Public Tick IPM Working Group  
November 14th, 2018

Please send additions, omissions or other corrections to neisner@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 November 14th, 2018

Roll
1. Natalie Eisner, IPM Institute of North America  
2. Julian Cooper, IPM Institute of North America 
3. Nicole Chinnici, East Stroudsburg University 
4. Tim Fox, Madison Area Lyme Disease Support Group 
5. William Nicholson, CDC Atlanta 
6. Kim Cervantes, New Jersey Health Department 
7. Allegra Lowitt, Thermacell 
8. Kristin Garafalo, New Jersey Health Department 
9. Gloria Kim, Limiting Lyme 
10. Robyn Nadolny, Army Public Health Center 
11. Jill Auerbach, Hudson Valley Lyme Disease Association, TRED 
12. Tom Mather, University of Rhode Island 
13. Monica White, Colorado Tick-Borne Disease Awareness Association 
14. Laura Rothfeldt, Arkansas Department of Health 
15. Jennifer Gruener, Warren County Mosquito Control Commission

Agenda
1. Nicole Chinnici, Director of Northeast Wildlife DNA Lab  
2. Tim Fox, Madison Area Lyme Support Group 
3. Additional updates, comments and announcements from Working Group members

1. Nicole Chinnici of East Stroudsburg University
   Director of East Stroudsburg University’s (ESU) Northeast Wildlife DNA Laboratory, currently the largest tick testing research facility in Pennsylvania. The tick research lab was recently granted half a million dollars from the state to fund a free tick testing service.
   a. PA pushed hard for the state to recognize TBD’s, working on this since 2004 
   b. Fund for prevention ed and tick testing, Early detection and generating data for the state
   c. Don’t have great maps in state for where ticks are located
      Funding is for 2-year time frame, going to test toward 4 diseases per tick, based on the species that is sent in. Individuals who send in tick get information back on the species and whether it was infected. They have the option to pay for further testing on the specimen.

2. Questions
a. Robyn – How are you going to work with Dept of Health? Barriers to website?
   Just had funds announced one month ago, still mapping out logistics, some in Dept of Health are more willing than others. Plan to communicate via email with Dept Health. May have challenges with reporting location but don’t foresee challenges with website yet.

b. What information do people get after?
   - No medical info, tick, identification, and info on what the ticks were carrying. Suggest they reach out to dr or vet based on results.

c. Only testing tick or patients?
   - Funding only to test the ticks, but working on external grant funding to test patients. These funds are specifically for testing the ticks.
   - Receive 3,000-5,000 ticks per year with the testing for a fee. Hard to understand what the influx will be, based off of marketing efforts but expecting about 3 times more with free service.

d. Gloria – What are the diseases/infections you will be testing for?
   Four disease depending on the time of tick that is sent in. Will vary based on the types of diseases that we are receiving.

e. Robyn – for lone star or dog tick, how many diseases/infections will you test for?
   i. Still four diseases, potentially Lyme disease as well.

f. Can you explain what it took to get the funding?
   - Took 4 years, started 2014
   - Provided testimony in front of Senate
   - Requested help from local legislature

g. Comment, Tim Fox - Usually takes someone with TBD or have exposure to get them educated. This is one of the challenges with getting people involved.

h. Gloria- is there anything being developed for alpha-gal?
   - Seems to be very high in the tick population and more person dependent if a person gets a reaction.

3. Tim Fox – Members of Madison Lyme Disease network to provide us the perspective of support groups and priority areas for Madison Lyme Disease group
   a. Diagnosed with Lyme for 10 years. Worked with the Department of Natural Resources doing a lot of field work. Was always anxious to get out of the house, was always safety conscious. Had limited training on TBD’s through work. Went to ER due to tick bite, doctors were slow to provide treatment. Has been diagnosed with dementia, kidney and liver failure and a slew of other medical issues.

   b. Joined the support group as a place to seek help. Now looking toward doing advocacy to help different outdoor groups for putting warning signs, children, state of WI risk management. Tried to work to get the legislature involved but didn’t go anywhere to get any funding.

   c. What trainings do you think would be most helpful for those who work outdoors?
      - Should give people DEET and permethrin treated clothes, training on what to look for and training on symptoms. Department of administration/risk management doesn’t do much about Lyme disease. Wildlife group put together a wallet card for those with symptoms and treatment but were confiscated.
Monica White – important to bring up that this is a National issue. There needs to be national dissemination of basic tick health and safety information.

Need unified process for disseminating information, university to catch students before they go into high risk jobs and professions.
- How do we encourage/prioritize dissemination of information?

Jill Auerbach NY State, not enough people in NY state know about it. Hard because ticks are too tiny and too stealth. Not everyone does a tick check everyday and some ticks transmit early. Hopefully preventative products will come out. Answer is to stop the ticks.

Question about Army Health - Robyn runs tick testing program to military members or beneficiary’s. Tests 3000 ticks per year, id to species and test for evolving list of pathogens. The list are returned to the tick bite victims. This program has been going since the mid 1990’s, looking at what pathogens are present.

Jennifer – Does army do any control based on surveillance? Does pest management on military installations for a variety of pests. They are trying to get surveillance and control based on data in New Jersey.

DOD pest management systems, permethrin treated uniforms. Preventative measures encouraged: DEET, bed nets, etc. Spraying more targeting towards than ticks.

Announcements
- Monica White
  o Report to congress has been received from Health and Human Services final report and available for the public to
  o Dec 3rd is next public meeting can register to watch. Will make information available to the group.
- Jennifer Gruener
  o Legislation in NJ has been introduced that would make tick control mandatory. mentioned that NJ has introduced tick legislation, Assembly Bill 4459, which adds tick control to duties of State and county mosquito control commissions.
  o NJ is fairly unique in that mosquito control is actually mandated in every county through the Health Statues, Title 26, which requires the State and every County to have some form of mosquito control agency that is publicly funded. This legislation simply inserted the words "and tick" into the already existing mosquito legislation, which has caused some problems among the mosquito control community as well as the county administrations.
  o The bill has passed out of Committee and could technically be voted on but we are in communication with the bill's sponsors in order to get the wording changed and also to attempt to secure funding to make it all happen. I am thankful that this conversation is even happening.
- Please email Natalie (neisner@ipminstitute.org) if you would like copies of the Tick Management Options document or have suggestions for speakers for future working group calls.

These notes are for a Working Group call on **November 14th**. Future calls will continue to fall on the second Wednesday of each month at **1 PM Central time**.

The Public Tick IPM Working Group is funded by the USDA National Institute of Food and Agriculture, Crop Protection and Pest Management Program through the North Central IPM Center.