Clinical manifestations most often involve the skin, joints, nervous system, and heart. Extracutaneous manifestations are less commonly seen than in earlier years. Early cutaneous infection with *B. burgdorferi* is called erythema migrans, which is the most common clinical manifestation of Lyme disease. *I. scapularis* may also be infected with and transmit *Anaplasma phagocytophilum* (previously referred to as *Ehrlichia phagocytophila*) and/or *Babesia microti*, the primary cause of babesiosis.


Switch therapy, intravenous antibiotics, oral antibiotics, fluoroquinolones, third-generation oral cephalosporins. The latter can be extremely expensive: for example, a bed in a specialist unit at a university hospital in London may cost in excess of £350 per day. On the other hand, some infectious disease physicians consider that intravenous treatment should continue for the whole course [19], while others considering adopting switch may be deterred by either the lack of convincing data from clinical trials, the absence of specific guidelines as to when switch might best be instituted [3], or by uncertainty as to which oral antibiotic to. Switch within a few days of the initiation of antibiotic therapy can be considered in the following circumstances [10,20]...