|  |  |
| --- | --- |
| Question | |
| **Should pulling with a device compared with pulling with tweezers be used for tick removal** | |
| **Population:** | Individuals in the first aid setting with a tick attached to the skin |
| **Intervention:** | Pulling with a device (slit and traction device, lasso device, opposing jaw device) |
| **Comparison:** | Pulling with forceps |
| **Main outcomes:** | Transmission of disease (critical), removal of (parts of) the tick (critical), damaged or broken off mouth parts (important) |
| **Setting:** | Healthcare facility, veterinary office, laboratory |
| **Perspective:** |  |
| **Background:** | A review was undertaken by ILCOR to identify the best removal methods for a tick attached to the skin. One high quality systematic review was found from which data was extracted. An additional literature review identified two additional articles which has additional data was abstracted. |
| **Conflict of interests:** |  |

# Assessment

|  |  |  |
| --- | --- | --- |
| Problem Is the problem a priority? | | |
| Judgement | Research evidence | Additional considerations |
| ○ No ○ Probably no ○ Probably yes ● Yes ○ Varies ○ Don't know | "In 2017, state and local health departments reported a [record number of cases of tickborne diseases](https://www.cdc.gov/ticks/data-summary/index.html) to CDC. The reported numbers of cases of Lyme disease, anaplasmosis/ehrlichiosis, spotted fever rickettsiosis (including Rocky Mountain spotted fever), babesiosis, tularemia, and Powassan virus disease all increased—from a total of 48,610 reported cases in 2016 to a total of 59,349 reported cases in 2017. Reported cases capture only a fraction of the overall number of people with tickborne illnesses. Even so, the number of reported cases of Lyme disease in the United States has tripled since the late 1990s." Lyme and Other Tickborne Diseases Increasing. CDC. https://www.cdc.gov/media/dpk/diseases-and-conditions/lyme-disease/index.html    This is an issue in Canada as well, with ticks spreading and the diseases they carry also becoming more prevalent: https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2019-45/issue-4-april-4-2019/article-2-increased-risk-tick-borne-diseases-climate-change.html and <https://www.canada.ca/en/public-health/services/diseases/lyme-disease/risk-lyme-disease.html> | Tick bites are a problem. Damaged tick mouthparts are associated with localized infection, granuloma, or abscess formation. The greater morbidity is from transmission of infectious diseases such as Rock Mountain spotted fever, Lyme, etc., which is directly related to the duration of tick attachment. Early removal of a tick is key for preventing infection. Damaged mouth parts may not be related to rates of infection but rather delayed granuloma formation and less important than prevention of infectious disease. |
| Desirable Effects How substantial are the desirable anticipated effects? | | |
| Judgement | Research evidence | Additional considerations |
| ● Trivial ○ Small ○ Moderate ○ Large ○ Varies ○ Don't know | When comparing tweezers/forceps with types of commercial pulling devices, one randomized study {Duscher 2012 1505} and two observational studies {Akin Belli 2016 393; Stewart 1998 137} were identified. In one randomized trial {Duscher 2012 1505} with very low certainty evidence (downgraded for risk of bias, indirectness and imprecision), 596 ticks were removed from various pets (e.g., dogs, cats) by veterinarians (n=22) and lay providers (n=4). There was a greater number of ticks with damaged mouthparts upon removal when pulling with an Adson forceps (Sagalain Intl, Parkistan) (36/90) compared with pulling with a commercial slit and traction device (TickPic, Fact Solution GmbH, Germany) (24/100; RR 1.67 1.08-2.56).  In an observational study {Akin Belli 2016 393} with low certainty evidence (downgraded for risk of bias and imprecision) dermatologists removed 160 ticks from participants using a commercial freezing device (Tickner, Laboratory Tickner AG, Zug, Switzerland) or three different mechanical tick removal devices (two commercial devices and one tweezers). Freezing removed no ticks. A card slit and traction device (Zeckenkarte, SafeCard ApS, Skanderborg, Denmark) resulted less intact tick removal (3/40) than with tweezers (33/40; RR 0.09, 95% CI, 0.03-0.27). Pulling with a lasso device (Trix Ticklasso®, Innotech, Fridhem, Sweden) also resulted in less intact tick removal (19/40) than pulling with tweezers (33/40; RR 0.58, 95% CI, 0.40-0.83).  In a second observational study {Stewart 1998 137} with very low certainty evidence (downgraded for risk of bias, indirectness and imprecision) three untrained volunteers removed 342 ticks from rabbits using three different mechanical removal devices. Fewer damaged mouthparts were associated with a slit and traction device (Ticked Off™, Ticked Off, Inc, Dover, NH, USA) (9/104) compared with use of medium tipped tweezers (Fisher Scientific, Waltham, MA, USA) (20/79; RR 0.34, 95% CI, 0.16-0.71). When comparing a second slit and traction device (Protick Remedy™, SCS Ltd. Lake Ariel, PA, USA) with use of tweezers, there was no difference in the number of damaged mouthparts (13/82 vs 20/79; RR 0.63, 0.33-1.17). When comparing an opposing jaw and traction device (Tick Nipper™ Joslyn Designs, Mahopac, NY USA) to tweezers there was no difference reported in the number of ticks with damaged mouthparts (10/77 with use of device compared with 20/79 using tweezers (RR 0.51, 95% CI, 0.26-1.02). | Fewer mouth parts that are damaged or left in the skin, likely means less of a chance of granuloma formation or infections, but this is a minor problem compared with the risk of transmission of disease if the tick is not promptly removed. |
| Undesirable Effects How substantial are the undesirable anticipated effects? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Large ○ Moderate ● Small ○ Trivial ○ Varies ○ Don't know | When comparing tweezers/forceps with types of commercial pulling devices, one randomized study {Duscher 2012 1505} and two observational studies {Akin Belli 2016 393; Stewart 1998 137} were identified. In one randomized trial {Duscher 2012 1505} with very low certainty evidence (downgraded for risk of bias, indirectness and imprecision), 596 ticks were removed from various pets (e.g., dogs, cats) by veterinarians (n=22) and lay providers (n=4). There was a greater number of ticks with damaged mouthparts upon removal when pulling with an Adson forceps (Sagalain Intl, Parkistan) (36/90) compared with pulling with a commercial slit and traction device (TickPic, Fact Solution GmbH, Germany) (24/100; RR 1.67 1.08-2.56).  In an observational study {Akin Belli 2016 393} with low certainty evidence (downgraded for risk of bias and imprecision) dermatologists removed 160 ticks from participants using a commercial freezing device (Tickner, Laboratory Tickner AG, Zug, Switzerland) or three different mechanical tick removal devices (two commercial devices and one tweezers). Freezing removed no ticks. A card slit and traction device (Zeckenkarte, SafeCard ApS, Skanderborg, Denmark) resulted less intact tick removal (3/40) than with tweezers (33/40; RR 0.09, 95% CI, 0.03-0.27). Pulling with a lasso device (Trix Ticklasso®, Innotech, Fridhem, Sweden) also resulted in less intact tick removal (19/40) than pulling with tweezers (33/40; RR 0.58, 95% CI, 0.40-0.83).  In a second observational study {Stewart 1998 137} with very low certainty evidence (downgraded for risk of bias, indirectness and imprecision) three untrained volunteers removed 342 ticks from rabbits using three different mechanical removal devices. Fewer damaged mouthparts were associated with a slit and traction device (Ticked Off™, Ticked Off, Inc, Dover, NH, USA) (9/104) compared with use of medium tipped tweezers (Fisher Scientific, Waltham, MA, USA) (20/79; RR 0.34, 95% CI, 0.16-0.71). When comparing a second slit and traction device (Protick Remedy™, SCS Ltd. Lake Ariel, PA, USA) with use of tweezers, there was no difference in the number of damaged mouthparts (13/82 vs 20/79; RR 0.63, 0.33-1.17). When comparing an opposing jaw and traction device (Tick Nipper™ Joslyn Designs, Mahopac, NY USA) to tweezers there was no difference reported in the number of ticks with damaged mouthparts (10/77 with use of device compared with 20/79 using tweezers (RR 0.51, 95% CI, 0.26-1.02). | Fewer mouth parts that are damaged or left in the skin, likely means less of a chance of granuloma formation or infections, but this is a minor problem compared with the risk of transmission of disease if the tick is not promptly removed. |
| Certainty of evidence What is the overall certainty of the evidence of effects? | | |
| Judgement | Research evidence | Additional considerations |
| ● Very low ○ Low ○ Moderate ○ High ○ No included studies | Data from three studies with low to very low certainty evidence { Akin Belli 2016 393; Duscher 2012 1505; Stewart 1998 137} |  |
| Values Is there important uncertainty about or variability in how much people value the main outcomes? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Important uncertainty or variability ○ Possibly important uncertainty or variability ● Probably no important uncertainty or variability ○ No important uncertainty or variability | No included studies. | It is likely that people would desire the critical outcomes of tick removal and prevention of disease. There is likely little uncertainty or variability in how people value the type of removal technique used. Time of attachment is probably of more value than damage to mouth parts. |
| Balance of effects Does the balance between desirable and undesirable effects favor the intervention or the comparison? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Favors the comparison ● Probably favors the comparison ○ Does not favor either the intervention or the comparison ○ Probably favors the intervention ○ Favors the intervention ○ Varies ○ Don't know | No included studies. | Limited by a few studies with no direct evidence of the critical outcomes such as disease transmission after tick removal. However, in general it is likely more desirable to remove the tick than leave it in place. |
| Resources required How large are the resource requirements (costs)? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Large costs ○ Moderate costs ● Negligible costs and savings ○ Moderate savings ○ Large savings ○ Varies ○ Don't know | No included studies. | There is likely little difference in cost of resource requirements for these interventions but commercial devices appear to be slightly more expensive. The cost of tweezers in the US is approximately $2 - $5. In Canada tweezers are generally $2 CAD and up and in Sweden tweezers start at $1 USD. Commercial tick devices are around $4-$10. Tweezers would have multiple uses in a first aid kit. All interventions are less expensive than visiting a medical professional. |
| Certainty of evidence of required resources What is the certainty of the evidence of resource requirements (costs)? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Very low ● Low ○ Moderate ○ High ○ No included studies | No included studies. | Based on cost research from the internet. |
| Cost effectiveness Does the cost-effectiveness of the intervention favor the intervention or the comparison? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Favors the comparison ● Probably favors the comparison ○ Does not favor either the intervention or the comparison ○ Probably favors the intervention ○ Favors the intervention ○ Varies ○ No included studies | No included studies. |  |
| Equity What would be the impact on health equity? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Reduced ● Probably reduced ○ Probably no impact ○ Probably increased ○ Increased ○ Varies ○ Don't know | No included studies. | A commercial device is of slightly more cost than tweezers, may need to be purchased and may, therefore, increase disparity. The use of tweezers would probably have no impact since tweezers are widely available and commonly found in households or first aid kits. |
| Acceptability Is the intervention acceptable to key stakeholders? | | |
| Judgement | Research evidence | Additional considerations |
| ○ No ○ Probably no ● Probably yes ○ Yes ○ Varies ○ Don't know | No included studies. | Most first aid providers would rather use an easy-to-use instrument like tweezers or a commercial removal device than their bare or gloved hands. These mechanical devices likely make it easier to grasp the tick, as well.  If there is a decrease in contact with healthcare providers, there may be an increase need for an educational component for individuals to self-monitor for symptoms of tick borne illness. |
| Feasibility Is the intervention feasible to implement? | | |
| Judgement | Research evidence | Additional considerations |
| ○ No ○ Probably no ● Probably yes ○ Yes ○ Varies ○ Don't know | No included studies. | Due to the low cost of the interventions and perceived ease of use these interventions are likely feasible. Written directions for the use of tweezers or devices would be needed (i.e., to grasp as closely to the skin as possible) in course curriculum. |

# Summary of judgements

|  | **Judgement** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Problem** | No | Probably no | Probably yes | **Yes** |  | Varies | Don't know |
| **Desirable Effects** | **Trivial** | Small | Moderate | Large |  | Varies | Don't know |
| **Undesirable Effects** | Large | Moderate | **Small** | Trivial |  | Varies | Don't know |
| **Certainty of evidence** | **Very low** | Low | Moderate | High |  |  | No included studies |
| **Values** | Important uncertainty or variability | Possibly important uncertainty or variability | **Probably no important uncertainty or variability** | No important uncertainty or variability |  |  |  |
| **Balance of effects** | Favors the comparison | **Probably favors the comparison** | Does not favor either the intervention or the comparison | Probably favors the intervention | Favors the intervention | Varies | Don't know |
| **Resources required** | Large costs | Moderate costs | **Negligible costs and savings** | Moderate savings | Large savings | Varies | Don't know |
| **Certainty of evidence of required resources** | Very low | **Low** | Moderate | High |  |  | No included studies |
| **Cost effectiveness** | Favors the comparison | **Probably favors the comparison** | Does not favor either the intervention or the comparison | Probably favors the intervention | Favors the intervention | Varies | No included studies |
| **Equity** | Reduced | **Probably reduced** | Probably no impact | Probably increased | Increased | Varies | Don't know |
| **Acceptability** | No | Probably no | **Probably yes** | Yes |  | Varies | Don't know |
| **Feasibility** | No | Probably no | **Probably yes** | Yes |  | Varies | Don't know |

# Type of recommendation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strong recommendation against the intervention | Conditional recommendation against the intervention | Conditional recommendation for either the intervention or the comparison | Conditional recommendation for the intervention | Strong recommendation for the intervention |
| ○ | ○ | ● | ○ | ○ |

# Conclusions

|  |
| --- |
| Recommendation |
| We recommend against the use of chemicals, heat or ice in comparison with mechanical methods for the removal of a tick. (strong recommendation, very low certainty evidence)  We suggest either pulling with tweezers or using commercial devices according to the manufacturer’s instructions to remove a tick rather than removal by hand. (weak recommendation, very low certainty evidence) |
|  |

|  |
| --- |
| Justification |
| In making this recommendation, the First Aid Task force considered the following:   * Early removal of a tick is likely the most important aspect of preventing infection. The Task Force, therefore, prioritized methods of tick removal that would be safe and effective, while promoting early tick removal. * The Task Force discussed that tweezers are likely more readily available, have more first aid uses, and are less expensive than commercial tick removal devices, and are therefore likely more feasible for use than a commercial tick removal device. It was noted by the Task Force that because tweezers are commonly available, earlier tick removal is more likely than with use of a commercial tick removal device. * While studies differentiated adult and nymph ticks, different species of ticks and time of tick attachment/engorgement, the Task Force felt it was impractical for lay providers to differentiate their features or the potential need for different devices for removal of each stage. Therefore, these data were combined in this review. * Only one study evaluated the different methods of removing a tick with tweezers. While this study presented some data that suggested that rotating with tweezers may result in fewer retained mouthpart than pulling, this data was of very low certainty and the study had very limited numbers. The majority of the studies reviewed used pulling with the tweezer after grasping as close to the skin as possible. * When described in the studies, the tweezers or forceps that were used typically had a thin jaw, similar to Adson forceps, which would allow for gripping of the tick near the skin without crushing the body of the tick. While the term forceps was often used in the studies, the Task Force discussed that these devices would often be described as tweezers by the general public. * While some studies evaluated commercial devises compared to other commercial devices, this data was of very low certainty and heterogenous in nature. Based on the data, the Task Force did not feel it was possible to recommend one type of device over another. * The Task Force discussed that while the included studies evaluated removal of the tick and damage to the tick during removal, no studies evaluated disease transmission. In Task Force discussions it was noted that removal of the tick does not guarantee lack of disease transmission and that persons should be aware of signs of both local and systemic illness following tick bites. * The Task Force discussed that all techniques of tick removal are subject to user error and could result in retained tick mouthparts in the skin. It was noted that persons should evaluate for retained mouthparts following tick removal. |

|  |
| --- |
| Subgroup considerations |
|  |

|  |
| --- |
| Implementation considerations |
|  |

|  |
| --- |
| Monitoring and evaluation |
|  |

|  |
| --- |
| Research priorities |

* Studies are needed among lay providers to determine the most efficacious methods of tick removal in humans.
* Studies with clinical outcomes of transmission of disease are needed to help determine the best methods of tick removal.

# References Summary

1. Akin Belli A, Dervis E, Kar S, Ergonul O, Gargili A. Revisiting detachment techniques in human-biting ticks. J Am Acad Dermatol. 2016 Aug;75(2):393-7. doi: 10.1016/j.jaad.2016.01.032. Epub 2016 Mar 2. PMID: 26944595.
2. Duscher GG, Peschke R, Tichy A. Mechanical tools for the removal of Ixodes ricinus female ticks--differences of instruments and pulling or twisting? Parasitol Res 2012; 111(4):1505-1511.
3. Stewart RL, Burgdorfer W, Needham GR. Evaluation of three commercial tick removal tools. Wilderness Environ Med 1998; 9(3):137-142.