

**Lyme Disease Advisory Committee Teleconference  
Minutes  
November 14, 2012**

**Committee members in attendance**

Barbara Barsocchini, LymeDisease.org  
Karen Chew, Lyme Disease Support Network  
Vicki Kramer, Ph.D., California Department of Public Health (CDPH)  
Robert Lane, Ph.D., University of California, Berkeley  
James Miller, Ph.D., University of California, Los Angeles  
Scott Morrow, M.D., M.P.H., California Conference of Local Health Officers  
Chindi Peavey, Ph.D., Alameda Mosquito Abatement District, Mosquito and Vector Control  
Association of California (MVCAC)  
Raphael Stricker, M.D., California Medical Association (CMA)

**Committee member not in attendance:** Chris Parlier, Chair, Lyme Disease Support Network

**Other attendees**

Anne Kjemtrup, CDPH, Past Committee Coordinator  
Claudia Erickson, CDPH, Health Educator  
Charsey Cole-Porse, CDPH, Epidemiologist  
Ethan Fechter-Leggett, CDPH, Epidemiologist  
Kerry Padgett, CDPH, Supervising Public Health Biologist

Several additional members of CDPH and the general public

**I. Roll Call/ Introductions**

The meeting was brought to order by Dr. Kramer at 10:00 a.m. with roll call and introductions of committee members.

**II. CDPH Progress Report (Anne Kjemtrup)**

**Update on Educational Activities**

Dr. Kjemtrup provided the CDPH progress report. Briefly, broad public education was achieved through CDPH Facebook and Twitter postings; some of which resulted in articles in the press. CDPH partnered with the DEET Education program, the Humboldt County Health Department, and the Humboldt Lyme Awareness Group to provide a public outreach presentation on awareness and prevention of tick-borne diseases (TBD) in a high risk area. The recent online posting of the Vector-Borne Disease Section (VBDS) annual report provides important information for the public and health professionals on TBD. VBDS staff participated in the California Association of Professional Scientists' State Scientist Day which afforded an opportunity to provide many elementary-aged school children and their parents with information on TBD prevention in California. VBDS staff gave many presentations to medical and veterinary

groups. Educational TBD prevention materials were provided to many California partners, such as vector control agencies, health departments, and forest service workers. Requests for California tick-bite prevention materials are received from as far away as Maine.

In response to Dr. Lane's question concerning whether materials will be updated to include the emerging *Rickettsia* 364D organism, Dr. Kjemtrup noted that CDPH *Rickettsia* fact sheets have been updated and the online versions of materials will also be updated. Print materials will be updated as supplies are re-stocked.

### **Update on Surveillance**

Dr. Kjemtrup provided an update on VBDS tick-borne disease surveillance activities since last March. Briefly, reported Lyme disease (LD) human case numbers reached nearly 95 cases in 2011, including confirmed, probable, and suspect cases. The information from 2011 collated with the previous 9 years of data demonstrates that areas of highest risk for LD in California remain the northwestern counties. VBDS staff collected over 1,400 ticks in 2012, with emphasis on nymphal ticks, to test for the causative agent of Lyme disease. Staff work with local vector control agencies to design and implement studies to evaluate local risk; an example of a project evaluating local nymph micro-habitat requirements in El Dorado, Placer, and Sacramento was mentioned. Enhanced surveillance for the emerging *Rickettsia* 364D is underway including outreach to local counties and targeted *Dermacentor occidentalis* tick surveillance and testing for the organism.

Questions from the committee and responses included the following:

- In response to Dr. Stricker's questions as to why the Lyme disease case numbers reported for 2010 and 2011 are greater on the Centers for Disease Control and Prevention's (CDC) website when compared to what CDPH is reporting, Dr. Kjemtrup explained that due to the transition issues related to electronic reporting (CalREDIE system) in California, there were some records that were not retracted if they did not fit the surveillance case definition, but that there were also other records that were not included. A new version of CalREDIE is being rolled out which will allow a better matching of records as well as a correction of 2011 numbers and clarification of cases that are confirmed and probable.
- In response to Dr. Lane's question as to whether *Rickettsia* 364D is more widespread than in just the counties where physician outreach was conducted, Dr. Kjemtrup and Dr. Padgett responded yes. However, given current resource limitations at state and local levels, enhanced surveillance for cases was performed to maximize the possibility of identifying new cases and not add additional burden to counties where likelihood of case identification would be rare.
- Dr. Miller noted that given limited resources, any reportable disease is likely underreported.

- In response to a comment from the public that their case was not reported because their physician told them that it might endanger ability to get insurance, Dr. Kjemtrup stated that disease reporting is entirely confidential and that no reported case is ever identified to any third party. Efforts are continually made to outreach to physicians to encourage them to report cases and remind them of the legal requirement to report; this reporting also helps us gain a good epidemiological picture of the disease.
- In response to Dr. Lane's question on the current number of physicians in California, Dr. Kjemtrup did not know although she acknowledged that we will never reach them all with our information and that we make an effort to target physicians who are most likely to see tick-borne diseases such as infectious disease specialists and family doctors.

### **III. Committee Member Updates**

Dr. Lane reported that he had been working with Alameda County Vector Control District on testing ticks from that area for *Borrelia* species. In addition to finding *B. burgdorferi*, they detected or isolated seven other genospecies of *Borrelia*, including one that had only been found before only in Spain in small mammals. The infection prevalence in host seeking nymphs was ~7% county wide (same as in Mendocino County). This study highlights Alameda as a county with potentially high human risk in a few localized areas, and emphasizes why it is important to look in low endemic areas in California. Dr. Lane noted that when this work and his other findings from southern California are published he will make copies available to the committee.

Ms. Barsocchini, offered an update for Lyme.org. She attended the San Diego medical conference for physicians and the public, and a physician conference with Sutter Health in Auburn. Lyme.org has also held several Lyme walks to raise funds for research. Their nationwide physician education program just finished up. They awarded 16 grants across the United States.

Dr. Peavey provided an update from the MVCAC. Alameda Mosquito Abatement District has been working with MVCAC to centralize information for the public on local districts and the services they provide. They are going to put an interactive map on the MVCAC website. Districts with public education would have their material available there, including contact information.

Dr. Stricker, representing the CMA, mentioned that the Thirteenth Annual ILADS Lyme Disease Conference was held in Boston, Massachusetts recently, with over 700 attendees. It did a lot to raise awareness about Lyme disease across the country.

### **IV. General Public Education**

**Occupational Health Outreach Brainstorm** (Claudia Erickson)

Ms. Erickson reviewed the Occupational Health Outreach Tick-Bite Prevention Program currently available on the CDPH tick-borne disease webpage. She highlighted the workplace tick-bite prevention slide show that will have the option to play on its own with voice-over or have a script available. She asked the committee for input on groups which would benefit from receiving this occupational health focused information. The Committee made the following recommendations:

- Caltrans
- National Forest Service, state parks, and utility districts
- Rangers, California Fish and Game biologists, and wardens who must go into dense wooded areas
- Fire districts, CalFire, open space districts, open space trust

The committee was thanked for this input.

### **Tick Surveillance GIS Map (Ethan Fechter-Leggett)**

Dr. Fechter-Leggett presented the geographic representation of the tick collection and testing database that he is currently developing for VBDS. This Google Map based product will replace the Adobe version that is currently posted and will provide valuable tools for both the public and physicians in this new format.

Comments and questions from the Committee included the following:

- Dr. Stricker noted that it would be nice to include other tick-borne disease agents and asked how many positive ticks have been identified between 2001 and now. Dr. Fechter-Leggett replied that additional agents will be added eventually as the database develops. He also noted that the tick collection layer is between 1950 and 2012, the *Borrelia*-positive layer is between 1985 and 2012, and that there are 210 red points representing positive tick pools.
- In response to Dr. Lane's question about whether historic data points will be added, including from other sources, Dr. Fechter-Leggett noted that as latitude and longitude are added to historical data, then these can be included. Also, if the data is sent to CDPH, it can also be included in the database. He also mentioned that there will be a section with caveats pointing out the limitations of the data presented.
- In response to Dr. Stricker's question asking whether using pools with fewer than 50 ticks would affect the sensitivity of tick testing, Dr. Padgett of CDPH noted that pooling of ticks was done in the past principally for economic reasons; new testing techniques have allowed us to test ticks individually. The minimum infection prevalence (# ticks positive/# ticks tested) that was measured with pool testing has been similar to individual tick testing.
- In response to a question as to how often the map will be updated, Dr. Kramer stated that at least annually and potentially twice a year.

## Public Comment

- A member of the public asked why the tick collection and testing data had not been presented sooner and expressed that it seems there should be more “red dots” on the map since he could relay information about where he contracted Lyme disease and there were few red dots in that location. Dr. Kramer noted that the information on the map summarizes ticks collected in the field and tested, not ticks taken off people or pets and tested since we cannot determine for certain where those ticks came from.
- A member of the public expressed gratitude that CDPH is taking a closer look at *Rickettsia* spp. She noted that there is still a disconnect between what our maps are depicting and what the mainstream health community is saying. Dr. Kramer replied that one of our major challenges is getting information out to the medical community. We will have an opportunity once the map goes live to use it as an educational tool.
- A member of the public said that it is important to think about adding co-infections in ticks to the map. She also offered suggestions for occupational outreach to include sheriff departments and their volunteers. She added that she would like to see more tick/Lyme warning signs posted in parks.
- A member of the public expressed gratitude to CDPH for coming up to Humboldt County. She asked if the collected ticks are being tested for other disease agents besides *Borrelia*. Dr. Kramer replied that for the most part we are just testing for *Borrelia* though now the Viral and Rickettsial Diseases Lab at CDPH can test for *Rickettsia* 364D.
- A member of the public relayed that the Sonoma County Health Department, Marin-Sonoma Vector Control District, and regional parks are collaborating for the first time and are conducting surveillance in regional parks for infected ticks. Hopefully, data from this surveillance can also be included on the tick map.
- A member of the public expressed that Sonoma County has a Lyme disease advisory committee and that they have tried to get local public health involved, principally because there is a huge problem with local health departments not understanding the case definition and verification of cases. The speaker emphasized that CDPH should pay more attention to educating local health departments because cases are not getting reported properly.
- A caller asked if there was a way to offer feedback online. Dr. Kramer directed the caller to <http://www.cdph.ca.gov/HealthInfo/discond/Pages/LymeDisease.aspx> for more information on Lyme disease. Comments to CDPH can be made following a link on this page: <http://www.cdph.ca.gov/services/Pages/default.aspx>.

The meeting was adjourned at 12 noon.