



2nd October, 2024

Deputy Peadar Tóibín, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

PQ 34405/24

To ask the Minister for Health the tests available for Lyme disease and further available treatment within the public health service following a diagnosis either in Ireland or abroad; the funding provided for both testing and treatment abroad where necessary; if he will consider further allocation of resources and funding in Budget 2025 for the testing and treatment of Lyme disease, to include any testing, treatment and travel outside the State where necessary; and if he will make a statement on the matter

Dear Deputy Tóibín,

The Health Service Executive (HSE) has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme (NCP) for Infectious Diseases and the Treatment Abroad Scheme (TAS) on your question and have been informed that the following outlines the position.

Lyme is a tick borne infection that occurs when recreational or occupation activities result in tick bites from an infected tick. Only a small number of ticks are infected with the bacteria that cause Lyme disease. A tick bite can only cause Lyme disease in humans if the tick has bitten an infected animal.

The infection is known to be endemic in certain locations and in these areas the GPs are very familiar with the most typical presentation which is a rash, often with a bull's eye appearance. More complicated cases require referral to infectious diseases clinics.

Patients with post-Lyme syndrome can be referred by their GP to a public hospital infectious disease clinic in Ireland.

The Infectious Disease clinics operating in the public hospital system support the Infectious Diseases Society of America (IDSA) guidelines regarding the diagnosis and treatment of Lyme. Many hospital laboratories have the capacity to do Lyme serology (ELISA) locally and, where not, referral of samples to the National Virus Reference Laboratory (NVRL) occurs. Confirmatory testing (western blot - an analytical technique in molecular biology and immuno-genetics to detect specific proteins in a sample of tissue) is referred to Porton Down which is the referral laboratory for the UK.

Treatment is in line with national and international best practice guidelines, as outlined in Infectious Diseases Society of America (IDSA) guidelines¹ that have been endorsed by the Infectious Diseases Society of Ireland (IDSI)².

In general, the Treatment Abroad Scheme (TAS) allows public patients in Ireland to access healthcare, which is not available in the public system in Ireland, in another EU/EEA country, the UK or Switzerland. The treatment must be a treatment to which the patient would have been entitled to if it had been available in the public healthcare system in Ireland. The treatment is subject to certain criteria.

The Scheme is governed by EU Regulations & Directives and Department of Health Guidelines & Circulars. The Irish-based referring Consultant must outline his/her recommendation that the patient be treated in another EU/EEA country, the UK or Switzerland and the reason for same in line with the qualifying criteria for the Scheme, which are as follows:


- Identify the specific treatment that the patient is to receive outside the State which is not available within the State (it is not sufficient to identify the patient's condition even if it is a rare disease – the specific treatment being applied for must be identified);
- That the treatment is medically necessary and will meet the patient's needs;
- That the treatment is a proven form of medical treatment and is not an unproven, experimental or test treatment;
- That the treatment is to be provided in a recognised hospital or other institution which is under the control of a registered medical practitioner;
- That the hospital outside the State will accept Model Form E112 (IE) for the costs associated with treating the patient (Only public hospitals can accept an E112 as a mechanism of payment).

Therefore, a primary determining factor for eligibility of funding under the TAS is the treatment being provided rather than the diagnosis or condition.

A definitive response in relation to eligibility for funding under the TAS can therefore only be given where a patient has submitted a fully completed application form, co-signed by the referring consultant which can be evaluated against the qualifying criteria, including the identification of the specific treatment.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely



Anne Horgan
General Manager

References:

1. Infectious Diseases Society of America (IDSA) - <https://www.idsociety.org/practice-guideline/lyme-disease/>
2. Infectious Diseases Society of Ireland (IDSI) - <https://www.idsociety.ie/about-the-idsi/links>