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Editorial

The Lyme disease plan of the French Directorate General for Health

Le plan Lyme de la Direction générale de la Santé française

The prevention and management of tick-borne diseases used to receive marginal attention, but they now represent a major public health challenge. The incidence of Lyme borreliosis, as measured by the Sentinel network, has significantly increased from 51 cases/100,000 inhabitants in 2015 to 84 cases/100,000 inhabitants in 2016. This increase may be partly due to the better knowledge of the disease. Many scientific uncertainties nevertheless remain and mainly focus on the entomology, epidemiology, potential co-infections, and diagnostic and treatment strategies. These uncertainties sometimes lead to fierce or even heated debates between physicians, to the general population being worried, and to substantial doctor hopping associated with risks of deficiencies and excessive diagnoses and treatment prescriptions.

The French ministry of health thus decided to launch a national plan in 2017 for the prevention and control of Lyme disease and other tick-borne diseases.

The plan consists of five main objectives and includes 15 measures which aimed:

- to reinforce the prevention of tick-borne diseases;
- to improve the medical management of patients and to fight against doctor-hopping, by standardizing diagnostic and treatment strategies such as management modalities at the national level through the implementation of a national diagnostic and care protocol designed by the French National Authority for Health (French acronym HAS), scientific societies, and associations;
- to improve knowledge of tick-borne diseases.

This plan includes all components of a modern global public health policy as it takes into consideration investigation of environmental and entomological factors as part of a One Health strategy. The aims are to reinforce the prevention of these conditions, to emphasize individual prevention (how can tick bites

be prevented? What should be done in case of a tick bite? When should patients consult?), and to improve the management of patients taking into consideration each situation.

This national plan was developed in close collaboration with patients' associations to favor health democracy as I am convinced that patients should always be listened to and that they would be willing to change their behaviors, to comprehend health policies, and to help shape medical practices if scientific advances were to be well-explained to them. The development of a unique project should here be pointed out: an open platform where everyone can report tick bites. Designed by the National Institute of Agricultural Research (French acronym INRA) with the support of the French Directorate-General for Health, this platform complements the usual epidemiological surveillance as part of a unique participative scientific project (http://ephytia.inra.fr/fr/P/159/Signalement_TIQUE).

I strongly believe that patients' testimonials, sufferings, and questions should be taken into consideration to further our knowledge of these diseases, but I also believe that changes in medical practices as well as therapeutic and diagnostic research projects should be subjected to the utmost scientific rigor to validate new management protocols. They should also be subjected to complete transparency in terms of independently obtained results.

As project manager for the drafting of the national management and diagnostic protocol (French acronym PNDS) on behalf of the HAS until December 2017, I strove to ensure this delicate but essential balance which I will keep trying to maintain as Director-General for health.

With this national plan, my objective is to ensure that everything is done to avoid the denial of patients' sufferings and the non-consideration of patients in need of a listening ear, as well as to avoid turning a blind eye on patients' symptoms and disorders, questionable practices, unnecessary physical and emotional pain, and a potentially long process of doctor-hopping. The other

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objective is to mobilize means to listen to patients and to ensure adequate medical judgment based on scientific advances.

I therefore rely on the whole medical community (community and hospital healthcare professionals) to give structure and to guide the global and adequate management of patients – from their home to the reference centers – and to rapidly improve our knowledge of these fascinating, yet still poorly known diseases.

Disclosure of interest

The author declares that he has no competing interest.

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