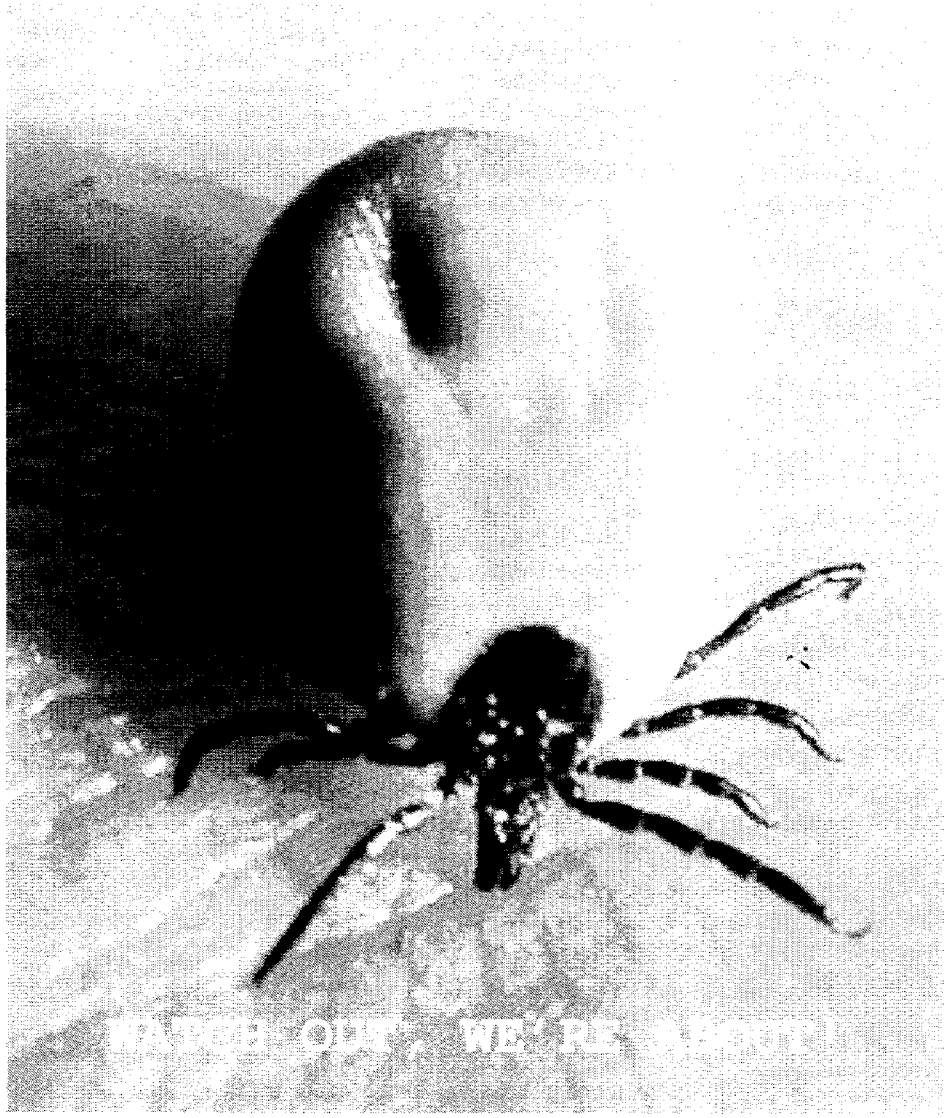
Fylde Mountaineering Club

Founded in 1950

NEWSLETTER May 2005



Club Jottings and Information

Not a lot to report here but items of note are:

- Dave Ward has a new address:

Flat 6
Forest House
Wordsworth Street
Penrith
CA11 7QX

- The Roy Nisbett Memorial Tree has been planted at Little Langdale.

I mentioned in the last newsletter that discussions were ongoing with Coventry MC with regard to reciprocal rights. This appears to have come to a halt because of some concerns by Cov MC members.

Proposed External Booking Deposit
The committee has had its attention drawn to the fact that on some recent external meets, the club has been making quite a substantial loss. This has come about as a result of recent price increases, especially at Scottish huts, and the fact that some members have been booking onto trips and then for whatever reason not turning up on the meet.

As a result the committee the committee is strongly of a mind to impose a 50% deposit, payable to the meet leader (sorry coordinator) at the time of booking. This would only apply to external meets, and would not apply to our own huts or to hut swaps with the Chester MC.

This should help stem what have been in one or two cases quite unacceptable financial losses to the club.
If anyone has any opinions on this, can they please make them known to any committee member.

Mike Penn

Amendments to the Syllabus
The date on the syllabus for the Ladies Meet in December should read 10 & 11th Ladies Meet Stair.
Conversely the Gents Meet should read 17/18 December Langdale.

Socials
Proposed dates for next winter are:
12 October, 9 November, 14 December
2006
11 January, 8 February, 8 March
AGM on 22 February

Langdale Hut
Although in a good condition, a few members have suggested possible works to
improve facilities at the hut. Some ideas include renewing floor coverings in the dorms and staircase, and alterations to seating in the main room to make better use of the space.
If anyone has any more ideas or comments on this, please let me know and I'll discuss it with the committee.

Chris Bell

Congratulations to Chris and Rachel on the birth of their son, Dan on the 11th of May. Well done!

Discounts
For members' discount at Cotswold stores quote **F2054**

Working Weekend Stair 23/24 April 2005

This was a real success. The weather was superb & lots of work was done mainly outside.

20 tons of limestone chippings were delivered on Friday afternoon. Les Ward kindly agreed to meet the delivery wagon at 3 in the afternoon. They had his mobile number to ring to confirm everything & in case of any problems. Les arrived ok but forgot his mobile! In the end his wife, Brenda, had to deal with the quarry people & relay the messages onto son David who was also there to help. I suppose this is what happens when you are approaching 70 (or is 80?).

Lots of frenzied activity on Saturday resulted in the following: the soil around the picnic table was dug up & stones put down; the whole of the area between the cottage & the stone wall was dug up where necessary & the whole resurfaced; a new parking space was made next to the entrance; the edge of the car park adjacent to the stone wall was dug up & surfaced; the car park was totally resurfaced. It's so neat & tidy that we thought of banning cars!

Carole Penn did a fine job cleaning most of the kitchen. On Sunday Hal & Dave finished off the kitchen. Hal does a really good cleaning job with a cooker (Chris Bell take note). In addition further repairs were done to the stone wall, trees cut back, toilets & showers cleaned & the front door given a coat of stain.

We cooked a 7 course meal for every one on Saturday which went down well except for the beer monsters, like Martin Dale, who complained they were too full to drink any beer.

There are several jobs still outstanding – Build some steps down from the fire exit doors; Repair the damaged rendering under the new windows; Repaint the outside walls; Finish off the additional parking space; Tidy up the grassed area adjacent to the road; Enclose the emersion heater in the gents etc.

The flat roof is ok at the moment but will need replacing in the short/ medium term as it has a limited life span. The grant regime has changed such that we would not be able to get any so the cost will fall to the club. We need to start planning for a new roof now as it will be a major cost, although not beyond the club by any means.

This will give us the opportunity to put a pitched roof on which is far better, both functionally & aesthetically, & they have a greater life span. The roof area would be useable & would allow some reconfiguration downstairs. We could provide more & smaller sleeping areas allowing some privacy with snoring & non-snoring rooms!

Thanks to all those mentioned above & to: Mike Penn, Tony Mitchell, Adrian Clifford, Chris Thistlethwaite & Steve & Marie Ann Wrigley.

Andy & Christine

Copy Date
Due to too many holidays the last date for contributions to the next Newsletter will be the 10th of August if we want one before October.

LETTER FROM BADA-UK TO MIKE PENN

PLEASE READ, IT'S IMPORTANT!!

This is the body of the letter written to Mike Penn. I've included it in its entirety rather than edit it.

We are writing to all outdoor pursuits organisations in the hope that we can be of assistance in making your members aware of a growing risk that we face in the UK.

The members of BADA-UK sufferer from. a disease called Borreliosis, (More commonly known as Lyme disease), This is primarily recognised as being a tick-borne infection spread most commonly by the sheep *tick* (*Ixodes ricinus*), although there are known to be other methods of transmission.

Many of our members were previously misdiagnosed with other conditions before the true cause of their illness was identified. We have all struggled to receive a. correct diagnosis and treatment, as Borreliosis / Lyme disease is reported to be rare in the UK by most Government officials and physicians,

The Game Conservancy Trust has expressed concerns over the rise in tick numbers. They also have noted that in many areas of Scotland, the grouse population has recently been in decline. Studies following the pattern of grouse breeding have been implemented for almost two decades. Scientists and Upland Advisors of the Trust propose that these studies indicate the decline may, in put be due to an increase in tick numbers. In 1984 4% of grouse chicks sampled by the Trust showed tick infestation. In 2003 that figure had risen to 92%.

Research by scientists from the University of Oxford indicates that ticks are becoming more abundant, infecting cattle, sheep and humans with a range of diseases. Trials show that the common grey squirrel and pheasants also act as suitable hosts to transfer known infections throughout the tick population of the UK, and that infected ticks currently populate the majority of the UK.

On the North Yorkshire Moors National Park in England, anecdotal reports by ornithologists and gamekeepers suggested that it was not just grouse that were susceptible to tick attachment. It seemed That moorland-breeding waders, such as lapwing, golden plover and curlew might also be at risk, either through the weight of numbers on each bird or through disease. A project to radio track wading birds was implemented by scientists and showed that chicks as young as three weeks old had heavy tick infestations.

The incidence of Lyme disease has been growing over the years since a voluntary surveillance scheme was implemented in England and Wales in 1986 In Scotland. where it is a notifiable disease, cases are often not reported by consultants and family practitioners. Indeed it,would seem that many physicians in Scotland are unaware of this requirement Studies carried out by staff at Oxford University would also indicate that the incidence of Lyme disease throughout the entire UK would appear to be under-recorded.

Many people enjoy various outdoor pursuits and never give a thought to ticks or tick-borne diseases, but in the current climate the risk is increasing and the disease is spreading. Infections once thought to be 'tropical' to Britain are now to be found regularly in areas all over the UK.

Borreliosis / Lyme disease is a devastating condition that can lead to prolonged suffering and permanent disability. Once infected, it is very difficult to obtain a timely and accurate diagnosis and appropriate treatment is almost impossible to obtain in the UK, forcing many sufferers to seek treatment abroad.

It has been demonstrated that the majority of confirmed tick-borne disease sufferers in fact recall no tick bite or associated rash assumed to follow the bite of an infected tick. Tick nymphs are the equivalent in size to a poppy seed and not easily observed. It is recognised that *Borrelia burgdorferi* (Bb,), the most commonly found bacterial infection amongst ticks that causes Lyme disease, can be passed from mother to child during pregnancy. Bb. is caused by a "spirochaetal" form of bacteria, which is similar, but much more advanced than syphilis.

Many people misdiagnosed with well-known conditions are now being identified as being infected with Borrelia. This disease (like Syphilis) is a great imitator of other illnesses. Conditions such as M.E./Chronic Fatigue Syndrome, Lupus, M.S., viral Meningitis, Parkinson's syndrome, Motor Neurone disease (ALS), Carpal Tunnel Syndrome, Rheumatoid Arthritis, Fibromyalgia and ADHD in children, can often be undiagnosed Borreliosis. Some people have even been classed as suffering mental illness before Borreliosis was diagnosed. Without correct antibiotic treatment the disease can progress to such levels that permanent disablement and even death can occur.

Other diseases such as Bartonella, Babesiosis and Ehrlichiosis are also occurring more frequently across the UK and can be contracted in addition to Borreliosis / Lyme disease.
Considering the devastating consequences of Borreliosis / Lyme disease and the associated infections it would seem all the more important to focus on bite prevention, With suitable measures taken it is possible to enjoy many outdoor pursuits with limited risk of infection. many of these measures are simple but little considered by most people.

The members of BADA-UK, through their considerable combined knowledge, have developed leaflets warning of the apparent increase in tick-borne disease throughout the UK, also discussed are recognised difficulties in the testing and treatment far such diseases. Where able to, we have also provided alternate

web based information sources with additional advice on how to best prevent being bitten, and what to do if a bite occurs.

The British Horse Society have recently printed and distributed over 60,000 copies of a leaflet that BADA-UK designed for their membership and we are currently developing leaflets for other concerned groups.

We would strongly urge you to consider issuing literature to all your members so that they can be made aware of the risks, and how to protect themselves so that they do not suffer in the way that we have, from enjoying the Great outdoors.

I enclose a copy of our Outdoor Pursuits leaflet for your consideration and look forward to hearing of your response. Should you require any further information to better enable you to make any decision, please do not hesitate to contact our group. Unfortunately due to the voluntary nature of our efforts we are unable to provide large quantities of printed leaflets. We do however have an electronic PDF file of the enclosed leaflet, which you can access freely at bada-uk.org should this be of use.

Yours sincerely,

Katrina Anderson

On behalf of all the members of BADA-UK

So...it sounds pretty dire doesn't it. But, as far as I am aware, the problem is confined to the south of England on our isles but I could well be wrong. Not so on the continent and the June edition of the Great Outdoors has a published a map of Europe defining the areas for which one has to take precautions.

As for further afield I suggest that some research is undertaken. For instance *Ixodes spp.* Are not found in New Zealand but another species of tick is. In the USA the problem is caused by deer ticks (*Ixodes scapularis*). On a purely anecdotal note, an acquaintance through orienteering has been severely disabled through contracting Lyme Disease. He was bitten in the south-west of England and it was thought to be a deer tick, not a sheep tick . Some people seem to be more attractive to the tick than others. My son used to collect dozens of them and I shall never forget removing one from the sensitive end of my male appendage on the ferry back from an orienteering trip to Sweden. BE WARNED!

I've pinched another slant on this from a website I found on a Google search for "sheep ticks" and here it is.

The leaflet is reproduced for you as a separate sheet and can be downloaded from the BADA-UK website.

John Denmark

From The Angry Corrie 6: Mar-Apr 1992

Dangers in the hills No. 1: The sheep tick

You can never, as they say, be too careful. For all the training courses at Glenmore Lodge, manuals by Moran and Langmuir, and tea in China, there are always going to be problems associated with climbing hills. Some of these are well established and obvious, others less so. As ***Sileas Niceandrig*** *explains...*

The sheep tick is associated with the condition known as "Lyme Disease". This disease can cause meningitis, arthritis, heart and neurological disorders. The sheep tick is to be found in areas of forestry, heathland and heather moors.

It is a tiny transparent insect, no larger than a pinhead. But as it fills itself with its victim's blood, it swells into the approximate size and shape of a coffee bean (see illustration). The symptoms of Lyme Disease become apparent any time between 3 to 30 days after the bite. They are characterised by a circular red rash radiating out from the site of the bite, and, associated with this, the development of a flu-like illness.

Prompt removal of ticks should prevent Lyme Disease bacteria being transmitted.

To remove a tick, rotate its body anti-clockwise. Other methods of removal are drowning (using oil or whisky), and heating (using a cigarette end). Both methods should cause the tick to loosen its grip and drop out. If Lyme Disease is detected early enough, treatment by antibiotics often lead to a complete recovery.

However, not everyone who is bitten will develop the disease, as only those insects carrying the bacteria "Borrelia Burgdorferi" do the damage. At the end of the day you can never be fully tick-proof. Climbers and hillwalkers should therefore examine their bodies on a daily basis and remove any offending insects!

The Unofficial LMC/FMC meet to Fairhead May Day B/H W/E 2005
LMC: Steve Lyons, Richard Toon
FMC: Joanna Goorney, John Roberts

We took a chance on the Northern Ireland weather and booked flights from Liverpool to Belfast with Easyjet on the Friday for a long weekend of sea cliff climbing (yes Joanna – no bolts). After a 35 minute evening flight, we arrived in Ballycastle on the north coast at 9.00pm after an hour and a half drive.

Ballycastle is a small town within close proximity to Fairhead. It has a few hotels, B & Bs and a couple of independent youth hostels. We chose to stay at the Castle Hostel, close to the sea front, supermarkets, restaurants and the town's pub scene.

Beautiful Irish dull weather solemnly greeted us on Saturday morning. Not a sun in sight but it wasn't raining or windy. We headed for the crag, only a few minutes drive away to be greeted by an angry farmer who didn't want us parking on his property. After negotiation, we were allowed to park down the lane.

The main crag is about 3 miles long with descent gullies at either end (the Ballycastle descent gully at western end and the Grey Man's Path at the eastern end). These give access to a choice of multi pitch, single pitch, jamming cracks and face climbing on high friction doloritic rock. We later learnt that for most routes, the easiest access is by abseiling in.

From the car park to the Ballycastle descent gully is only a ten minute walk. For our first day, we chose single pitch routes on the Prow which were excellent. The routes on the Prow are probably the most easily accessible starting from VS upwards and range in height from 25 m to 40 m. We were soon into jamming and finding the textbook hex placements.

While here, one of the 'Guardians of the crag' introduced himself. Ciaran Kenney is one of a number of locals who will tell you everything there is to know and proved to be a wonderful host even inviting us all back that evening for tea.

Sunday dawned wet and saw a trip to the not so giant Giants Causeway (only 12 miles away). At lunchtime though the sun came out and back to the crag we went. The FMC lot headed back to the Prow for 3 star routes up 'Midnight Cruiser' (E1 5b) and 'The Embankment' (E2 5c) while the LMC crew headed to the next section along - Ballycastle Descent Gully East for a trip up 'Hells Kitchen' (HVS 5a,5a 66m, 3 *). Climbing here into the evening provided a mesmerising sunset.

Monday started out drizzly but by mid morning, the sun had come out again. A reconnaissance to the other end of the crag was the order of the day. The LMC lot headed up 'Burn up', a 2 pitch 3 * HVS while the FMC team went investigating the rest of the crag. Everybody exhausted, we headed back to Belfast airport for our 9.30pm flight home, craving for another trip back soon.
For further information on this excellent crag, visit the website http://www.fairheadclimbers.com/.

Corris 7th-8th May

The May meet for Corris is usually a fairly popular meet, but on this occasion with various people being away, the only people attending were the Wisepersons, John and June, and myself.

Friday night it poured down, but I still managed a couple of pints in the Slaters Arms. Saurday morning looked pretty grim weather wise, so a low level walk was planned. We drove round to Penmaenpool, and then followed the old railway line that runs alongside the estuary until we were nearly in Barmouth. From there a steep climb above Arthog, and a newish track that bought us back to the start. As the day went on so the weather improved, until towards the end I was down to my shirtsleeves. Evening was spent in the Slaters.

Sunday morning weather was pretty much a rerun of Saturday. None of us had ever been to Plynlimon, so we decided to give it a go. We drove round to the Nant-y-Moch reservoir and parked the car about a mile beyond the dam. From here there is a wide easy track up to Llyn Llygad. Above the lake a steep sheep track leads up to Pumlumon Fach, and from there it was only a short climb onto the summit of Plynlimon. Lunch was had in the lee of a stone shelter as a hail storm howled over our heads. Luckily it eventually eased off and we hurried along the ridge in a NE direction; it certainly wasn't a day for hanging about. We passed the Source of the River Wye, and continued onto the Source of the River Severn where we turned to the west and dropped off the ridge, eventually returning to the car.

The ridge walking was good, though the valleys are boggy in parts. I wouldn't mind going back there on a fine summer's day.

Mike Penn

Maritime Alps (Alpes Maritime)

The best walking is situated around Barcelonnette. Following the main valley of the Ubaye north east, the Col de Vars road is reached and followed to the top of the pass. From here there is excellent easy walking to the west of the pass, over and round Pointe de l'Eyssina. Bounded to the north by a ski area there are nevertheless a number of routes to the south, with several options for a summit. Paneyron to the east of the road is the obvious route following a crest over Tête Paneyron to La Mortice and Pic des Houerts; returning by the same route took me eleven hours, giving Scottish scale, alpine scenery and two 3000m peaks.

Returning to the Ubaye valley road one can follow it to the CAF hut at Maljasset. This gives walks up the easy and pleasant Tête de Girardin at Tronchet and Tête Ricasse; all to the north of the valley and leading to the Queras region.

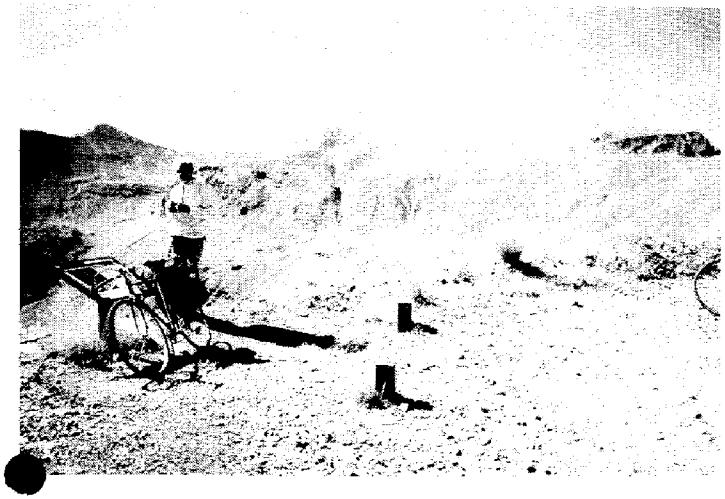
To the south Aigle Pierre Andre can be climbed. It has rock climbs too and the area abounds with 2/3 day circular walks over into Italy. Refuge Chambeyron is a well situated hut and gives access to Aigle de Chambeyron (not climbed) and Tête de la Frema which gives good views. (I am assuming that the last top is in Italy and therefore there the second e in Tête may not have a circumflex accent. SAEd)

Returning to the D900 road, this can be followed to the top of the Col de Larche (Colle della Maddalena in Italian). There is much pleasant easy walking to the north of the road, some of which links up with the Chambeyron and Ubaye region. Shorter walks lie to the south.

Returning to Barcelonnette there are three north-south valleys together with their respective passes. The most westerly takes one over to the Val d'Allos. Walks from the col are of "Skiddaw" type and there is some skiing development. Allos itself is a fine town and Colmars with its two forts is even better. Most of the quality walks are from the Lac d'Allos and link in with the col, or a little below it on either side. Many summits can be obtained including Mont Pelat and Mont Civet at 3000m. Camping and other accommodation is at Entraunes.

To its south, the Gorges de Dalius are worth a look, and the geology trail up a nearby summit is very informative. Close by, the fortified village of Entrevaux on the RN202 is well worth a visit on a rest day.

The third and most easterly of the valley systems crosses the Col de la Bonette. Unlike the north side of the Col Allos and Col de la Cayolle, the road is easy and takes one through pleasant scenery to the col, with several opportunities for walks near the summit. The Cime de la Bonette is a superb viewpoint, though cold at sunrise and sunset. To the south lies the Tinée valley with a campsite at St. Etienne de Tinée. En route to it is scope for several day walks up easy peaks. Crête de la Blanche, south of Bousiéyas gives a excellent high level day as does the Cime de la Plate walk from above St. Dalmas le Selvage. East of the Tinee routes take you up on to the Aig Tortisse, to the Lac de Vens and its hut to the CAF hut at the Lac de Rabuons for



Mont Ténibre, 3031m and a pleasant scramble and Pic Corborant 3007m, ice axe and crampons being needed for the steep gully on this one. Both of the peaks are 6000 feet above the road.

The final valley, a motoring dead-end, is the Vesubie, with a campsite at St. Martin, a beautiful medieval village even better than St Etienne. Baus de la Frema and Mont Pepoiri give a pleasant ramble above the Via Ferrata shown recently at the club by the Tolleys.

The road to Le Boreon gives a steep route to Col de Cerise and some pleasant rambling to to the west over Mont Archas. The road to Madone de la Fenestre opens up Cime de Gelas, Col Fenestre and pas de Ladres and Cime Agnelliere. To the south there is a very pleasant ramble oner the Cime de la Vallette de Prals group, which overlooks the truncated Gordalasque valley to the east.

From the Gordalesque road head, steep-sides and beautiful, a route can be followed north to the CAF Nice hut and onto Baisse de Basto, a full and rugged day.

Another full day takes you over the Col de L'Arpette to the Vallee des Merveilles, famous for its rock carvings.. Much of the fell sides are off limits but there are a few honey pot areas to see the carvings, though whether they are 30,000 years old or put there yesterday by the National Park as a sop to tourists is anyone's guess. (Dave was obviously not impressed! Ed.). To the south is the fine peak of Cime du Diable, more easily ascended from Col Turini.

Off map is Casterino which gives a good circular walk up to the Valmasque refuge (on map) and past the beautiful Lac Noir; and up to Col del Vei del Bouc, 99% of which is off the map. The route on the Michelin map is obvious and, with a good memory there are no problems.

Mapping generally is awkward, with the area shaped like half of a swastika but 3741OT Val Vesubie, 3639 OT Ht Tinee 1 and 3540 OT Barcelonnette , together with Map 10 Queras & Ht. Ubaye will suffice.

Dave Earle

Photo supplied by John Denmark. Cime de la Bonette is the left one. Person is my cycling mate Pete, resting on the southern descent which is about 30 miles!

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severe neck or back pain, and eye problems. Neurological signs such as seizures and difficulty walking can occur. Respiratory or heart problems can occur. While early infection shows a number of symptoms, there is also a chronic form that can occur if the acute infection is not treated. In this case, the more vague symptoms become very severe again when the immune system is stressed.

3. Babesiosis.

Babesiosis is another common infection transmitted by a tick bite and is most commonly seen in cows and dogs but affects other animals and humans alike.

The worst cases are often described as a malaria-like infection; symptoms may include malaise, chills, myalgia, anaemia, fatigue, fever, nausea, night sweats, blood in the urine and weight loss.

Treatment of Tick Borne Disease.

In Scotland, Lyme disease is a notifiable disease yet not all physicians appear to be aware of such legal requirements. The British Army also classes Lyme disease as a notifiable disease. Troops in the field regularly inspect each other for ticks. In England and Wales there is a voluntary monitoring scheme employed. Similar methods used in the U.S, have missed up to 90% of cases, so to follow these methods in the U.K, seems highly inadequate.

Currently available testing methods on the NHS, are no more advanced than those available to vets. Clinical guidelines issued by such bodies as The American Food and Drug Administration (FDA), and The Centers for Disease Control and Prevention (CDC) clearly state that diagnosis should be based on clinical symptoms, serological testing cannot rule out a current infection. This is due to the fact that such infections are known to be able to live within the very muscle, tendon, tissue and organs that make up the body; these are not necessarily to be found free floating in blood samples drawn. Unfortunately the current standard of testing available on the NHS can lead to misdiagnosis. Many who subsequently test positive for Lyme disease, following blood tests carried out abroad, were previously diagnosed with Chronic Fatigue Syndrome or other conditions.

For more information please view the following web site addresses.

http://www.anapsid.org/lyme/riseinticks.html

http://www.canlyme.com/tom.html

http://health.groups.yahoo.com/group/EuroLyme/

http://www.ilads.org/index.html

http://www.lymediseaseaction.org.uk/

http://www.wildernetwork.org/LDpediatricfund.html

Alternatively, for a further information leaflet, please send an A5 size SAE for 46p (postage) to: BADA-UK (information service)
PO Box 70
North Walsham.
NR28 0WX.

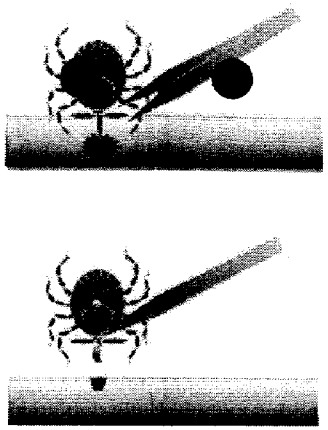
What is the best way to remove a tick?

To remove an embedded tick, use the following procedure:

1. Use fine-tipped tweezers or shield your fingers with a tissue, paper towel, or rubber gloves.

2. Grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure. Do not twist or jerk the tick; this may cause the mouthparts to break off and remain in the skin as well as possibly cause the tick to regurgitate infective saliva. *(If this happens, remove mouthparts with tweezers. Seek medical advice if concerned.)*

Tick Removal



3. Do not squeeze, crush, or puncture the body of the tick because its fluids (saliva & gut contents) may contain infectious organisms.

4. Do not handle the tick with bare hands because infectious agents may enter through mucous membranes or breaks in the skin. This precaution is particularly directed to individuals who remove ticks from domestic animals with unprotected fingers.

5. After removing the tick, thoroughly disinfect the bite site and wash your hands with soap and water.

6. You may wish to save the tick for identification in case you become ill within several weeks. Your doctor can use the information to assist in making an accurate diagnosis. Place the tick in a plastic bag and put it in your freezer. Write the date of the bite on a piece of paper with a pencil and place it in the bag. Although not every tick carries Borreliosis or any of the known co-infections; English Nature in conjunction with DEFRA still advise "If a tick does attach, go to a doctor to have it removed, and to be prescribed preventive drugs (antibiotics) against Lyme disease".

NOTE: Tick removal implements can be purchased from your local veterinary practise. **Do Not** use *petroleum jelly* or burn the tick as this will stimulate it to release additional saliva, increasing the chances of transmission.

How can you best prevent being bitten by a tick?

Walk in the centre of woodland paths to minimize tick encounters on overhanging grass and brush.

Tuck trousers into socks so any ticks that climb on will crawl on the outside and be less likely to bite. **Light coloured clothing** should be worn so the ticks will be easier to spot. Smooth materials such as windbreakers are harder for ticks to grab onto. Consideration should also be given to clothing with elasticised or drawstring toggles at the ankles, wrists and waist areas.

When travelling through dense undergrowth likely to tug at clothing proper leg/shin garters or alternatively duct tape could also be used to yet further reduce possible opportunity for tick bites.

Tick repellents that contain *"permethrin" can be* sprayed onto clothing. Spray the clothes before they're put on, and let them dry first.

Do not apply this chemical directly to the skin.

Remember that dogs are also vulnerable to ticks: protect them with insect repellent or a tick collar. After your walk, carefully brush off all outer clothing to remove any attached ticks, and examine your dog, and your body carefully for ticks.

Ticks are very intolerant of being dried out. After being outdoors in an infested area, place clothes in the dryer **on high heat setting** for 60 minutes to kill any ticks that may still be present. Keep outdoor clothing in a tied plastic bag until they can be laundered.

Insect repellents that contain "DEET" are effective when applied to the arms, legs, and around the neck. **Do not** use any repellent over wide areas of the body, as they can be absorbed causing toxicity. **Do not** use a product that contains more than 50% DEET, and 25% concentrations are preferred. **Use caution** treating small children, as they are more susceptible to toxicity.

This repellent evaporates quickly and must be reapplied frequently.

Regular checks should be performed and while ticks can attach anywhere there are certain areas more preferable where blood is closer to the surface of the skin and it is warm and secure. The tick will choose a place that it is not at risk of being brushed off easily and where it can remain undetected. On humans ticks are most commonly found feeding on areas such as - the backs of knees, groin area, under the arms and on the scalp.

What do you do if you suspect you have been bitten.

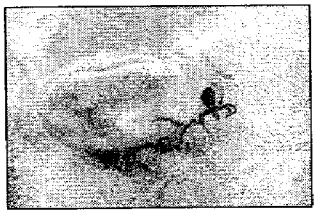
If you find a tick embedded, remove it as per the instructions provided and keep it for possible testing. Consult your GP. Keep a record of any symptoms and photograph any rashes.

Visit the internet websites mentioned for support.

To obtain further copies of this leaflet, or further details on Borreliosis and Associated Disease Awareness see

www.bada-uk.org

BADA-UK (Borreliosis & Associated Diseases Awareness UK)



What would you think if you found this attached to you?

Tick-borne infection is on the increase.
This affects YOU!

Would you consider the possibility of such a tiny spider-like insect infecting you with no less than 4 distinct forms of bacterial/parasitic infection?

Tick-borne diseases can lead to:
Intractable pain, disabling fatigue, heart block, paralysis and even psychosis.

What is the threat in the UK?

Research by scientists from the University of Oxford shows that ticks (small, eight-legged, blood-sucking parasites - part of the mite family) are becoming more abundant, infecting cattle, sheep and humans with a range of diseases. Trials show that the common grey squirrel and pheasants also act as suitable hosts to transfer known infections throughout the tick population of the UK and that infected ticks currently populate many parts of the UK. Studies carried out would indicate that cases are being under-recorded.

In an article titled "Inglorious Twelfth for the Grouse Moors", published in the Scotsman on Friday 13th Aug 2004, it was reported that in many areas of Scotland the grouse population has recently been in decline. Other studies carried out by scientists of The Game Conservancy Trust, would indicate this may be in part due to an increase in tick numbers. Scientists and Upland Advisors at the Game Conservancy Trust have followed the pattern of grouse breeding on Scottish moors for nearly two decades, and on some estates, the grouse counts show a continuing decline.

Ticks.

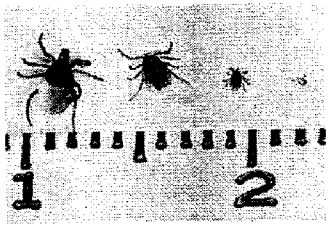
In the UK the most common tick is the sheep tick (*Ixodes ricinus*) and is about the size of a sesame seed (2.5 mm). It is oval, with four pairs of legs and a flattened body. It is also known as the deer tick and also the castor bean tick. Ticks are most active in October and November and again during April and May but as the climate is becoming warmer the period of activity appears to be more prolonged. Ticks commonly attach to deer, dogs, horses and humans but are also known to infest other forms of wildlife such as woodland and migratory birds, mice, other small rodents, hares, badgers and foxes. Ticks are known to transmit several diseases including Borreliosis (Lyme disease), Ehrlichiosis, Babesiosis, Bartonella (Cat Scratch disease) in humans and animals, Louping ill and Tick Fever in sheep.

During Autumn and spring the adults may be found "questing" - waiting in ambush on vegetation from ground level to about 18 inches high (deer belly height) for a suitable host to pass by.

Unfed females are rusty red with a small black shield on the back, and males are smaller and uniformly dark. After feeding for up to ten days on any mammal including humans, the adult female swells to the size of a small pea, and becoming blue-black.

Most people, when asked to describe a tick, refer to a coffee bean sized insect which is like a grey-blue balloon. This description is how most people observe ticks on dogs or hedgehogs. This is the form of an engorged adult, which can be quite clearly seen however a fully fed nymph tick is much smaller and less noticeable.

Adult to poppy seed sized nymph ticks.



After feeding and mating, females drop off their hosts and deposit eggs on the ground in autumn and early spring. These then hatch to produce very tiny *Larvae*, 0.5mm. The larva has only three pairs of legs. Larvae attach to mice and other small and medium-sized mammals and birds and feed for about three to five days. After feeding they drop from the host and seek a protected site under leaves or in dense vegetation, for the winter period.

How does this affect you?

Currently Scotland has the highest percentage of MS sufferers of any Western civilisation; a[redacted] conditions su[redacted]s M.E., chronic fatigue syndrome (CFS) or Fi[redacted]myalgia (FM) [redacted] steadily on the increase throughout the whole of the UK. It is possible these conditions are in reality misdiagnosed Borreliosis infections.

Veterinary science tends to follow clinical methods for diagnosis having recognised the inadequacy of current testing methods. When presented with such clinical symptoms as swollen lymph nodes, muscular or joint soreness, severe neck or back pain, blood in the urine, eye problems, seizures, difficulty walking, respiratory or heart related irregularities, anaemia or reduced platelet counts, a vet would prescribe a course of antibiotic treatment.

Human medicine is still currently reliant on blood tests for diagnosis and so people with Borreliosis who have a negative test can subsequently be misdiagnosed with C.F.S and other conditions.

1. Borreliosis *(Lyme disease).*

Human *Borreliosis* symptoms can range from:
Mild flu with fever, migrating stiffness and pain (and less commonly arthritis), myalgia (muscle pain), chest pain and palpitations, abdominal pain and nausea, diarrhoea, sleep disturbance, concentration and memory loss, mood swings, depression, blurred vision, eye, jaw & testicular / pelvic pain, tinnitus, vertigo, facial palsy (numbness, pain or tingling) or, optic neuritis (eye nerve damage), headache, dizziness, loss of feeling/ altered skin sensation, muscle spasms and extreme fatigue. Children often show decreased ability to understand schoolwork and intolerance to noise. Any of these symptoms can occur at any time from the initial bite and symptoms can be intermittent.

A bullseye shaped rash (*Erythema Migrans*) can occur but studies show that as few as 40% of people develop this rash. Many rashes vary from the typically described bullseye rash. It has been demonstrated that the majority of confirmed tick-borne disease sufferers recall no tick bite or associated rash that is assumed by many physicians to follow the bite of an infected tick.

It is recognised that Borrelia burgdorferi (Bb.), the most commonly found bacterial infection amongst ticks, can be passed from mother to child during pregnancy. Bb. is caused by a "spirochaetal" form of bacteria, which is similar, but much more advanced than syphilis. This would suggest that sexual transfer is a very real possibility. Borrelia have been extracted from breast milk, saliva and semen. It is also recognised that many people can become asymptomatic carriers of the disease. Just like chicken pox, which can later develop into shingles, or glandular fever (Epstein - Barr virus), such infections are merely suppressed by the immune system and never truly eradicated.

2. Ehrlichiosis.

Human *granulocytic Ehrlichiosis* (HGE) has emerged as an important human health concern since 1990. Case fatality rates range from 0.7-4.9%.

- Patients present initially with vague signs of fever but can progress to headache, muscle aches, nausea, cough, *and neurological symptoms.*
- Clinically, HGE and another strain called '**Human** *monocytic ehrlichiosis* can be quite similar in appearances. In addition, both clinical presentations can overlap that of Lyme disease.
- Not surprisingly, since ticks are the vector for A. *phagocytophila* (HGE/HGM) and *Borrelia burgdorferi* (Lyme Disease), dual infections have been documented in humans and animals.

What are the symptoms?

Ehrlichia infection can cause a number of clinical signs. It can be extremely hard to diagnose due to the wide range of symptoms that can occur.

Ehrlichia symptoms can include: Lethargy, weight loss, loss of appetite, anaemia, haemorrhages under the skin or in around the gums, swollen lymph nodes, muscular or joint soreness, nasal discharges or nosebleeds,