Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **2026 Fall Tick Season**
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2026 Fall Tick Season: Clinician Awareness and Reminders

Maine is in the middle of the fall tick season when adult deer ticks are more active. Increased tick activity can lead to more frequent human encounters and a greater risk of exposure to tickborne pathogens. Tick-related emergency department visits also increase in late fall and early winter. The purpose of this advisory is to remind health care providers to consider testing patients presenting with possible tickborne disease at any time of the year, including this fall and winter when deer ticks are active.

The deer tick (*Ixodes scapularis*) is the primary vector of most tickborne diseases reported in Maine. It can be active at any temperature above freezing, **including warmer winter days**. Deer ticks can carry the pathogens that cause anaplasmosis, babesiosis, hard tick relapsing fever (HTRF), Lyme disease, and Powassan. These pathogens are endemic in Maine. Individuals bitten by a deer tick can acquire more than one infection simultaneously. Most people infected with these pathogens have mild or no symptoms, but infections can be serious and even fatal.

Rates of babesiosis, HTRF, Lyme disease, and Powassan in Maine are trending higher in 2026 than this same time in 2025, which was a record-breaking year for most tickborne diseases**.** As of November 3, 2026, the Maine Department of Health and Human Services' Center for Disease Control and Prevention (Maine CDC) recorded 4,130 cases of Lyme disease, 1,261 cases of anaplasmosis, 436 cases of babesiosis, 32 cases of HTRF, and 4 cases of Powassan in 2026. This year Maine also reported 5 cases of ehrlichiosis and 2 cases of tularemia.

Symptoms
The most common early symptoms of tickborne diseases occur within 30 days after a tick bite. Some of these non-specific symptoms are similar to symptoms of COVID-19, influenza, and other respiratory infections.

Table 1. Symptoms of tickborne diseases of concern in Maine

	Anaplasmosis	Babesiosis	HTRF	Lyme Disease	Powassan
Fever	X	X	X	X	X
Chills/Sweats	X	X	X	X	X
Headache	X	X	X	X	X
Myalgia	X	X	X	X	
Arthralgia			X	X	
Malaise	X	X	X	X	X
Fatigue	X	X	X	X	X
Rash	U		U	X	
Nausea	U	X	U		
Vomiting	U		U		X
Diarrhea	U		U		
Anorexia	U	X			
Lymphadenopathy			U	U	
Dizziness			U	L	
Shortness of breath				L	
Neck stiffness				L	X
Encephalitis	U			L	L
Meningitis	U			L	L
Meningoencephalitis					L
Altered mental status		L	U		L
Ataxia					L
Aphasia					L
Photophobia			U		L
Seizures					L
Paresis/Paralysis	U				L
Cranial nerve palsy				L	L
Nerve pain				L	
Heart palpitations or irregular heartbeat				L	
Myocardial infarction		L			
Hepatic failure		L			
Renal failure	L	L			
Respiratory failure	L	L			
Disseminated intravascular coagulation	L	L			
Rhabdomyolysis	L				
Hemorrhage	L				
Anemia		X	U		
Thrombocytopenia	X	X	U		
Leukopenia	X		U		

X = common symptoms, U = uncommon symptoms, L = late stage or severe disease symptoms

What to advise patients to do after a tick bite

- Remove the tick properly using tweezers or a tick spoon.
- Clean the area around the bite.
- Identify the tick and the engorgement level (the amount of time the tick was attached).
- Instruct the patient to watch for symptoms for 30 days.

Prophylaxis

- Prophylaxis after a tick bite for Lyme disease is not routinely recommended, but can be considered under specific circumstances including:
    - Tick is identified as an engorged deer tick that was attached for at least 24 hours.
    - Exposure occurred in an area where there is a high rate of infected ticks.
- Prophylaxis can be started within 72 hours of tick removal. There are no data showing if prophylaxis is effective in preventing other tickborne bacterial illnesses like anaplasmosis or HTRF. A single dose of doxycycline will not have an effect on babesiosis or Powassan virus disease.
- Therefore, **even if prophylaxis is used, the Maine CDC recommends monitoring for symptoms of these diseases for 30 days.**

For more information on tick identification and testing, refer to the University of Maine Tick Laboratory.

Testing

Preferred testing for Lyme disease is a serological two-tier test, but PCR is also available. Preferred testing for anaplasmosis, babesiosis, and HTRF is by PCR. Babesiosis can also be confirmed by blood smear. Clinicians using serological testing should collect acute and convalescent phase samples. All the above tests are available at commercial labs. Preferred testing for Powassan is by serological IgM and PRNT, but PCR is also available. Clinicians can refer to the Arboviral Testing in Maine guidance for more information on arboviral testing.

Treatment

Most tickborne diseases in Maine are treatable, and most patients recover after receiving appropriate therapy. Untreated infections can lead to serious rheumatologic, cardiac, and neurologic manifestations like Lyme carditis and meningoencephalitis. Refer to IDSA treatment guidelines and the tickborne reference manual for clinicians. Treatment for Powassan is supportive.

Reporting

Anaplasmosis, babesiosis, ehrlichiosis, HTRF, Lyme disease, Powassan, SFR, and tularemia are all reportable in Maine. **Tularemia is immediately notifiable.** Report all suspected cases and positive laboratory reports by electronic laboratory reporting, or by phone (if immediately notifiable) to the 24/7 disease reporting and consultation line at 1-800-821-5821

Data

Case counts for anaplasmosis, babesiosis, and Lyme disease are available on the Maine Tracking Network Near Real-Time Dashboard (updated weekly) and case counts for all reportable tickborne diseases are available on the Infectious Disease Epidemiology Dashboard (weekly).

Additional Information

- Maine CDC tickborne diseases
- Maine Tracking Network data dashboard
- HETL specimen submission forms
- Tickborne reference manual for clinicians
- IDSA treatment guidelines for babesiosis, Lyme disease, and encephalitis
- University of Maine Tick Lab
- Maine CDC disease reporting and consultation line: **1-800-821-5821** (available 24/7)