

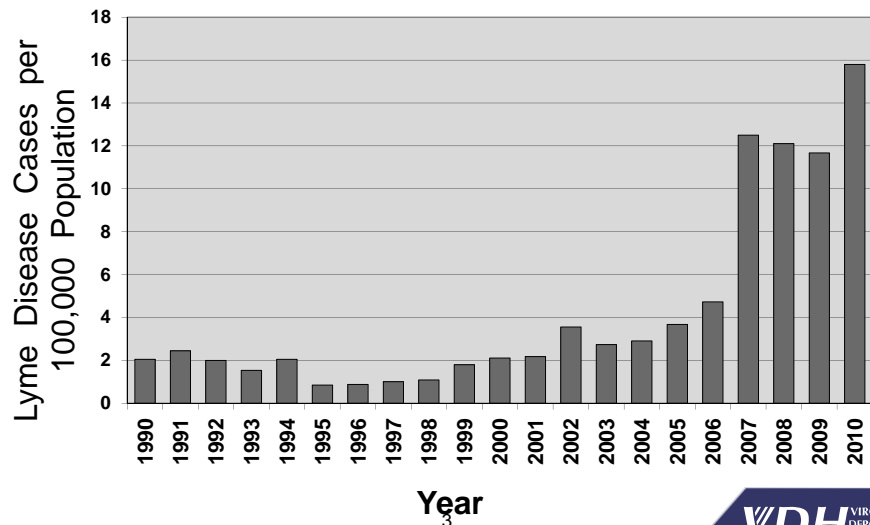
Governor's Lyme Disease Task Force: Review and Summary

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Lyme Disease Task Force

- Governor's appointed Task Force
- Formation announced October 2010
- Michael Farris appointed as Task Force Chair
 - Founder and Chancellor of Patrick Henry College

Lyme disease is increasing



Lyme Disease Task Force

- Twelve Task Force members
 - Secretary of Health and Human Resources (1)
 - Secretary of Natural Resources (1)
 - Department of Health (1)
 - Department of Health Professions (1)
 - Department of Game and Inland Fisheries (1)
 - Physician in private practice (1)
 - Veterinarian in private practice (1)
 - Clinical child psychologist (1)
 - Clinical pharmacist (1)
 - Lyme disease advocates (3)

“Expert Witness” Sessions

- Five separate 3-hour sessions:
 1. Diagnosis
 2. Treatment
 3. Prevention
 4. Impact on Children
 5. Public Education
- Goal – to make specific recommendations in each of these five areas for final report

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Expert Witnesses

- Marty Schriefer, MD – CDC
- Daniel Cameron, MD – International Lyme & Associated Diseases Society (ILADS)
- Elizabeth Maloney, MD – private clinician
- Paul Auwaerter, MD – Infectious Diseases Society of America (IDSA)
- Charles Apperson, PhD – entomologist, NC State
- Kerry Clark, MPH, PhD – Environ Health, U of North Florida
- David Gaines, PhD – entomologist, VDH
- J. Mathews Pound, PhD – entomologist, USDA
- Nelson Lafon – DGIF
- Leo Shea III, PhD – clinical neuropsychologist
- Carolyn Walsh, MD – private clinician
- Daniel Keim, MD – private clinician
- Jennifer Jones, RN – school nurse
- Jorge Arias, PhD – entomologist, Fairfax HD
- Robert Bransfield, MD – ILADS
- Graham Hickling, PhD – wildlife center, TN
- Wayne Hynes, PhD – Old Dominion U
- Holly Gaff, PhD – Old Dominion U
- Peter Demitry, MD, MPH – former clinician

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“Listening” Sessions

- Five separate 3-hour listening sessions
 1. Virginia Beach
 2. Richmond
 3. Roanoke
 4. Springfield
 5. Harrisonburg
- Goal – hear concerns of stakeholders and incorporate into final report

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Recommendations: Diagnosis

- Expand awareness among clinicians of:
 - Increasing LD prevalence in Virginia
 - Limitations of diagnostic tests
 - Role of case definition for surveillance
- Support and fund further clinical research regarding diagnosis

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Recommendations: Treatment

- Educate clinicians and the general public and the importance of early recognition and treatment to avoid long term complications
- Inform clinicians that DHP does not target clinicians for their management of Lyme
- Reassess reimbursement for treatment through the Bureau of Insurance
- Support and fund further clinical research regarding treatment

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Recommendations: Prevention

- Support and fund human and tick surveillance activities
- Continue to educate the public about landscaping, tick and deer control, use of insecticides
- Expand the attention that government agencies and facilities (e.g., schools, parks) pay to the above activities
- Create a work group to develop guidance for localities that wish to attempt deer and/or tick population control
- Consider amending the *Code of Virginia* to include tick control districts

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Recommendations: Public Education

- Expand efforts around public education, focusing on risk of exposure and medical consequences
- Support and fund outreach and education of the general public using modern media
 - Radio
 - Television
 - Internet

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Recommendations: Impact on Children

- Inform the public that children are at high risk for contracting LD
- Create a work group to create a best practices guide about children and LD
- Educate pregnant women about LD
- Incorporate Lyme disease education into public, private, and home school curricula

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Questions?