



Illinois Department of Public Health
 Lyme Disease Task Force (LDTF)
 Meeting Minutes
 March 10th, 2022 from 10:00 AM – 11:00 AM

(Meeting Location: Hosted online Via WebEx : Call-in Option was provided)

Lyme Disease Task Force Members in Attendance

Name	Task Force Position	Attended
Dr. Arti Barnes	IDPH Chief Medical Officer, Chairwoman	X
Vacant	IL Department of Financial and Professional Regulation	
Dr. Sana Shireen Ahmed	Infectious Disease Physician; Administrator	
Dr. Gail Reid	Infectious Disease Physician; Educator	
Dr. Roberta Van Zant	Family Medicine Physician	
Dr. Sandy Martell	Advanced Practice RN; Administrator	X
Ms. Carla Ewing	Local Health Department Administrator	X
Dr. Nohra Mateus Pinilla	Veterinarian; Educator	X
Ms. Tonya Foster	Member of the Public	
Ms. Holly C. Tuten, Ph.D.	Member of the Public	X
Ms. Jennifer Russell	Member of the Public	X
Mrs. Linda Kehart	Member of the Public	X
Representative Daniel Swanson	Legislative Appointee	X
Representative Dave Severin	Legislative Appointee	X
Ms. Maureen Maloney	Legislative Appointee	
Senator Dale Fowler	Legislative Appointee	
Senator Neil Anderson	Legislative Appointee	X
Senator Laura Murphy	Legislative Appointee	X

Illinois Department of Public Health Staff in Attendance

Name	Title
Judy Kauerauf	IDPH Disease Control; Infectious Diseases Section Chief
Samantha Kerr	Manager, Environmental Health Vector Control Program
April Holmes	Specialist, Environmental Health Vector Control Program
Debbie Freeman	Manager, Communicable Disease Vectorborne Surveillance Program
Jonathan Popovitch	Specialist, Communicable Disease Vectorborne Surveillance Program

Others in Attendance

Name	Title
David Porter	Illinois State Medical Society

Agenda Item	Discussion	Actions
1. Call to Order	Jonathan introduced Dr. Arti Barnes, IDPH Chief Medical Officer as the new Chairwoman of the Lyme Disease Task Force. Roll taken; quorum met. Meeting called to order 10:07am.	
2. Approval of Meeting Minutes Adoption Vote	After a quick hello from Dr. Barnes, a question to the board was asked if there are any changes needed for the meeting minutes from 11/4/21. Hearing nothing, motion to approve the meeting minutes. Seconded by Linda Kehart. All in favor was asked by Dr. Barnes, all ayes non opposed, minutes approved.	11/4/2021 meeting minutes posted to IDPH LDTF portal page.
3. Member outreach updates	<p>Dr. Holly Tuten – August 2021 presented at the Ohio Regional Tick Symposium. Since then there is an active tick surveillance program ramped up to mirror efforts done in Illinois with the INHS Medical Entomology Lab. Exciting news of another reporting partner for ticks in the Ohio River Valley region.</p> <p>Dr. Martell – Winnebago county – currently working with the active tick surveillance team at the INHS to be working further with actually testing the collected ticks for pathogens, separate from the I-TICK program.</p> <p>Dr. Nohra Mateus Pinilla – INHS? Just closed the medical provider tick surveys. Over 300 have been completed, a very good response rate. The analyzing those surveys will start soon. Just wrapping up the similar survey for hunters as well. The point of the surveys is to establish a baseline of public and professional knowledge when it comes to tick encounters. That way a better target of messaging and teaching can be developed. The veterinarian survey has also been closed – working on the analyzation as well. Hope to have more to present at the next meeting.</p>	
4. IDPH program updates	IDPH Vectorborne Surveillance update: Debbie Freeman – presenting IDPH program slides to the board members.	Tick map location on public webpage.

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	<p>Map of incidence categories – Again explaining the parameters of high vs low incidence state categorization.</p> <p>The program epi curve was developed by IDPH program GIS intern Oyindamola Ajala. This chart shows the visualization of not just Lyme disease cases over the last several years, but also the additional diseases the Vectorborne Human Surveillance program tracks yearly. Note, 2021 data is still provisional until final year closeout.</p> <p>Notes for transmission and treatment: Both pathogens we track in Illinois are spread by the black legged tick Both clinical presentations are treated with the same antibiotics.</p> <p>IDPH surveillance module changes now will include the clinical presentations expanded with the introduction for <i>Borrelia burgdorferi</i> / <i>mayonii</i></p> <p>Additionally, there has been an expansion for appropriate testing related to the new 2022 Lyme case definition. For surveillance purposes, IDPH utilizes the national case definition when investigating a single acute Lyme disease infection for Illinoisans.</p> <p>As of 3/10/2022 there have been no human cases of <i>B. Mayonii</i> reported in Illinois.</p> <p>Samantha Kerr -Vector Control Program Manager of IDPH. Environmental update from IDPH INHS Medical Entomology Lab.</p> <p>47 counties participated in active tick dragging in Illinois. This was almost half of all counties in Illinois, during.</p> <p>Collection numbers: 620: <i>Ixodes scapularis</i> (Black Legged tick transmits Lyme) 741: <i>Dermacentor variabilis</i> (American dog tick transmits Rocky Mountain Spotted Fever) 372: <i>Amblyomma americanum</i> (Lone Star tick transmits Ehrlichia and possibly Heartland) 97 <i>Amblyomma maculatum</i> (Gulf Coast tick transmits spotted fever group Rickettsiosis)</p>	<p>Lyme listed under Topics and Services Diseases and Conditions buttons.</p> <p>IDPH messaging campaigns April and May.</p>

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	<p>Specifically going to further discuss the Ixodes scapularis related to this board's interest.</p> <p>IDPH Vector Control continues to follow the CDC guidelines established in 2019 for a universal standard of active tick surveillance.</p> <p>2Surveillance guidelines first objective: Classify counties in your state for black legged ticks into three categories: 1. Established 6 or more ticks in single life stage or two ticks of differing life stages in a county over 12 months. 2. Tick reported in a county – under 6 ticks or only single life stage in a county. 3. No reported data</p> <p>Surveillance guidelines second objective: Test ticks for pathogens of public health importance. Since 2019, 31 counties have tested positive for B. burgdorferi s.s and 5 counties have tested positive for both B. burgdorferi s.s. and B. mayonii.</p> <p>Illinois is number 2 in the nation for active tick surveillance has recognized by CDC.</p> <p>Future mapping will also include prevalence density data.</p> <p>Annual spring messaging from both programs targeted for April (messaging campaign) and May (annual health alert for all Vectorborne illness, including highlighting Lyme). May will include messaging for Lyme awareness month.</p> <p>Linda Kehart: Asking for coordinated May activity.</p> <p>Jennifer Russell: Asking for update on the IDPH tick map location.</p> <p>Samantha Kerr: IDPH has just gone through website updates and we are waiting for update from the team on tick map placement.</p> <p>Dr. Arti Barnes: We will reach out to the team to see if this can be accomplished as it is a good time with COVID cases dropping that this messaging can be promoted.</p>	

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	<p>Rep. Dan Swanson: Asking if Lyme can be added under Topics and Services Diseases and Conditions buttons. Really appreciates the hard work putting the slides together. He identifies a challenge of getting this information out to our medical fields in Illinois. He asks if IDPH is keeping the local health departments informed, and is there some mechanism that can help the medical fields with this data. <u>Questions how it is being disseminated to medical providers and educate the medical field, educational field and the community.</u></p> <p>Dr. Nohra Mateus Pinilla – agrees with Rep. Swanson’s statement of education, and reiterates this is the INHS program to conduct surveys to establish a knowledge baseline for targeted groups across Illinois. She agrees that if we aren’t getting this information out to communities, we aren’t progressing where we need to be. Debbie Freeman was helpful in using contacts to obtain list for survey participants.</p> <p>Rep. Dan Swanson: Not sure the total number of medical providers in Illinois, recommends sending information out as a blats during May to make providers more aware.</p> <p>Dr. Arti Barnes: Outlines that messaging needs to be appropriate for providers that would utilize this type of messaging, and omitting some providers that would not encounter patients with these concerns. We connect Illinois Primary Care Association, the Illinois State Medical Society as well.</p> <p>Dr. Sandra Martell – Suggests that tickborne illnesses need to be added to the medical provider’s systems to help guide the care. There is already vehicles for messaging and educating providers with the use of SIRENS, State and Local health alerts. But a lot of times, the electronic health record with a targeted pop up or reminder will help guide a provider.</p>	

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	<p>Rep. Dan Swanson: Commenting on Debbie's slide, example of 526 cases of Lyme disease in Illinois for 2021 is under reported. He reports that CDC has admitted annual reported numbers is ten times the amount listed. He states that Illinois is over five thousand by that estimate. He states that it is important to have proper reporting of Lyme disease in Illinois. Examples of this would be those who has had long term Lyme, being diagnosed several years ago not being accurately being counted but being treated by a provider.</p> <p>Debbie Freeman: Our IDPH Vectorborne Human Surveillance program follows the guidelines established by CDC to track and report acute cases of Vectorborne diseases in Illinois annually. That is the parameters of our program grant funding.</p> <p>Linda Kehart: She appreciates the presentation of the money trail, but states her 11 year experience with Lyme and the recent challenges of COVID it is not quite there with the intensity that is out there. She expressed that personally, the IDPH program is not helping real people afflicted by Lyme.</p> <p>Dr. Arti Barnes: Noted from the chat section of Webex: Judy Kauerauf; IDPH Disease Control Section Chief: IDPH continue to utilize the established routes of communication with providers via the SIREN platform.</p> <p>Dr. David Porter; ISMS: Willing to participate in joint presentation in addition to the trainings already established. If there is new information since the recent webinar trainings held by ISMS, happy to update or work with IDPH in any way.</p> <p>Sen. Laura Murphy: Via chat - wanted to make note to not forget to target ER providers who see a high incidence of Lyme cases that come into their care.</p> <p>Rep. Dan Swanson: We passed house bill 4515, the Lauryn Russell Lyme Disease Act, allows providers to treat beyond the 14 days recommended by CDC to really get after Lyme disease. That should also be part of the trainings presented by the ISMS. He states that</p>	

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	<p>he passed laws in Illinois to correct these deficiencies by CDC.</p> <p>Dr. Arti Barnes: We could look into evidence-based presentations on what the legal medical options are for treating post Lyme syndrome.</p> <p>Dr. Holly Tuten: Brought up the subcommittee report that was developed and several of the comments today were outlined in the report.</p> <p>Jennifer Russell: Wanted to note on Debbie's slides, Lyme testing has now been expanded and so providers need to be educated on the lab testing availability. Her non-profit support group has 1700 members, and of those 85% are considered not a counted case of Lyme in Illinois. She will be conducting a poll to see when they were diagnosed.</p> <p>Dr. Arti Barnes: Reiterates that providers should be informed for awareness so they are thinking about it when treating patients. Hopefully, this recent definition change and expansion of testing will result in a positive impact and higher number of properly diagnosed acute cases of Lyme.</p> <p>Debbie Freeman: Commented on Lyme cases counted in Illinois. The example is that 2021 cases are provisional until CDC has us submit a final closeout year. Our program encourages cases to be found out as soon as possible to avoid not being missed for the reporting year. Cases that meet definition after the year has been reported closed does not count towards total reported number of that given year. This most recent year has been delayed because of the State and Local response for COVID.</p> <p>The IDPH annual Vectorborne health alert includes additional resources like the tick map. We have also expanded the list of providers for this year to reach more.</p> <p>Rep. Dan Swanson: Questions if there is ever any pushback to CDC on reporting requirements. He says it is limiting IDPH's reporting of Lyme cases.</p> <p>Debbie Freeman: These are the guidelines set forth by CDC per our annual grant cycle.</p>	

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	<p>Judy Kauerauf: IDPH follows the Lyme disease case definition for categorizing acute Lyme cases in Illinois. The case definition is not necessarily dictated by CDC, but rather by the Council of State and Territorial Epidemiologists. Annually these epidemiologists meet to present and argue for expansion of case definitions. An example of these challenges for reporting would be Hepatitis C, as in the acute phase is under reported because the presentations aren't as established. We have a disproportionate amount of Chronic Hep C cases because of the underreporting for Acute Hepatitis.</p> <p>Rep. Dan Swanson: That just doesn't seem acceptable. With Hepatitis, IDPH reports the chronic cases but not Lyme.</p> <p>Dr. Arti Barnes: Hepatitis is tracked in the chronic form because Hepatitis is still a clinical and infectious public health concern. Hepatitis can still be spread after a person is diagnosed via sharing of injection drug syringes. Clinical societies agree with how CDC presents information that someone with potential post chronic Lyme cannot pass on Lyme disease from person to person.</p> <p>Rep. Dan Swanson: But it can. Lyme can be passed on from Mother to child.</p> <p>Dr. Arti Barnes: Potentially in the acute phase, Lyme could be passed, but in the post Lyme syndrome it is more challenging. But to reiterate your concerns; What can someone who has Lyme do? IDPH can continue to promote messaging to providers to treat their patients. Providers do not need to wait for CDC to count a case to treat the patient.</p> <p>Rep. Dan Swanson: Asks what the basis of IDPH's funding from CDC. Is it related to number of CDC cases reported.</p> <p>Judy Kauerauf: Our funding is how Dr. Barnes has described, for acute disease surveillance during it's infectious period. The funding is a base from CDC, distributed across all states that participate for surveillance. It is not specific to an incidence record of a</p>	

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	<p>particular disease. Each state gets a lump sum for funding their programs overall, not specific to a particular disease. Historically, Lyme has not been individually funded, and only recently have we had any funding for tickborne illness surveillance.</p> <p>Linda Kehart: Wanted to personalize one more time for the board that she's a parent of someone with chronic Lyme, she has been in community health and her husband is a lawyer that defends providers and hospitals, so she has been around health care for a long time. When their daughter's primary care provider retired, she spent a month making calls and finally had to do a political thing to get a provider or internist to accept her daughter as a patient. Because of her daughter's chart, no provider was willing to work with a patient that had Lyme in their medical records. She states that is the reality of the current situation. She worked for the foundation for Macon County health department. There are money streams that are out there that can help people. There are people suffering. She wants to help beyond IDPH. She wants IDPH to utilize the task force members.</p> <p>Dr. Arti Barnes: She thanked Linda for sharing her experience. No mother should have to go through what you have described. She acknowledges those are all really important messages.</p> <p>Rep. Dan Swanson: Directly asked Dr. Barnes, the Illinois Department of Public Health Chief Medical Officer, what her view of long term Lyme is.</p> <p>Dr. Arti Barnes: Her view is that if there is evidenced based report showing that long term use of antibiotics is a benefit to the patient, then the medical field would use them more readily. But at this time the evidence shows complications like C. diff and drug resistant bacteria. We need to be more cautious about the use of antibiotic to treat the patient. Treatment may require other steps besides antibiotics that will help and not hurt.</p>	

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	<p>Dr. Nohra Mateus Pinilla: Wanted to make a quick comment that funding resources do not need to come from CDC. There are UofI Vet School and INHS.</p> <p>Linda Kehart: Mentioned the Illinois Lyme Registry, an effort put together with U of I, INHS not involving IDPH.</p>	
5. Public comment	No external members of the public attended. No comments were made.	
6. Adjournment	<p>Dr. Arti Barnes thanked everyone in attendance.</p> <p>Meeting adjourned for running over time 1:07.</p>	

These meeting notes were compiled in accordance with the Illinois Open Meetings Act, 5 ILCS 120 et seq.