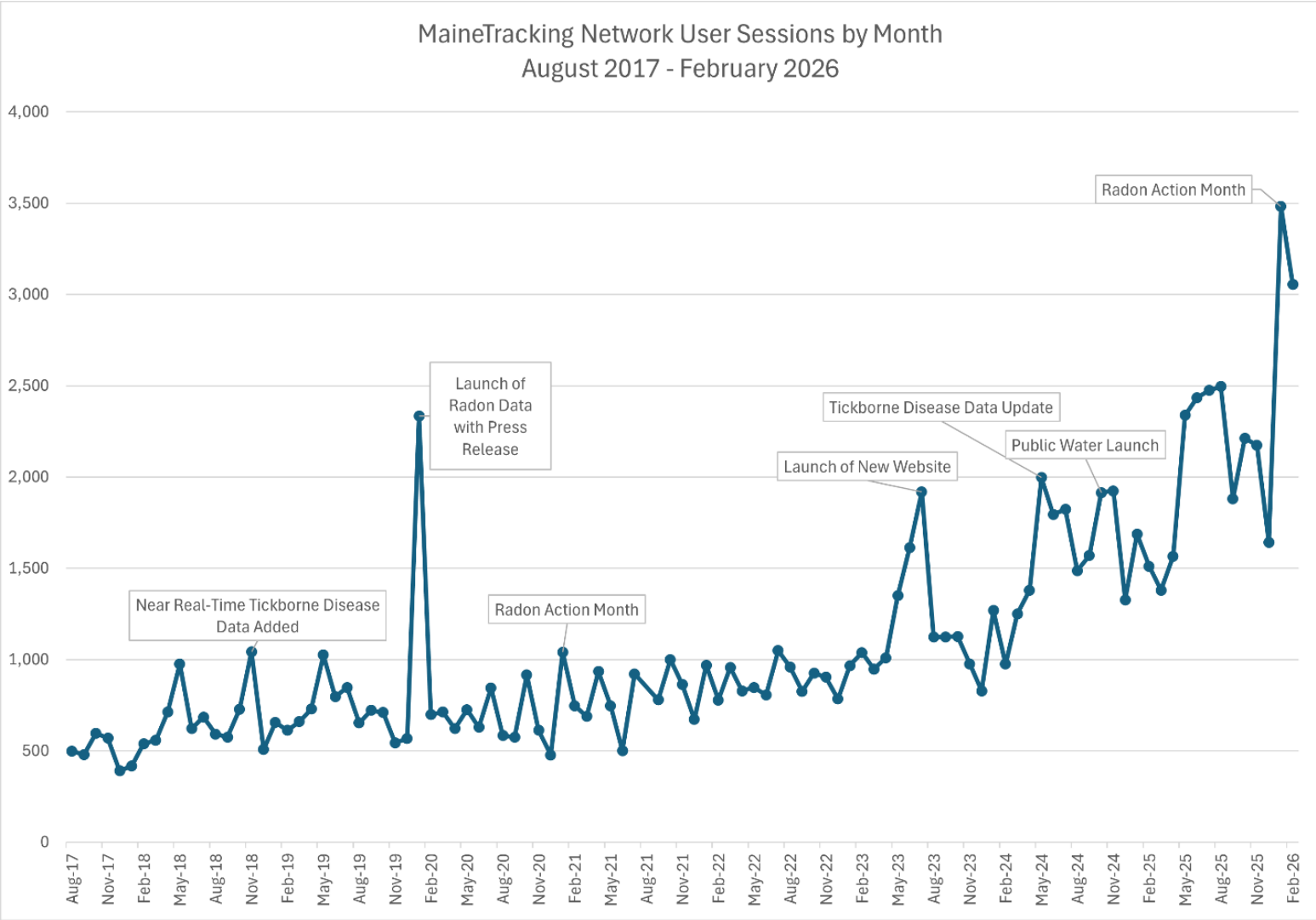
On

Rate of Tickborne Diseases by County, 2025 (Preliminary Results)



Maine CDC’s Infectious Disease Epidemiology Program obtains tickborne disease data through notifiable conditions surveillance, based on reports from healthcare providers, laboratories, and other healthcare partners. Maine CDC used population data from the U.S. Census Bureau to calculate rates of tickborne disease. Surveillance case definitions are determined by the Council of State and Territorial Epidemiologists (CSTE) and change over time in accordance with disease trends and surveillance needs.

Appendix 10 Maine Tracking Network



Appendix 11

University of Maine Tick Submission and Tick Testing Data for 2025

Tick Species Submitted to the UMaine Extension Tick Lab in 2025

Tick Species	Common Name	Total
<i>Ixodes scapularis</i>	Blacklegged (deer) tick	4035
<i>Dermacentor variabilis</i>	American dog tick	1376
<i>Amblyomma americanum</i>	Lone star tick	30
<i>Ixodes cookei</i>	Woodchuck tick	24
<i>Haemaphysalis longicornis</i>	Asian longhorned tick	1
<i>Ixodes marxi</i>	Squirrel tick	1
Other	Tick species acquired in other states	4
Unknown	Specimens damaged during removal/delivery	15

Source: University of Maine Cooperative Extension Tick Laboratory 2025 Annual Report

Infection Prevalence in Submitted Blacklegged Ticks (*Ixodes scapularis*) (Adults & Nymphs) - 2025

Pathogen	% of nymphs infected	% of adults infected	% of ticks infected
<i>Borrelia burgdorferi</i>	25.0%	45.2%	41.0%
<i>Anaplasma phagocytophilum</i>	6.9%	10.2%	9.5%
<i>Babesia microti</i>	6.4%	14.2%	12.6%
<i>Borrelia miyamotoi</i>	1.4%	1.4%	1.4%
Powassan Virus	0.0%	0.9%	0.8%
<i>Borrelia</i> + <i>Anaplasma</i>	3.3%	4.7%	4.4%
<i>Borrelia</i> + <i>Babesia</i>	3.3%	8.1%	7.1%
<i>Anaplasma</i> + <i>Babesia</i>	0.4%	0.5%	0.5%
<i>Borrelia</i> + <i>Anaplasma</i> + <i>Babesia</i>	0.9%	2.2%	1.9%

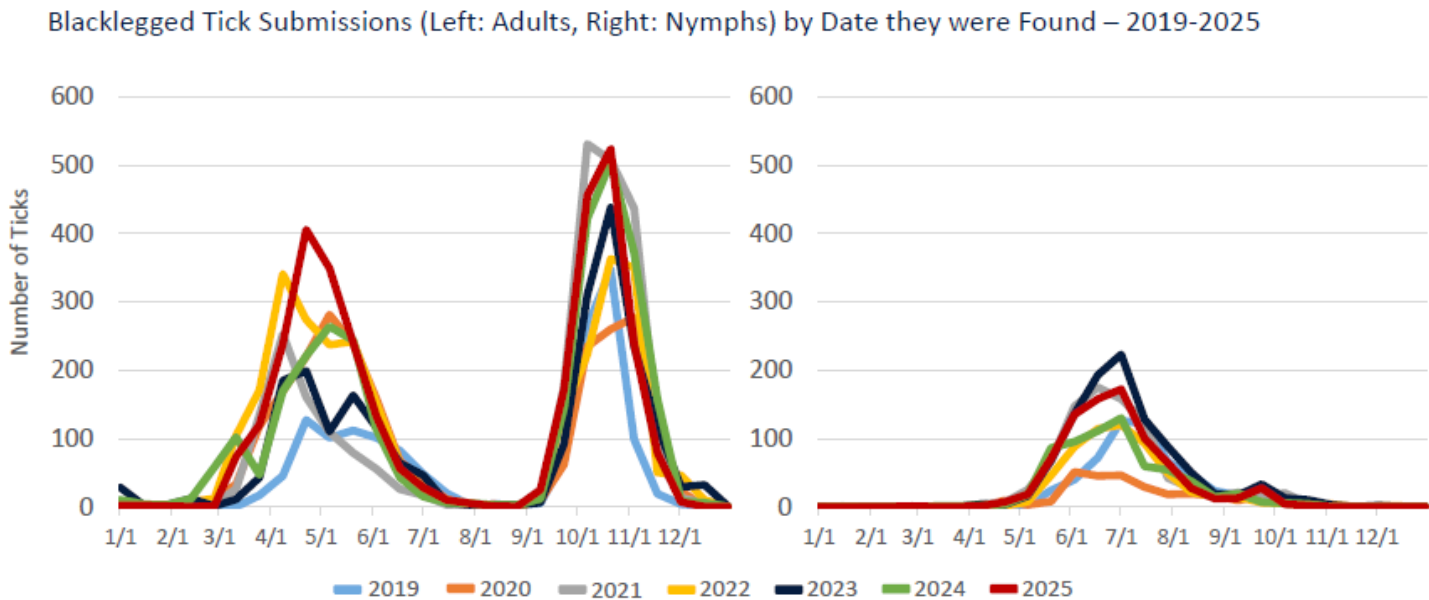
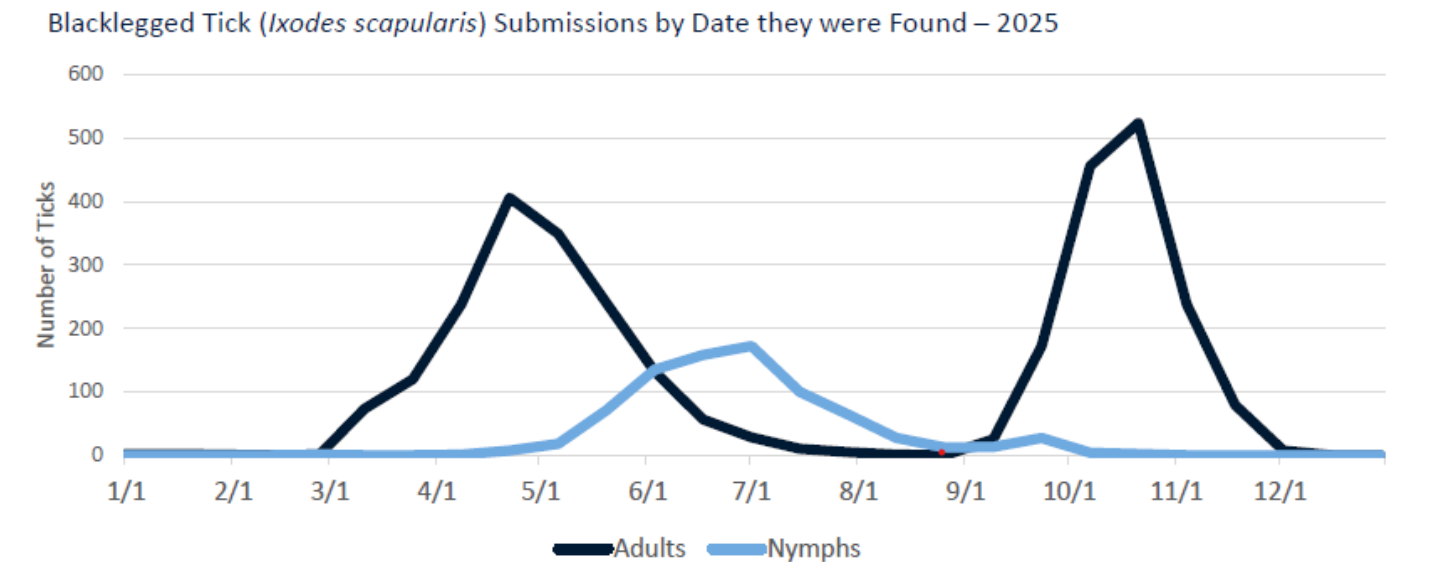
Source: University of Maine Cooperative Extension Tick Laboratory 2025 Annual Report

Infection Prevalence in American Dog Ticks and Lone Star Ticks - 2025

Pathogen	American Dog Ticks (<i>Dermacentor variabilis</i>)	Lone Star Ticks (<i>Amblyomma americanum</i>)
<i>Rickettsia rickettsii</i>	0/1137 (0%)	0/30 (0%)
<i>Ehrlichia</i> spp.	0/1137 (0%)	0/30 (0%)
<i>Francisella tularensis</i>	0/1137 (0%)	0/30 (0%)
Heartland Virus	0/1137 (0%)	0/30 (0%)

Source: University of Maine Cooperative Extension Tick Laboratory 2025 Annual Report

Tick Submissions by Date Found in 2025



Source: University of Maine Cooperative Extension Tick Laboratory 2025 Annual Report

Appendix 12

2025 Tickborne Disease Legislation

Tickborne legislation and status recorded from LegiScan

California

Title: Lyme Disease Awareness Month. (ACR84)

Status: Passed

Delaware

Title: Designating the month of May 2025 as “Lyme Disease Awareness Month” in the State of Delaware. (SCR80)

Status: Failed

Illinois

Title: Lyme Disease Awareness Month. (HR0032)

Status: Passed

Title: Lyme disease scratch-off. (HB2513)

Status: Failed

Title: Tick-borne disease warning. (HB2646)

Status: Failed

Massachusetts

Title: Establishing a special commission to find the best practices to promote education, awareness, and prevention of Lyme disease. (S1598)

Status: Failed

Maine

Title: An act to fund the operations of the University of Maine Cooperative Extension Tick Laboratory. (LD1012)

Status: Passed

Michigan

Title: A resolution to declare May 2025 as National Lyme Disease Awareness Month in the State of Michigan. (HR0079)

Status: Passed

Missouri

Title: Established the “Missouri Lyme Disease Eradication Act”. (SB887)

Status: Failed

New Jersey

Title: Lyme Screening Act. (A6200)

Status: Failed

New York

Title: Requires the Department of Health to publish a report on the incidence of tick-borne illnesses annually on the Department’s website; requires the Department to submit an annual report to the Governor and the leaders of the Legislature; requires the Superintendent of Financial Services to review

the status of health insurance coverage for the treatment of Lyme disease and other tick-borne related diseases and to submit a report to the Governor and the leaders of the Legislature. (A06047, S01786)
Status: Failed

Title: Establishes that the Council on Human Blood and Transfusion Services shall review all current medial research and guidance regarding the donation of blood by patients with a history of Lyme or tick-borne illnesses. (A07955, S03851)
Status: Failed

Title: Requires the Commissioner of Labor, in consultation with the Commissioner of Health and the Commissioner of Environmental Conservation, to develop instructional tools and materials for industries at high-risk for occupational tick exposures; requires such materials to provide information on the identification of ticks and tick removal, and protection from tick bites; requires such materials to be available to high-risk employers and employees at no charge. (A08031, S07651)
Status: Failed

Title: Requires health insurers to provide coverage for long-term medical care for Lyme disease and other tick-borne related pathogens; provides for taxpayer gifts for tick-borne illness research, detection and education; establishes the tick-borne illness research, detection and education fund. (S07447)
Status: Failed

Title: Includes Lyme disease and other tick-borne diseases as occupational diseases for purposes of workers' compensation; clarifies that disability includes disability caused by Lyme disease or other tick-borne diseases; requires insurance coverage of long-term medical care for Lyme disease and other tick-borne diseases. (A01038, S04816)
Status: Failed

Title: Memorializing Governor Kathy Hochul to proclaim April 2025, as Lyme Disease Awareness Month in the State of New York. (J00735, K00310)
Status: Passed

Title: Relates to including the Asian longhorned tick and lone star tick on the invasive species list, and include them in the comprehensive plan for invasive species management. (A07606, S01114)
Status: Failed

Title: Requires health insurers to provide coverage for long-term medical care for Lyme disease and other tick-borne related pathogens. (S06862)
Status: Failed

Title: Relates to the reporting of Lyme and tick-borne disease infection after death. (S00029)
Status: Failed

Title: Relates to Lyme disease and tick-borne infection awareness and prevention for children's overnight, summer day and traveling summer day camps; provides guidelines for treatment and notification; provides for the development of materials. (S04626)
Status: Failed

Title: Establishes a pilot program for Lyme and tick-borne disease testing in children. (S04539)
Status: Failed

Title: Authorizes the Commissioner of Health to award grants for graduate medical education in Lyme and tick-borne disease and to designate organizations as Centers for Lyme and Tick-Borne Disease Excellence. (S04453)

Status: Failed

Title: Requires the New York State Health Care Quality and Cost Containment Commission to issue a report considering the impact on health insurance costs and quality of legislation requiring coverage of long-term and chronic Lyme disease and other tick-borne diseases. (S03304)

Status: Failed

Title: Establishes the “Tick-Borne Illness Treatment and Education Act”; requires health insurers to provide coverage for long-term medical care for Lyme disease and other tick-borne related pathogens. (A01718)

Status: Failed

Ohio

Title: Require tick-related disease reporting to Department of Health. (HB578)

Status: Failed

Pennsylvania

Title: Providing for patient access to diagnostics and treatment for Lyme disease and related tick-borne illnesses; and requiring health care policies to provide certain coverage. (SB461)

Status: Failed

Title: Designating the month of May 2025 as “Lyme Disease and Tick-Borne Illness Awareness Month” in Pennsylvania. (SR91)

Status: Failed

Title: Providing for continuing education in Lyme disease and related tick-borne diseases for health care professionals. (SB329)

Status: Failed

United States

Title: Kay Hagan Tick Reauthorization Act. (SB2294, SB2398)

Status: Failed

Title: To reauthorize the Kay Hagan Tick Act, and for other purposes. (HB4348)

Status: Failed

Title: Tick Identification Pilot Program Act of 2025 (HB4979)

Status: Failed

Title: BITE ACT, Battling Infections Transmitted by Ticks and Exposure Act (HB4980)

Status: Failed

Title: Stamp Out Lyme Disease Act (HB4981)

Status: Failed