

**Lyme Disease Advisory Committee Teleconference  
Minutes  
November 16, 2011**

**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  
Christian Parlier, Lyme Disease Support Network  
Raphael Stricker, M.D., California Medical Association (CMA)

**Other attendees**

Denise Bonilla, California Department of Public Health (CDPH), Committee Coordinator  
Anne Kjemtrup, California Department of Public Health (CDPH), Past Committee Coordinator  
Theresa Shelton, Mosquito and Vector Control Association of California (MVCAC)  
Several members of CDPH and the general public

**I. Roll Call and Opening Comments**

The meeting was brought to order by Mr. Parlier at 10:38 a.m.

**II. Review and approval of minutes 5/23/2011 teleconference**

The motion was made and seconded to approve the minutes as written. The minutes were unanimously approved.

**III. CDPH Progress Report**

Ms. Bonilla reviewed the CDPH activities with regard to tick-borne disease prevention. For the general public, tweets and Facebook posts were used to disseminate tick bite prevention messages. CDPH and the DEETonline.org Education Program co-sponsored a tick-bite prevention video, Public Service Announcement (PSA) contest. Two winners were chosen based on the number of on-line votes received; one from the 17 years and younger group and the other from the 18 years and older group. These videos are available online at the CDPH YouTube page (<http://www.youtube.com/capublichealth#p/search/0/1aaCOupiW8M> and <http://www.youtube.com/capublichealth#p/search/1/7O3QvtCuLXE>). A map of the historical *Ixodes pacificus* tick collection locations is now online on the CDPH website (<http://www.cdph.ca.gov/HealthInfo/discond/Documents/MapIpacinCA2011.pdf>).

Ms. Bonilla reviewed the Vector-Borne Disease Section's (VBDS) outreach efforts to the medical community which included presentations and materials supplied on request. A focus was

made this year to better target workers routinely exposed to tick habitats for tick-bite prevention. This included occupational health presentations and a poster and newsletter article that were discussed in detail later in the meeting.

Discussion, responses, and suggestions by the committee included:

- The *Ixodes pacificus* map should be checked with Furman's historical tick distribution map to see if additional sites should be added.
- There were six entries (three in each age group) in the tick-bite PSA contest. All entrants had great information. One can get to the CDPH YouTube channel by going to the CDPH main page, clicking on the YouTube image, and then searching for VBDS. There are also several searchable tags attached to the videos (Lyme disease, ticks, etc.).
- CalREDIE facilitates reporting to U.S. Centers for Disease Control and Prevention (CDC) so that case numbers should match for all classifications. There is still some discrepancy between the CDC California Lyme disease case numbers and CDPH case numbers because of the way the system is set up. Nationwide Lyme disease numbers fell in 2010. Overall, all reportable diseases are probably underreported. Spotted fever group *Rickettsia* cases are reportable. Several human cases of tick-bite associated eschars associated with *Rickettsia* spp. were reported from May-August in 2011. Public health information is disseminated through tick tweets and Facebook postings. The VBDS annual report is online with specific information on many vector-borne diseases. The report includes prevalence of *Borrelia burgdorferi* in ticks collected in 2010.

Public comments included:

- In response to a question about the tick map and the origin of its data, Ms. Bonilla and Dr. Kramer responded that the map included all tick collection information that was shared by agencies or gathered by CDPH since 1900. CDPH is working towards including more collection information from multiple sources for mapping and other applications.
- In response to a question about Lyme disease reporting by physicians, Dr. Kjemtrup responded that physicians submit a Confidential Morbidity Report (CMR) to their local health department. Once submitted, whether the case fits the surveillance case definition or not is not reported back to the physician or the patient since reporting is about public surveillance, not medical decision making. Patients can always remind their physician to report their case to public health officials.

#### **IV. March 2012 meeting date**

The committee will decide on the March 2012 meeting by email and the date will be posted on the LDAC web page.

#### **V. Committee member updates**

Dr. Lane is in the process of preparing a manuscript on tick ecology in southern California. He detected a prevalence of *B. burgdorferi* in adult *I. pacificus* of 0.04%. Only 30 nymphs were

found and none were positive. There appears to be a difference in behavioral ecology of *I. pacificus* nymphs in northern and southern California that somewhat mirrors the difference between the Northeast USA and Southern USA.

#### **VI. Review of tick bite prevention workplace poster:**

Discussion, responses, and suggestions by the committee included:

- Consider changing the title to include the phrase “outdoor workplace”.
- Consider changing the word “common” in “common tick borne diseases” to another word; perhaps “recognized”.
- If there is room on the poster, please consider including other parts of the body where ticks may bite.
- Tick-bite associated eschar is not a disease. Consider using “rickettsial disease” instead.
- Change picture of ranger wearing shorts to a picture of a ranger wearing pants. This will demonstrate the use of proper tick-bite prevention clothing.
- The CDC has moved away from recommending tucking pants into socks and instead focuses more on what people can and will do, using the most effective and focused approach to prevent tick bites. On “tick repellents use”, consider changing “DEET equal to or greater than 25%” to “equal to or less than 30%” (emphasize the upper limit, so the public doesn’t use a higher percentage).
- Add labels to the tick pictures to identify them.

Public comment included:

- Ehrlichiosis and babesiosis should be added to the common tick-borne diseases list.
- In “checking yourself” the poster should state that nymphs are the size of a poppy seed because people are not used to looking for something that small.
- Permethrin is better than DEET on clothing for repelling ticks.
- Dr. Kjemtrup remarked that the CDC recommends that you bathe or shower as soon as possible after coming indoors (preferably within two hours) to wash off and more easily find ticks that are crawling on you. ([http://www.cdc.gov/lyme/prev/on\\_people.html](http://www.cdc.gov/lyme/prev/on_people.html))
- Outreach material should state there is some risk everywhere so that people do not ignore possible exposure areas.
- Add a magnification note to enlarged pictures so people know how small the picture content really is.

#### **VII. Review of article for occupational health newsletter**

Discussion, responses, and suggestions by the committee included:

- Add a message about what to do with a tick you have removed.

Public comment included:

- Go into specifics in the article about what people should do when they find a tick, how to remove it, and what do you do with it. Discuss different kinds of repellent.

- Anyone who works in an outdoor tick habitat should let their doctor know that they work in this type of habitat because people typically do not know that they've been bitten.
- Change "if you feel sick" to more specific information on signs and symptoms, incubation time, and where to go to get help.

### **VIII. Preview of 2012 goals**

Discussion, responses, and suggestions by the committee included:

- In response to a question on the plans for physician outreach on *Rickettsia* 364D, Dr. Kramer stated that after the original case in 2008, there was a letter sent out to the local health departments. A physician intern is now working on a fact sheet. Overall there will be a combination of fact sheets, information on the CDPH website, newsletters, and presentations.
- There is a recent report of scalp lesions/eschars related to *Bartonella* infection.
- Dr. Lane reported that in the 1970s a colleague of his became very ill and had an eschar after a *Dermacentor occidentalis* bite.
- CalREDIE is the name of the reporting system that is now being used for electronic reporting of disease.

Public comment included:

- In response to a question about who Lyme support groups can work with or contact at CDPH, Dr. Kramer remarked that VBDS Public Health Biologists are all assigned counties and can work with support groups. Requests for educational material should go to Claudia Erickson.
- In response to a question asked about posting of tick caution signs in parks, Ms. Bonilla stated that VBDS biologists recommend posting of the signs when they document tick activity or if park agencies request the signs. These signs are given to local vector control agencies and posted by biologists. Some areas do not have signs because they either have not been surveyed or there were no ticks when the area was surveyed. VBDS and local vector control are working to check parks for ticks.
- An audience member stated that little has been done in Sonoma County. She met with regional park staff there to get a public campaign going in these parks. She feels that maps should be made that show tick-bite risk down to the zip code level.
- In response to a question about Lyme disease risk in Humboldt County, Dr. Lane responded that, to his knowledge, there haven't been many studies on nymphal ticks there. Risk is probably comparable to Mendocino County (5-15% county wide average). Dr. Kramer stated that CDPH data show that 6 out of 671 ticks have been positive since 1971 and these data are available on map on website.
- In response to a question about whether there has been Lyme disease outreach to Native American reservations, Dr. Kramer remarked that the Indian Health Service is in charge of reservation health. Dr. Lane stated that it depends on the physician who is taking care of each group to get the information. Many reservations are in rural areas, and it would be expected that these are "at risk" areas.

- A question was asked about the amount of outreach done to veterinarians on surveillance and if there is disease reporting from vets to the state. Dr. Kjemtrup answered that CDPH has ongoing connections with the vet school at UC Davis and gives several disease lectures annually. Lyme disease is not an animal reportable disease. A follow-up question was asked inquiring if it would be helpful to have Lyme disease in animals reportable. Dr. Kjemtrup answered that it wouldn't be helpful because of the mobility of animals. We also see this problem with humans (in about a quarter of cases). We have discussed the utility of dogs for surveillance, but at the moment they are not a good tool.
- Institute of Medicine interviews were done recently regarding tick-borne disease across the U.S. Native Americans need to be better targeted for outreach. The speaker thanked CDPH for educating physicians this year but noted that more prevention activities are needed in Sonoma County. Physicians are not aware of how to recognize and test for Lyme disease.
- In response to a question about whether the Communicable Disease Grand Rounds PowerPoint is available online, Ms. Bonilla responded that it is available on the CDPH tick-borne diseases page.
- A question was asked about the outcome and treatment for the five probable *Rickettsia* 364D cases this year. Dr. Kjemtrup answered that all individuals got better and most patients were treated with doxycycline.

**IX. Meeting adjourned at 12:04 p.m. by Mr. Parlier.**