

## Appendix 1

### Tick bites – Prevention and detection<sup>3</sup>

Ticks are arthropods, with **four** pairs of legs; insects have only three pairs of legs.

They can be from 1 - 10mm in size and can remain attached to host for several days, during which feeding continues. It usually takes many hours before a tick transfers the *Borrelia* to the host. To avoid infection from tick bites:

- Wear appropriate clothing: long-sleeved shirt and long trousers tucked into socks
- Light coloured fabrics are useful, as it is easier to see ticks against a light background
- Consider using an insect repellent containing N,N-diethyl-m-toluamide (DEET)
- Inspect skin frequently, and safely remove any attached ticks as soon as possible after noticing them
- Keep to paths and avoid long grass or overgrown vegetation, as ticks crawl up long grass to search for a feed
- Check again for ticks at the end of the day, especially in skin folds – adults tend to be bitten below the waist
- Check children, especially head and neck areas, including scalps – children tend to be bitten above the waist
- Check clothing, equipment and pets



IMAGE COURTESY OF LYME DISEASE ACTION  
[www.lymediseaseaction.org.uk](http://www.lymediseaseaction.org.uk)

### TICK REMOVAL

**Your main aims are to remove the tick promptly, to remove all parts of the tick's body and to prevent it releasing additional saliva or regurgitating its stomach contents into your bite wound.**

- Use a proprietary **tick removal tool** which will grip the head of the tick without squashing the body.
- With **pointed tweezers (not blunt eyebrow tweezers!)** grasp the tick as close to the skin as possible; without squeezing the tick's body, pull the tick out without twisting – there may be considerable resistance.
- If no tools are available use a cotton thread. Tie a single loop of cotton around the tick's mouthparts, as close to the skin as possible, then pull upwards and outwards without twisting.

#### **DO NOT:**

- Squeeze the body of the tick, as this may cause the head and body to separate, leaving the head embedded in your skin.
- Use your fingernails to remove a tick. Infection can enter via any breaks in your skin,
- Crush the tick's body, try to burn the tick off, apply petroleum jelly, nail polish or any other chemical. Any of these methods can cause discomfort to the tick, resulting in regurgitation, or saliva release

Various tick removal devices such as a card for wallets or fine forceps are available to purchase.

## Appendix 2

### WHO TO TEST FOR HIV

Offer universal HIV tests to the following patients<sup>10</sup>

Patients attending:

- GUM or sexual health clinics, or who attend with a sexually transmitted disease in primary care
- Antenatal services and termination of pregnancy services
- Drug dependency programmes (patients who have injected drugs should be tested in all healthcare settings)
- Having been diagnosed with tuberculosis, hepatitis B, hepatitis C, or lymphoma
- On dialysis, transplant waiting lists, and all those who donate blood (at the time of donation, all are tested)
- With symptoms where HIV enters the differential diagnosis (see table below which lists the indicator diseases)
- Who are sexual partners of men and women known to be HIV positive
- Who are male and have disclosed sexual contact with other men
- Who are female, and have disclosed sexual contacts of men who have sex with men
- Having travelled from a country of high HIV prevalence (>1%), or who report sexual contact with individuals from these countries\*.

\*For an up-to-date list see <http://aidsinfo.unaids.org/>

Consider HIV tests in the following settings where diagnosed HIV prevalence in the local population exceeds 2 in 1000 population#:

- All men and women registering in general practice
- All general medical admissions.

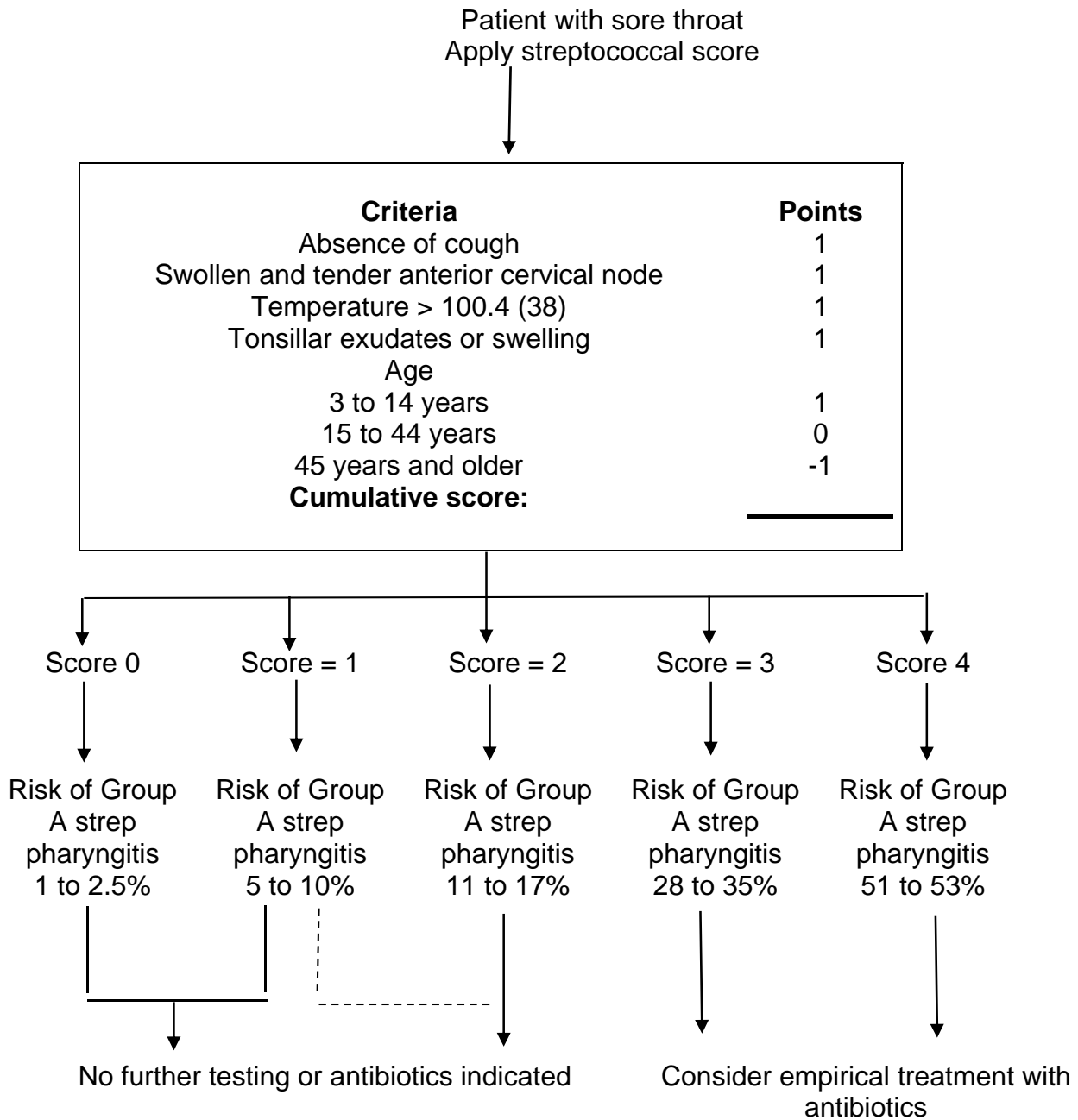
# See <https://www.gov.uk/guidance/hiv-overall-prevalence>

### Indicator diseases for adult HIV infection<sup>10</sup>

	<b>AIDS-defining conditions</b>	<b>HIV testing should be offered to these patients</b>
Respiratory	Tuberculosis, pneumocystis	Bacterial pneumonia, aspergillosis
Neurology	Cerebral toxoplasmosis, primary cerebral lymphoma, cryptococcal meningitis	Guillain–Barré syndrome, aseptic meningitis / encephalitis, primary cerebral abscess, space occupying lesion of unknown cause, transverse myelitis, peripheral neuropathy, dementia
Dermatology	Kaposi's sarcoma	Severe or recalcitrant seborrhoeic dermatitis, severe or recalcitrant psoriasis, multi-dermatomal or recurrent zoster
GI	Persistent cryptosporidiosis	Oral candidiasis, oral hairy leukoplakia, chronic diarrhoea of unknown cause, weight loss of unknown cause, salmonella, shigella or campylobacter infections, hepatitis B and hepatitis C
Oncology	Non-Hodgkin's lymphoma	Anal cancer or anal intraepithelial dysplasia, lung cancer, seminoma, head and neck cancer, Hodgkin's lymphoma
Gynaecology	Cervical cancer	Vaginal intraepithelial neoplasia (VIN), CIN Grade 2 or above
Haematology		Any unexplained blood dyscrasia including: thrombocytopenia, neutropenia, lymphopenia
Eyes	Cytomegalovirus retinitis	Infective retinal diseases including herpes viruses and toxoplasma, or any unexplained retinopathy
ENT		Lymphadenopathy of unknown cause, chronic parotitis, other mononucleosis-like syndromes
Other		Pyrexia of unknown origin

Appendix 3

Clinical Decision Rule for Management of Sore Throat <sup>33</sup>



## Appendix 4

### NOTIFIABLE DISEASES<sup>34</sup>

Notifiable diseases are those diseases where registered medical practitioners have a statutory duty to inform Public Health of suspected cases of these infections. The notifiable diseases vary between countries in the UK. In Scotland, under the Public Health Scotland Act of 2008 they are:

- *Anthrax*
- *Botulism*
- *Brucellosis*
- *Cholera*
- *Clinical syndrome due to E.coli O157 infection*
- *Diphtheria*
- *Haemolytic Uraemic Syndrome (HUS)*
- *Haemophilus influenzae type b (Hib)*
- *Measles*
- *Meningococcal disease*
- *Mumps*
- *Necrotizing fasciitis*
- *Paratyphoid*
- *Pertussis*
- *Plague*
- *Poliomyelitis*
- *Rabies*
- *Rubella*
- *Severe Acute Respiratory Syndrome (SARS)*
- *Smallpox*
- *Tetanus*
- *Tuberculosis (respiratory or non-respiratory)*
- *Tularemia*
- *Typhoid*
- *Viral haemorrhagic fevers*
- *West Nile fever*
- *Yellow Fever*

All suspected notifiable diseases should be notified to public health via Sci gateway.

[Expert reviewer comment: I think it might be useful referring to schedule 2 for notifiable organisms. The emphasis should be on schedule 1 for these are the clinical conditions which practitioners are obliged in law to notify. However, there is a wider schedule of organisms which the labs notify. These may be of interest to the readers as they will see that there is a wider set of conditions which need public health action. The two schedules can be found here:

<http://www.legislation.gov.uk/asp/2008/5/schedule/1>]