

Testing for acute Lyme disease

If you don't develop an EM rash but Lyme disease is suspected, then your GP will run a blood test. This is a two stage test whereby the second stage (Immunoblot test) is automatically completed if the first stage (ELISA test) is positive. The NICE guideline does state that if there are symptoms and a high suspicion of Lyme disease, **treatment should be started without waiting for a positive blood test result**. An example of this scenario would be a known tick bite and symptoms consistent with Lyme disease, but no rash.

It can take time for antibodies the tests search for to be produced and so **any tests carried out soon after the bite may be negative, even if you are infected**. Therefore, the NICE guideline recommends **another test around 4-6 weeks after the bite**. Steroid use or immunosuppression also increases the chance of a test producing a false negative result. Furthermore, the antibody response is variable and some people may never produce antibodies in measurable quantities. This does not mean they have not been infected.

If the first stage of the test is negative and symptoms continue beyond 12 weeks then your GP should request the second tier test, at which point they can also request for co-infections to be tested for. You can print off a request form and a manual for your GP [here](#). The lab requires two copies of the form and the GP needs to write on it that they are requesting an Immunoblot and a full co-infection panel, 'due to clinical presentation of symptoms'. They also need to fully complete the sections of the form, which cover symptoms and risk. If they are unsure they can call the RIPL helpline for assistance. They should not refer you to the hospital for this. Results can take about 6 weeks. **Always request a copy of the results**.

Occasionally, the NHS suggests a **lumbar puncture** to test a patient's spinal fluid. The accuracy of this test for Lyme disease is very low. However, if your doctor is recommending you have a lumbar puncture for another reason, it could be worth asking them to also test the spinal fluid for Lyme disease at the same time.

You can find a visual representation of the NICE testing recommendations [here](#).

At any point, a doctor can begin treatment without a positive test result if there is clinical suspicion that you have been infected. It is vital to remember that **we do not yet have a totally reliable test for Lyme disease and a negative test does not rule out Lyme disease**. The NICE guideline evidence suggests that the test misses 1 in 5 cases, however this is from a small number of low quality studies and so it could miss far more. Additionally, we have no test that can tell us when the bacteria has been eradicated. Your doctor should never run a blood test after treatment to 'check the infection has gone'.

To be clear you can have a negative Lyme test result and other normal blood test results and still be infected with Lyme disease.

