Public Tick IPM Working Group
January 11th, 2017

Send additions, omissions or other corrections to flaufenberg@ipminstitute.org or afreund@ipminstitute.org

The Working Group meets via conference call on the second Wednesday of each month at 1:00PM CT (2:00PM EST). The following notes are for January 11th, 2017.

Roll
- Frank Laufenberg, IPM Institute of North America
- Kirby Stafford, Connecticut Ag Experiment Station
- Alina Freund, IPM Institute of North America
- Robert Koethe, EPA
- Bob Maurais, Mainely Ticks
- Tim Fox, Madison Lyme Support Group
- Chris Przybyszewski, US BIOLOGIC
- Tom Green, IPM Institute of North America
- Ted Ling-Hu, US BIOLOGIC
- Alicia Cashman, Madison Lyme Support Group
- Kathy White, Lyme Association of Greater Kansas City, Inc.
- Jill Auerbach, Hudson Valley Lyme Disease Association
- Joellen Lampman, New York State IPM Program
- Raderrio Wilkins, U.S. Environmental Protection Agency

Agenda
1. Upcoming Working Group Member survey
2. Additional updates, comments, announcements, questions

1. Member Survey
   a. Frank and Alina have drafted a Working Group member survey to review and quantify the member knowledge base, ITM implementation, networking and priorities for our working group.
      i. Frank will share a draft of the survey with the notes from this call.
      ii. The survey will focus our priorities (Goal is to identify top 5 priorities).
         iii. There will be plenty of feedback space on the survey.
   b. The survey will address some of our objectives from the past year and result in an updated list of priorities for the group. Other edits to the survey?
      i. Potentially add medical community to the list of groups to connect with.
         1. Doctors should be alerted of tick travel.
         2. Prioritizing the list of groups should be included in the survey!
         3. What groups are most important to target? We should target the groups where we will be most effective.
         4. We should work on what group to prioritize for this year. Medical community addition is important.
5. Seems like a lot of these groups are generic, perhaps in some cases it should be the primary organization of the group in order to reach a community (i.e. working with professional associations or organizations to reach their constituents).
6. Look and see where we have working relationships that we can leverage to include tick information.
7. Work with federal agencies and have same information sent to each state.
8. Most states have a school nurse’s association we can reach out to.
9. We had talked about the newly expanded geographies that are experiencing TBDs for the first time – they might be good places to target.
10. General Public should probably be added to the list too and maybe we should add newspapers and other publications to the list.
11. Veterinarians should be included!
12. Speaking with Allen Barber, doctors, scientists, including them all in the conversation.
13. AVA, anyone on the WG a part of this? (No one on the call)
14. Susan Little (Veterinarian) high level of intelligence about Lyme, could help get activated.
15. A lot of people spend a lot of money on their animals – Vet’s could be a good community to get into our group.
16. DOGs have tested pos. for Lyme in all 50 states.
17. Wide range of categories, sharpen perspective on a few categories, recruit member of the org to join our call and work out what their needs may be.
18. Will send out a draft of the survey and offer an opportunity to suggest other ideas that could be voted on.
19. State departments of health should be provided the Tick Pest Alert. We should have them link to the NCIPMC. (see if we can track the downloads).
20. In NY you would want to contact Brian Backenson first to distribute the Tick Pest Alert. (can maybe work with Jill A.)
21. People in specific states could do it in their own states and work outward (Jill).

c. Current Priorities:

1. Coordinate state and county surveillance efforts.
2. Educate policy makers about tick-borne disease costs and public policy options including a national strategy for reducing tick-borne diseases.
3. Improve community education on tick distributions, tick-borne disease risks, and personal protection measures.
4. Invest in new control technologies.
5. Increase designated tick-borne diseases funding for state and county public health departments.
6. Develop and promote adoption of IPM strategies to reduce incidence of tick-borne disease by reducing risk of exposure to ticks and pathogens.
7. Clarify and minimize risks associated with acaricides and other tick-borne disease management products and strategies.
8. Coordinate with the Federal Tick-Borne Disease IPM Workgroup to complement activities.
9. Build partnerships and communicate with diverse stakeholders about the importance of IPM strategies for managing tick-borne diseases and maintaining a safe and healthy environment. Important participants include social scientists, advertisers, graphic designers and web engineers, school boards, public health officials, occupational groups (e.g., NIOSH, farm groups, forestry groups, landscapers, park service workers), recreational groups (ex. American Camp Association, scout associations, state and national camp groups), veterinarians, Pest Management Professionals, non-governmental organizations, advocacy and support groups, federal, state, and municipal agencies, Bureau of Indian Affairs, camping groups and land-grant universities.
10. Facilitate collaborative initiatives within the working group, especially among academic, government and non-government organizations.

11. Develop, maintain and communicate current specific stakeholder priorities for research, regulation, education and management, to be used by the working group, grant makers, grant seekers, regulators and others to identify and pursue stakeholder-identified needs.

2. **Additional updates, comments, announcements, questions**
   a. Announcements?
   b. (Jill) We have the bill passed, however congress will put pressure. Some like-minded scientists/doctors could plan to form a coalition and communicate to Congress the need for funding specifically to work on Tick-Borne intervention. Meet with congress has a coalition to attest for research on TBDs. (Allen Barber is one example, Kerry Clark from Florida could be a good member for this team).
      i. Do you work with anyone on the Entomological Society?
         a. Chris Stelzig - Tom G. will send Chris Stelzig’s (ES) info to Jill for collaboration.
         b. Jill will make a call and let people know how this collaboration/advisory board works.
         c. ES has been working on science policy since 2012 and would be good to get involved in this sort of work.
      ii. Congressional oversight will have to pay attention if the efforts if these groups collaborate - time is now.
      [https://scienmag.com/10m-cdc-grant-funds-center-to-fight-vector-borne-diseases/](https://scienmag.com/10m-cdc-grant-funds-center-to-fight-vector-borne-diseases/)
      a. Last September put out a funding opportunity announcement (50 million for 5 research areas – 4 have been identified).
         i. Split between research and education for entomologists to work in this field.
         ii. Had to be an education institution to get the grant.
         iii. Foster collaboration/education for 10 million.
         iv. 4 centers of excellence have been identified (See Cornell document)
         v. CT is a major part (Northeast, North Central, South, South Central)
         vi. Had to be academic institution, funded along with Zika money – ticks were a big part of the proposal!
            1. Concern: money may go to Zika instead of Tick.
            2. Different Proposals had Tick more or less on the region side.
            3. Promising step forward to get this funding – funding will help contribute to the education of future Entomologists who will be working on ticks.
      a. Group agrees that inviting Ms Zubcevik to present on the call would be good.
The article considers two aspects, the tick side of things and the disease side of things. Sometimes the medical side gets some of the entomological aspects incorrect. It is important that these two groups work together to get each other’s facts straight.

c. Chris P. – She is very passionate and is very informed, she would be a good candidate to have on a call.

e. New diagnostic tool (1 test) for active disease organisms.
   a. Focus on Lyme working with multiple doctors and Northern Arizona State University.
   b. In the patient study phase, one blood test would determine if there is active disease for multiple strains of Borrelia (including Borrelia burgdorferi), as well as disease causing agents associated with other TBDs.
   c. Not sure if chronic symptoms are alongside ongoing infection. If there is no ongoing infection, then it is caused by something else.

f. Thank you to those of you who sent articles regarding our priority list. If you know of any articles or references that address our Working Group priorities, please let Frank know (flaufenberg@ipminstitute.org). Our priorities are listed here: https://tickipmwg.wordpress.com/priorities/

g. Tick Pest Alert Sharing
   a. Please notify Frank if the Tick Pest Alert has been shared with any new organizations or individuals so we can keep track of its reach!

h. Alicia Cashman (new group member) from the Madison Lyme Support Group is going to visit the IPM Institute of North America’s office.

i. Last month a few of our members collaborated and used the listserv to lead to this retraction with positive reactions from the author for the support of the group in adjusting some facts: http://danielcameronmd.com/swarming-deer-flies-quickly-expose-people-lyme-disease-anaplasmosis/ (TM, Jill, KS)

j. If you come across articles that would benefit members of this group feel free to share them by sending an email to the PUBLIC_TICK_IPM_WG@LISTSERV.URI.EDU

The next conference call will take place on February 8th. Future calls will continue to fall on the second Wednesday of each month at 1 PM Central time. Please send Alina or Frank updates, announcements or other agenda items for February’s call.

The Public Tick IPM Working Group is funded by the North Central IPM Center, an EPA funded institution.