Management of Erythema Migrans		
ILADS	IDSA	Comments on Differences
1. Recommends against treatment regimens using 20 or fewer days of phenoxymethylpenicillin, amoxicillin, cefuroxime or doxycycline and 10 or fewer days of azithromycin. 2. Recommends A minimum of 4 -6 weeks of Amoxicillin, cefuroxime or doxycycline or a minimum of 3 weeks of azithromycin. 3. Recommends ongoing assessments to detect persistence, progression or relapse of Lyme disease or the presence of other tick-borne illnesses. The initial assessment follows the completion of therapy; subsequent evaluations are done on an as needed basis. 4. Recommends extending treatment in patients who remain symptomatic after initial therapy. 5. Recommends retreatment of persistent, recurrent or newly developed manifestations of Lyme disease. 6. Recommends patient education regarding potential manifestations of Lyme disease and other Ixodes-transmitted infections as well as the manifestations and prevention of antibiotic-associated *C. difficile* infections.	1. Strongly recommends: Doxycycline for 10 – 21days, amoxicillin or cefuroxime axetil for 14 -21 days. 2. Strongly recommends against using macrolides as first-line agents. 3. Strongly recommends against any use of first-generation cephalosporins and use of IV ceftriaxone for EM unless AV block or neurologic involvement present. Also strongly recommends cefuroxime or amoxicillin-clavulanic acid when clinicians cannot determine whether lesion is an EM or cellulitis. 4. Recommends pregnant/lactating patients, with the exception of avoiding doxycycline, be treated the same as non-pregnant patients. 5. Strongly recommends against a wide range of agents regardless of disease stage; see comments. 6. Strongly recommends clinicians consider the possibility that patients may have other tick-borne diseases.	Differing recommendations regarding the duration of therapy reflect differences in how the organizations viewed the trial designs, which used disease-centered outcome definitions and non-ITT methodology. IDSA accepted the outcomes as reported while ILADS did not. ILADS reanalyzed the data after applying patient-centered definitions, (which resulted in the recategorization of some outcomes) and conservative methodology for calculating outcomes. The resulting success rates were substantially lower than the originally reported rates. IDSA recommendation against macrolides may be the result of not considering outcomes from the four European trials included in ILADS' GRADE analysis.[b] ILADS recommends extending treatment or retreating in appropriate clinical situations. IDSA recommends against both approaches yet researchers in seven of the nine trials included in this GRADE analysis offered such therapy. IDSA expressly prohibits the use of several therapies.[c] ILADS agrees that first-generation cephalosporins, intravenous hydrogen peroxide and bismuth injections are not recommended. However, ILADS has concluded that it is premature to exclude other potentially beneficial therapies based on the evidence to date. Therefore, ILADS contends that the use of such agents should not be precluded until studies have demonstrated their ineffectiveness in the treatment of Lyme disease.

http://informahealthcare.com/doi/suppl/10.1586/14787210.2014.940900/suppl_file/14787210.2014.940900_suppl.doc