

Tick-Borne Disease in Maine

Good Health is Good Business Conference Series

Topics:

- The changing landscape of tick-borne disease in Maine
- Prevention recommendations
- Signs, symptoms, and treatment
- What should employers consider as it relates to work injury





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Legal Disclosure:

The information presented in this session is provided for educational purposes only and is not meant to substitute professional or medical judgment.

Northern Light Health does not know the particulars of your situation, so the information presented today is intended to be general in nature and may not apply to every individual situation.

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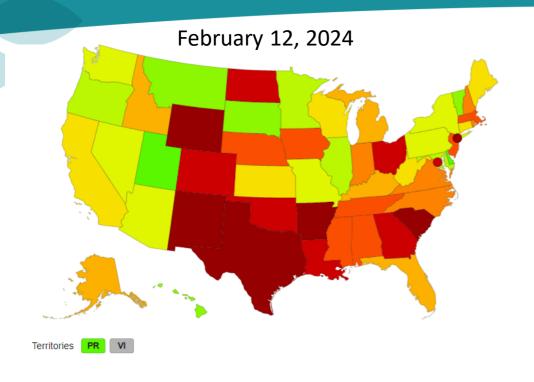
Ask us questions – give us feedback – this hour is for you

 Please use the Q and A function to ask your questions at anytime.

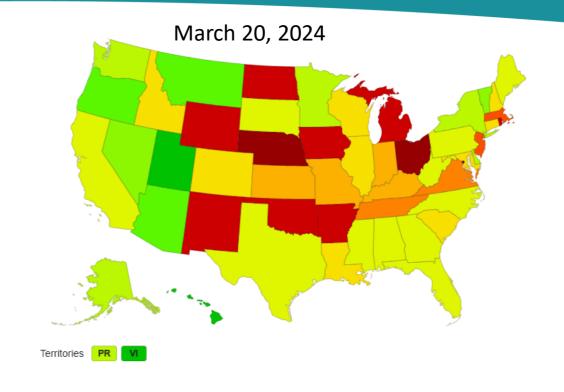
1.	I am able to apply the tools and guidance provided today to support my workplace and/or employees.* Strongly Agree Agree Neutral Disagree Strongly Disagree
2.	The information provided today was easy to understand and relevant.* Strongly Agree Agree Neutral Disagree Strongly Disagree
3.	How likely are you to recommend the Good Health is Good Business conference series to a fellow colleague and / or Maine employer?* Very Likely Likely Neutral Unlikely Very Unlikely
4.	How likely are you to attend one of our Good Health is Good Business zoom conferences in the future?* Very Likely Likely Neutral Unlikely Very Unlikely
5.	What topic(s) would you like us to focus on in the future?

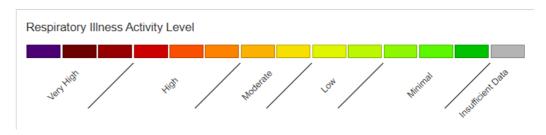
Health in the Headlines

Respiratory Illness Tracker



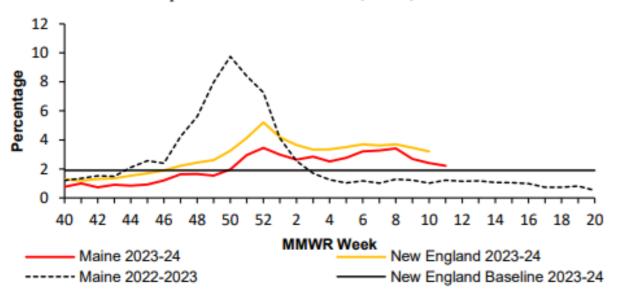




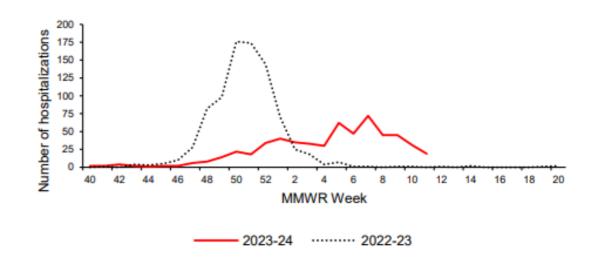


Influenza-Like Illness in Maine

Outpatient Visits for ILI -ILINet, Maine, 2022-24



Influenza Hospitalizations - Maine, 2022-24



New Information on COVID-Vaccines

CDC Summary of recent changes (last updated March 1, 2024):

All people ages 65 years and older should receive 1 additional dose of any updated (2023–2024 Formula) COVID-19 vaccine (i.e., Moderna, Novavax, Pfizer-BioNTech).

Study Published in Heart showed those who are up to date with COVID vaccination but were infected with the virus had:

A 55% decreased risk in heart failure and a 78% decreased risk of blood clots

This was most significant for the 30 days following the vaccine, but benefits lasted up to a year.

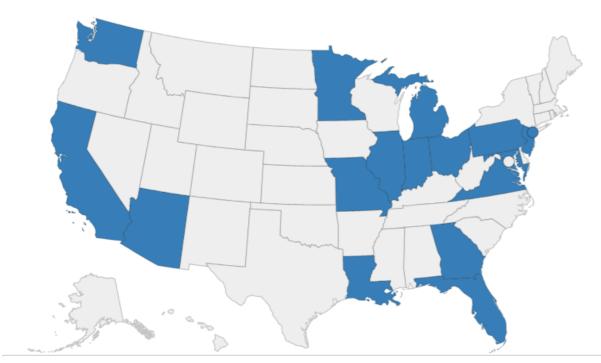
A study in JAMA found no evidence that mRNA vaccines against COVID caused an increased risk in stroke

This follows widely reported concerns based on earlier signal analysis reports of vaccine side effects.

Measles in America

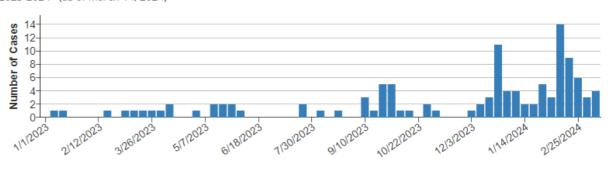
Jurisdictions Reporting Cases in 2024

As of March 14, 2024



Number of measles cases reported by week

2023-2024* (as of March 14, 2024)



Week Start Date

Tick-borne Diseases – Maine 2024

Maine Center for Disease Control and Prevention

& the MaineHealth Institute for Research

Charles Lubelczyk, BS, MPH





What are ticks?

- Ticks are arachnids, related to spiders and mites
 - >850 species worldwide
 - Approximately 90 species in the US
 - Only a handful of species bite and transmit disease to people
- Found worldwide
- Existed at least 99 million years ago (early Cretaceous period – biting dinosaurs?)

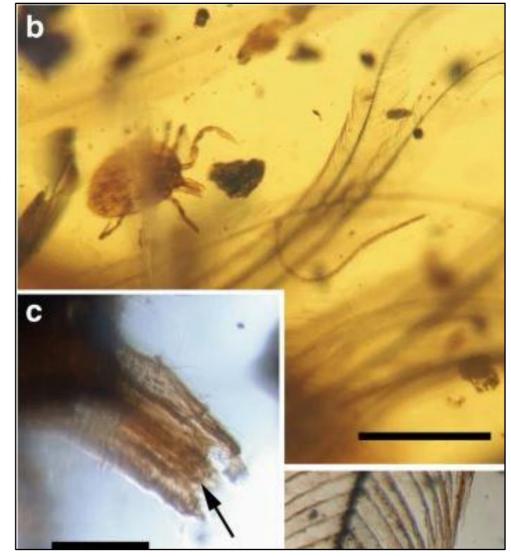
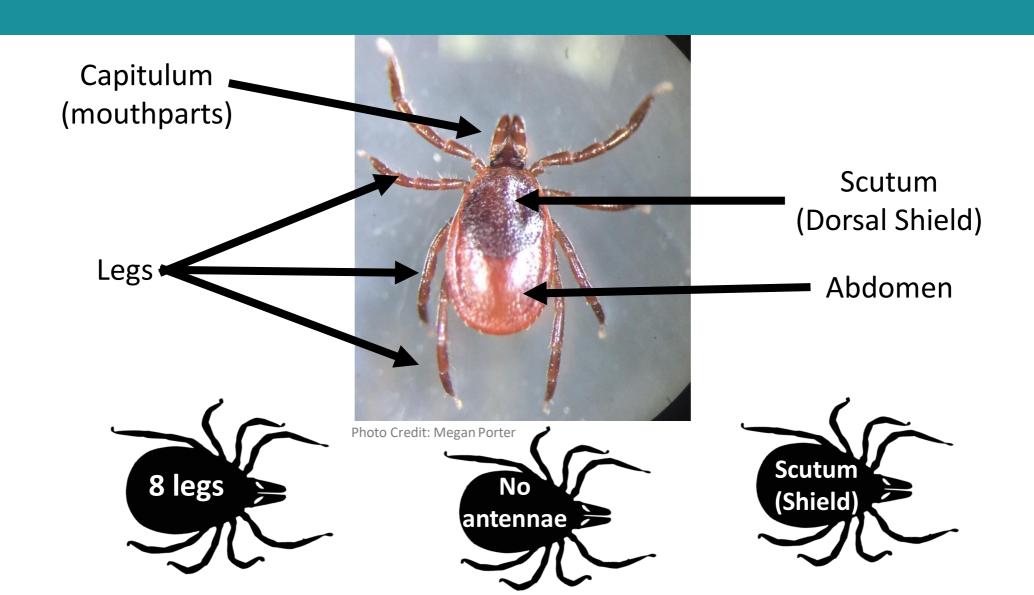


Photo Credit: Penalver et al. 2017

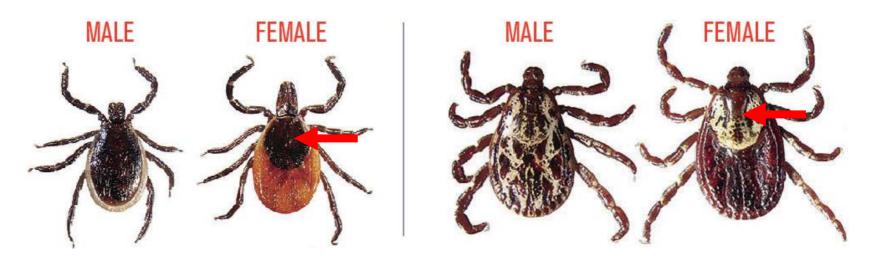
What do ticks look like?



Male vs. Female

DEERTICK

AMERICAN DOGTICK



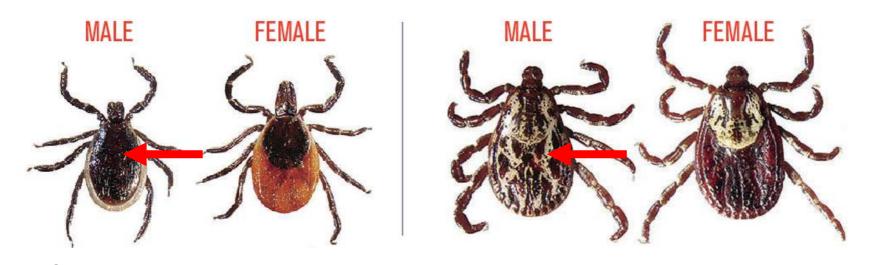
Female

- Short scutum (shield) behind head.
- The rest of the abdomen is left free to expand with blood.

Male vs. Female

DEERTICK

AMERICAN DOGTICK



Male Photo Credit: Griffin Dill

- Scutum (shield) covers entire back.
- Some ticks have lots of decoration here.

What about the "big" ticks?



How do ticks bite?

Long feeding time

Up to 10 days

Barbed hypostome

- Has arrow-like teeth that help keep the tick in place under the skin
- Only part of the tick that is in the host body

Chemicals in saliva help with feeding

- Anesthesia: makes bite painless
- Anticoagulant: prevents blood from clotting



Photo Credit: Megan Porter Photo Credit: MicroAngela

How do ticks move?

Ticks do not fly, jump, or climb trees!



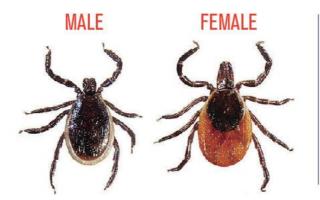
Questing: Ticks use their front two legs to sense when a person or animal is nearby

Ticks will **crawl** to a feeding spot on a person's skin

Video Credit: Megan Porter

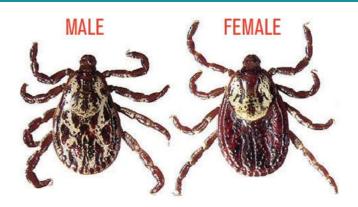
Ticks in Maine

Most Common:



Deer or Blacklegged Tick

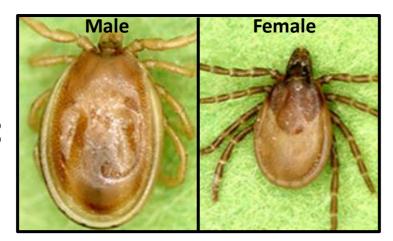
Ixodes scapularis



American Dog Tick

Dermacentor variabilis

Less Common:



Woodchuck Tick

Ixodes cookei

Photo Credit: Griffin Dill

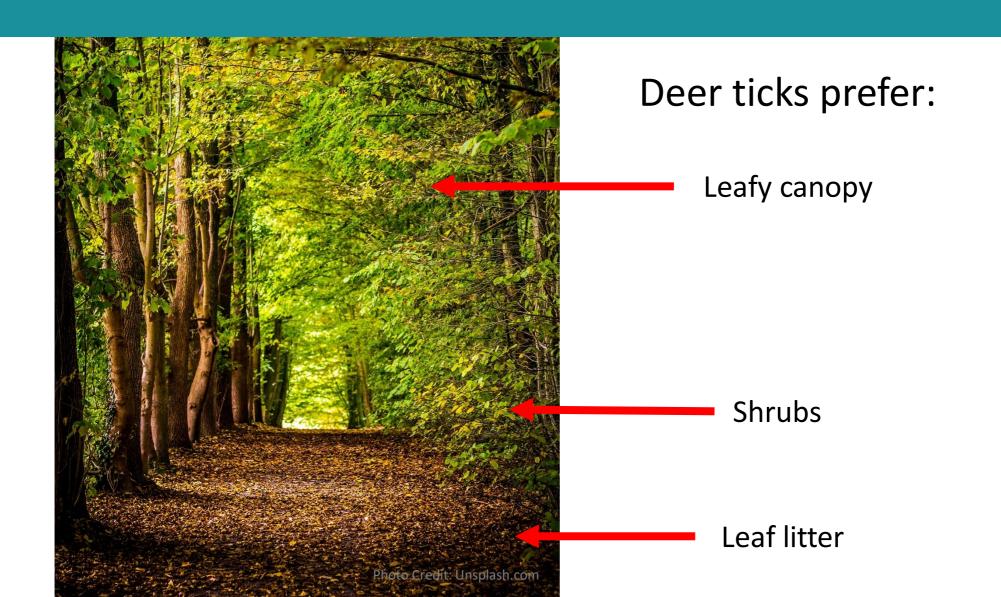
Ticks of Concern



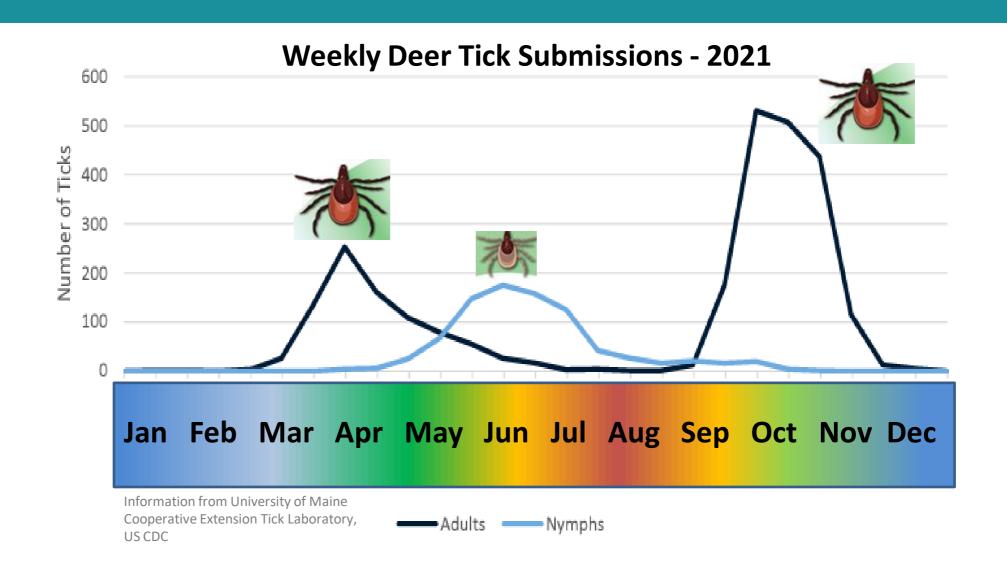
Lone Star Tick *Amblyomma americanum*

Asian Longhorn Tick
Haemaphysalis longicornis

Where do deer ticks live?



Deer Tick Seasonality



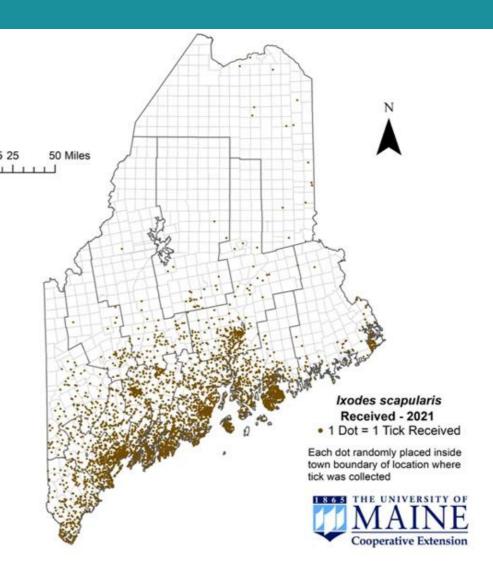
Tick Ecology

	Deer Tick	Dog Tick	Woodchuck Tick	
Habitat	Mixed forestsWoodland edgesSuburban landscapes	Open fieldsLawnsForested areas	 In and around the dens/nests of their hosts 	
Activity	Can be active any time temperature above freezing	April to August	Summer months	
Peak	April or May with another in late October	May and June	July	

Photo Credit: Griffin Dill

Deer Tick Distribution in Maine

In 2021, Maine residents submitted deer ticks from every county.



Tickborne Diseases and Climate

Factors that influence tick populations:



Precipitation



Humidity



Temperature (degree days)



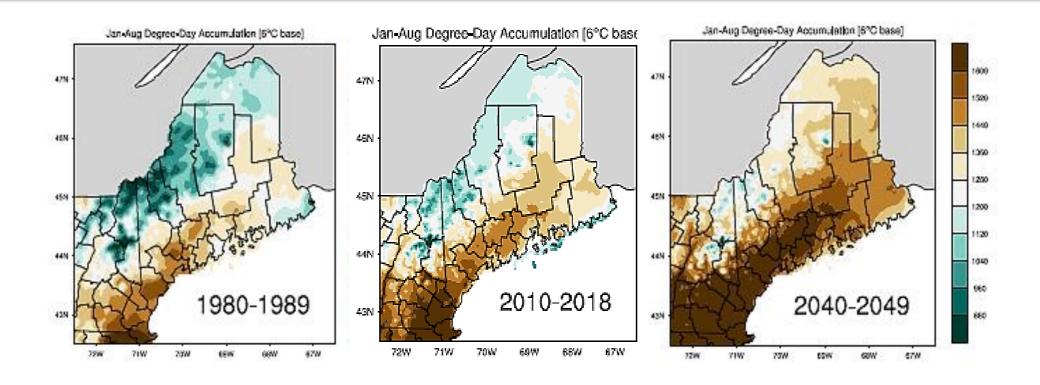
Host populations



Habitat availability



Degree Days in Maine



Scientific Assessment of Climate Change and Its Effects in Maine. A Report by the Scientific and Technical Subcommittee of the Maine Climate Council. 2020.

Tickborne Diseases in Maine

Common

- Lyme Disease
- Anaplasmosis
- Babesiosis

Rare

- Ehrlichiosis*
- Hard Tick Relapsing Fever (Borrelia miyamotoi)
- Powassan encephalitis

Potential Threat**

- Spotted Fever Rickettsiosis
- Tularemia
- Heartland Virus

- * Disease is not normally found in Maine
- ** Possible for disease to emerge in Maine in the future (cases that do occur are often imported from travel)

Tickborne Diseases in Maine







Deer Tick

- Lyme disease
- Anaplasmosis
- Babesiosis
- Hard Tick Relapsing Fever
- Powassan

Dog Tick

- Sporter Fever Ricketiosis*
- Tul en a*

Woodchuck Tick

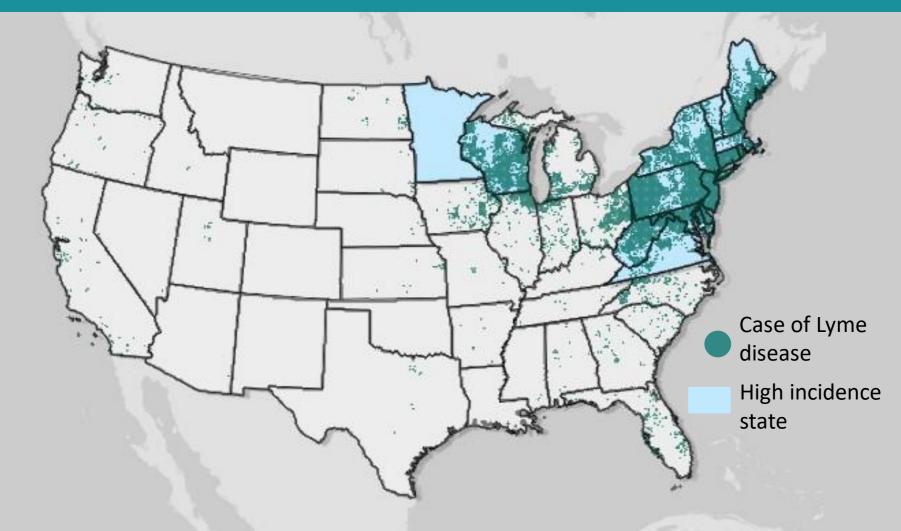
Powassan

- **Lone Star Tick**
- Ehrlichiosis*
- Tularemia*
- Heartland virus*

*The pathogens that cause these diseases not found in ticks in Maine

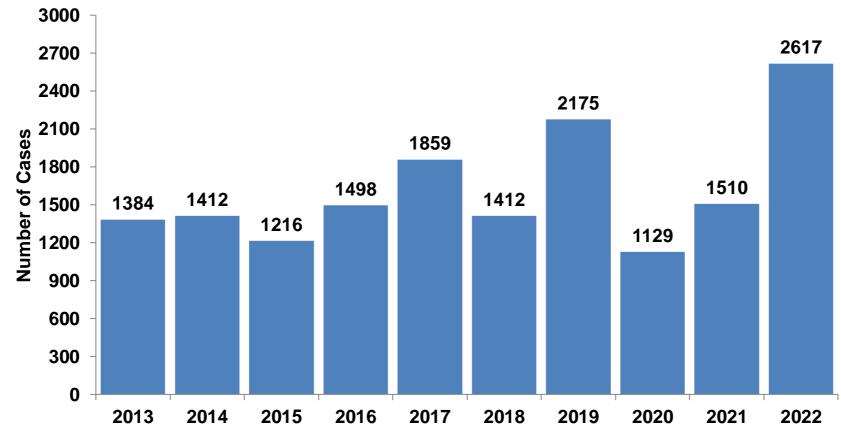
Photo Credit: Griffin Dill and US CDC

Distribution of Lyme in United States - 2020



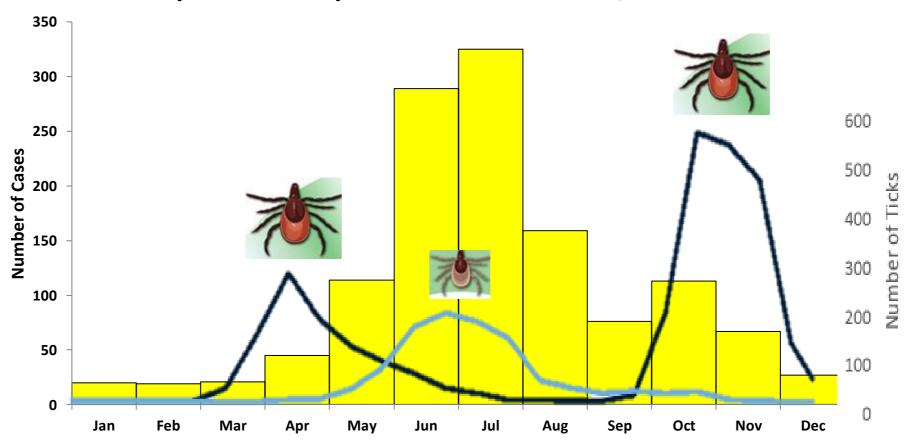
Lyme Disease Cases – Maine, 2013-2022*





Lyme Disease by Onset Month – Maine, 2021





Anaplasmosis

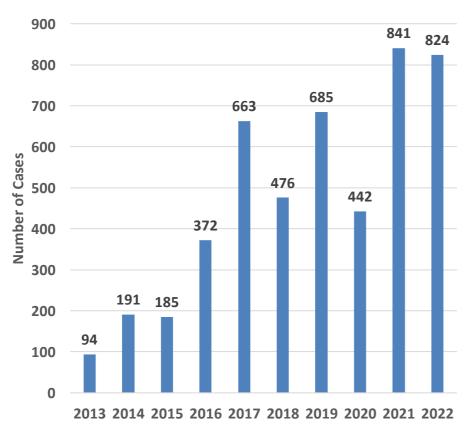


Caused by the bacterium *Anaplasma phagocytophilum*

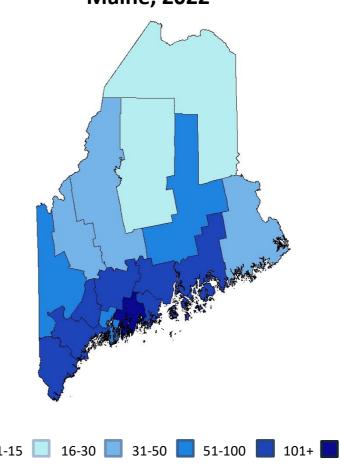
Spreads from infected deer tick within 24 hours during bite

Anaplasmosis in Maine





Anaplasmosis Cases by County – Maine, 2022*



^{*}data as of 3/8/2023

Babesiosis



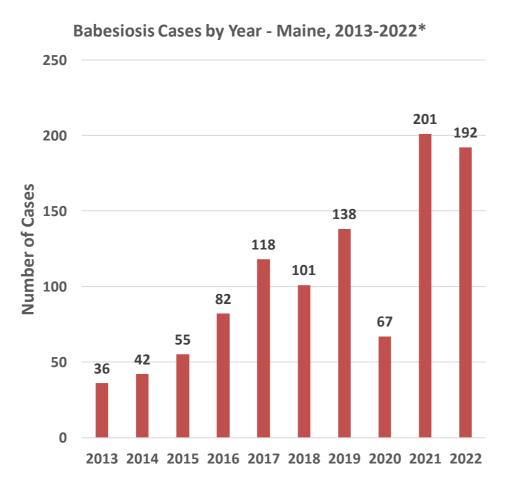
Caused by *Babesia* species parasites that infect red blood cells

Infected **deer tick** must stay attached for **36-48 hours** to spread this parasite

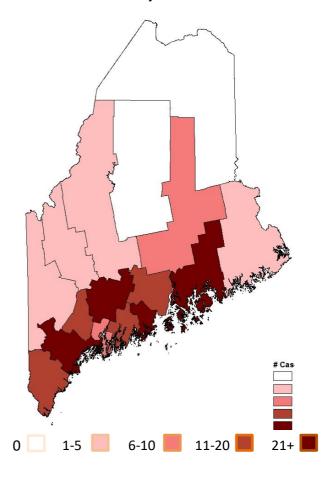
Can also (rarely) spread through:

- Contaminated blood transfusions
- From mother to child during pregnancy

Babesiosis in Maine



Babesiosis Cases by County – Maine, 2022*



^{*}data as of 3/8/2023

Other Tickborne Diseases in Maine



Hard Tick Relapsing Fever (Borrelia miyamotoi disease)

- First identified in 1995, first case in Maine 2016
- Symptoms
 - Fever and chills
 - Headache
 - Muscle and joint pain
 - Fatigue (feeling very tired)

2018	2019	2020	2021	2022*
8 cases	12 cases	10 cases	9 cases	12 cases

Other Tickborne Diseases in Maine



Powassan Encephalitis

- Symptoms
 - Fever
 - Headache
 - Nausea/vomiting
 - Body aches

- Severe disease
 - Confusion
 - Swelling of brain (encephalitis)
 - Death
- For those with severe disease:
 - 1 in 10 cases die
 - Half of survivors have permanent brain damage
- At least one case in Maine every year since 2015
 - Record number of cases for a single year in Maine in 2022

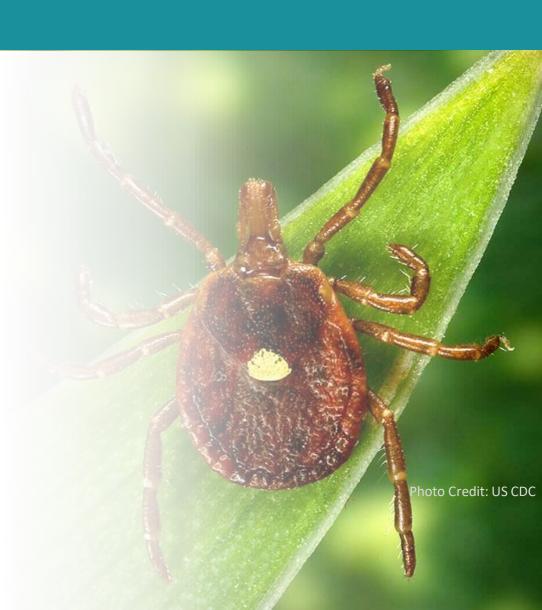
2018	2019	2020	2021	2022*
0 cases	1 case	1 case	3 cases	4 cases

Alpha-Gal Syndrome

Type of food allergy to **red meat**, **milk**, and other products from mammals.

Allergy starts when a **lone star tick bites** a person.

In some people, this triggers an immune system reaction that leads to an allergic reaction.



Alpha-Gal Syndrome

Products that may contain alpha-gal:



Red meat, milk, and milk products

Other food products (gelatin, mammal fat products, meat broth/stock/gravy



Additives, stabilizers, or coatings in some medicines or vaccines

Some medical products (heart valves from pigs or cows, monoclonal antibodies, heparin, some antivenins

Foods that **do not contain alpha-gal**:

Poultry, eggs, fish and seafood, fruits and vegetables

Tick Bite Prevention - Before

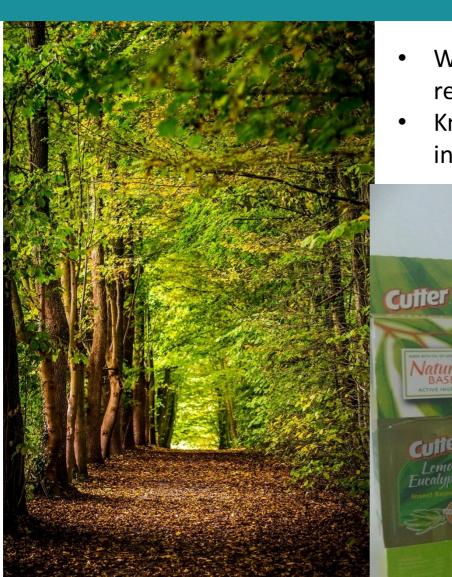
- Wear protective clothing
 - Light colored (white/khaki)
 - Long sleeves and pants
 - Close-toed shoes
 - Tuck pants into socks

- Treat clothes with permethrin
 - Not for use on skin

- Talk to a veterinarian about tick prevention for pets
 - Pets can bring ticks inside too



Tick Bite Prevention - During



- Wear EPA-approved repellent
- Know when you are in tick habitat

Sportsmen

Naturally

- Stay on trails
- Check often for ticks

EXPEDITION"

Photo Credit: www.unsplash.com, Maine CD

Tick Bite Prevention - After

Check for ticks

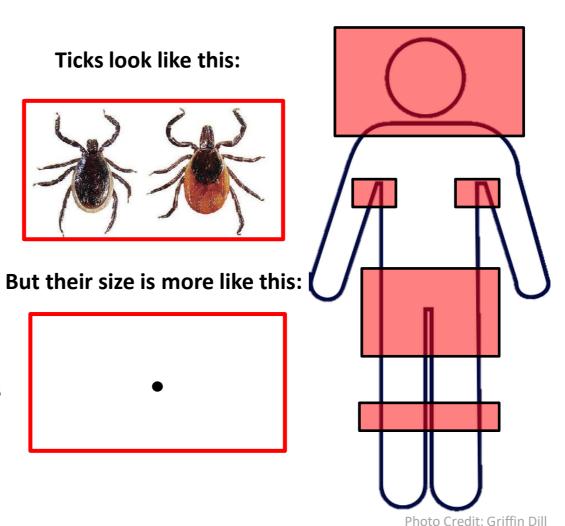
- When you come home
- Before going to bed
- Check pets too!

Take a shower

- May wash off unattached ticks
- Helps with tick check

Put clothes in dryer before washing

- On high heat for 10-15 minutes
- Heat kills ticks that are hiding in clothes
- Wash clothes normally after



What if you find a tick attached?

Do:

- Stay calm
- Use a tick spoon or fine-tipped tweezers to remove the tick
- Monitor for fever, chills, and other symptoms for 30 days

Do Not:

- Wait to remove the tick
- Use nail polish, matches, petroleum jelly, etc. to remove the tick



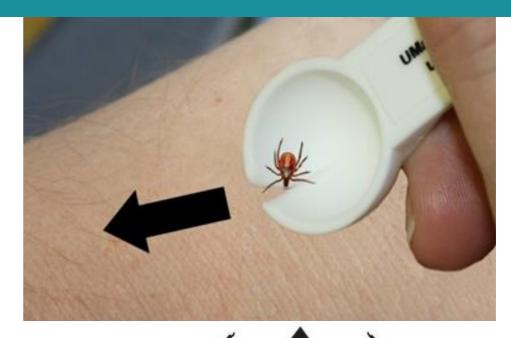
Tick Removal

Tick Spoon:

- Fit notch of spoon around head of tick
- Gently scoop forward with steady pressure

Fine-Tipped Tweezers:

- Grab the tick as close to the skin as possible
- Use firm, steady pressure and pull straight out





What to do with my tick?

Kill and preserve your tick:

- Put tick in a container with rubbing alcohol
- Tick will die and is preserved if you would like to submit for testing

Tick testing:

- University of Maine Cooperative Extension Tick Laboratory
 - Tick identification free of charge
 - Tick testing for \$15 fee (only Maine residents)

www.ticks.umaine.edu



Remember: clinical decisions should **NOT** be made based on tick testing services

Make Your Yard Safer



For More Information

Maine CDC

- Vectorborne Disease Information: www.maine.gov/dhhs/vectorborne
- Information for Schools: https://www.maine.gov/dhhs/shm
- Disease Reporting Consultation Line: 1-800-821-5821
- Disease Reporting Consultation Email: <u>disease.reporting@maine.gov</u>

MaineHealth Institute for Research Vectorborne Disease Lab

www.mhir.org

University of Maine Cooperative Extension

www.ticks.umaine.edu





A Tick "TED" Talk

Scott J. Melton, MD, PhD



Tickborne Diseases in Maine





- Spotted Fever Rickettsiosis*
 - Tularemia*



Powassan



Lone Star Tick

- Ehrlichiosis*
- Tularemia*
- Heartland virus*

Babesiosis

Hard Tick
 Relapsing Fever

Deer Tick

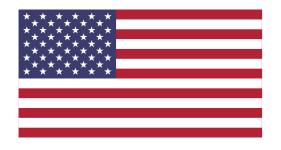
Lyme disease

Anaplasmosis

Powassan

Photo Credit: Griffin Dill and US CDC

Lyme Borreliosis



Borrelia burgdorferi

Geographically localized

- ~20-30,000 cases reported annually
- 95% of cases occur in 14 states
- Coastal, lake, and river environs
 - New England
 - Mid-Atlantic
 - Upper Midwest

Lyme Disease Presentations

Early, localized

Erythema migrans

Early, disseminated

Multiple erythema migrans

Cardiac

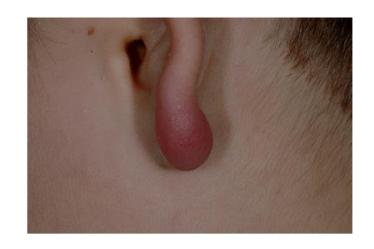
Neurologic

Late

Lyme arthritis

Neurologic (rare)

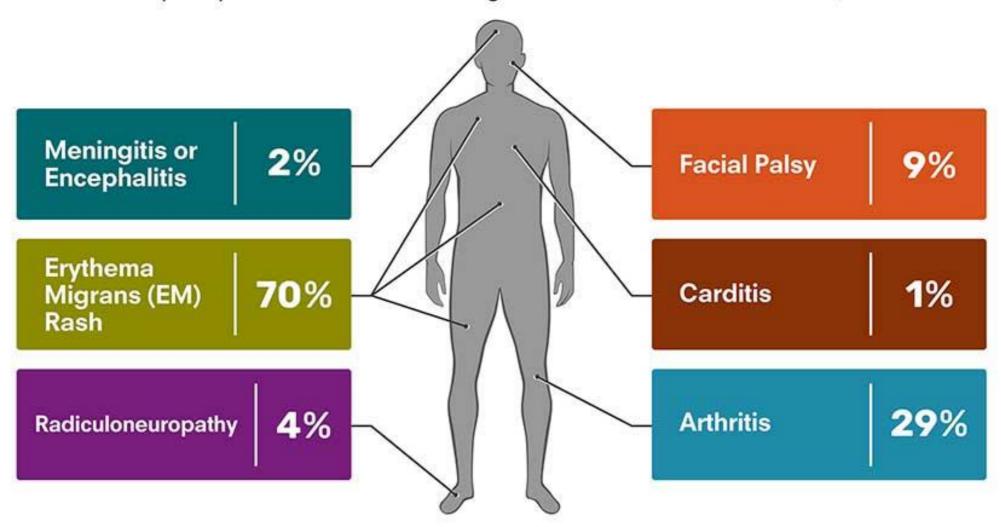
Dermatologic (Europe)



03.21.2024

LYME DISEASE

Relative frequency of clinical features among confirmed cases - United States, 2008-2018



18-year-old male living in suburban Maryland presents to a medical clinic in July complaining of a rash growing to 12 cm, first noted 4 days ago. Otherwise, patient has no symptoms. Patient works as a landscaper, noted a tick bite 10 days ago. Was seen in urgent care and given cephalexin 2 days ago.



shutterstock.com • 1643295511

Early Localized Lyme Disease: Erythema migrans

Classic



Most common



Typical Erythema migrans





Erythema migrans

Primary Lesion: Occurs 3-30 days (average of 7-14d) at site of tick bite

> 5cm = more secure diagnosis

Differential diagnosis includes: cellulitis, tinea, erythema marginatum, tick hypersensitivity reaction

Clinical diagnosis: Characteristic rash + epidemiology + consistent history

- serologic testing at this point is not recommended
- acute serology 40-70% in early Lyme disease

Most lesions with minimal local symptoms

around 70% experience flu-like symptoms (fever, headache, myalgias)

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Early Localized Lyme Disease: Treatment

Oral Antibiotics

Doxycycline 100 mg for 10 days

Amoxicillin 500 mg for 14 days

Cefuroxime axetil 500 mg for 14 days

Alternative: Azithromycin 500 mg daily for 7 days

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Early Disseminated Lyme Disease



Multiple Erythema migrans

often smaller and less red than the primary lesion

Patients are always ill:

- Fever
- Flu-like symptoms
- Headache

Early Neuroborreliosis - Facial Nerve Palsy

Facial nerve palsy occurs in up to 25% of patients with Lyme disease¹

Serology can take 4-6 weeks to turn positive

If untreated, recheck if negative and suspicious

Most would get better without antibiotic therapy²

Main role of antibiotics is to prevent later disease



Early, Disseminated Lyme disease- Lyme carditis

19 y/o male collapsed outside of VT college cafeteria

A lacrosse athlete, had not been well for approx. 1 month



Lyme Carditis

1st, 2nd, or 3rd degree block

- may be variable
- third-degree block more often identified since these are usually symptomatic
- May need temporary pacer
- Complete heart block usually resolves within several days of antibiotic, lesser blocks may take weeks.

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Lyme Carditis- Treatment

Outpatients can be treated with oral antibiotics such as doxycycline

Hospitalized patients should be treated initially with IV antibiotic, however, can be transitioned to oral antibiotics once there is evidence of clinical improvement

Duration is 14-21 days of total antibiotic therapy.

Late Lyme Disease-Lyme Arthritis

Recurrent mono- or oligo- arthritis

Knee most common

- Large, cool effusions
- Baker's cysts may develop

Other large joints possible as well as TMJ

Affects 50-60% of untreated patients

May remit and recur over weeks to months without antibiotic treatment



Lyme Arthritis Treatment

Initial treatment: Oral antibiotic therapy for 28 days

Partial response: Mild residual joint swelling

Minimal response: Moderate to severe joint swelling with minimal reduction of the joint effusion

• IV antibiotic for 14 to 28 days

Post-Antibiotic Lyme Arthritis

Approximately 10% of patients do not respond to repeated antibiotic therapy

Thought to be an autoimmune phenomenon



Late Lyme Disease: Neurologic

Encephalopathy:

Objective cognitive dysfunction

Often due to systemic illness, rather than true Central Nervous System infection

Encephalitis: rare

Objective neurological or cognitive dysfunction

White matter changes on MRI or abnormal CSF

CSF typically has lymphocytic pleocytosis and positive Bb Ab

Peripheral neuropathy: rare (controversial)

Pain or paresthesia

Diffuse axonal changes on EMG/NCV

Lyme Disease: Expectations

Time	Symptomatic
Erythema migrans (d0)	73%
3 months	24%
> 6 months	11.5% (0-40.8%)
15 years	Equivalent to general population

Wormser, et al. Ann Intern Med 2003; 138:697 Cerar, et al Am J Med 2010; 123:79 Wormser et al. Clin Infect Dis 2015; 61 (2): 244

- Need to manage expectations
- > No benefit for additional antibiotics
- Post-infectious syndromes are not unique to Lyme disease

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Chronic Lyme Disease

Vague term, often used by some to encompass a broad range of symptoms

Often without a good clinical history or reliable evidence of lyme disease by laboratory testing

Offered as an explanation for chronic fatigue, pain, headaches, brain fog, sleep problems, depression

Often a misdiagnosis of some other legitimate disease such as MS, ALS, autoimmune disorder, Alzheimer's, Autism, Parkinson's

Lyme Disease Prophylaxis

Determine if this is a high-risk bite vs equivocal or low risk bite

High risk defined as:

Within 72 hours

Tick bite was from an identified vector

Occurred in a highly endemic area

Tick was attached for \geq 36 hours

Otherwise, a "watch and wait" approach is recommended

Lyme Testing

Two step process

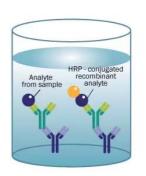
First is a screening antibody test

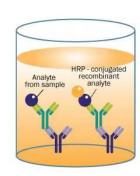
Very sensitive but not very specific

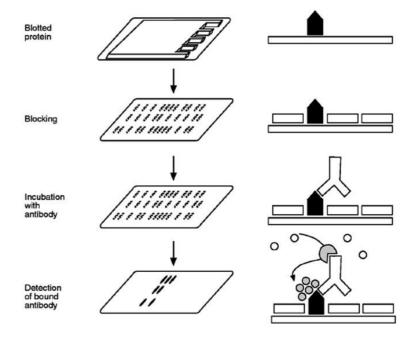
Second is a confirmatory Western blot

- Less sensitive, but more specific than the screening test
- Not a simple yes/no test, requires interpretation



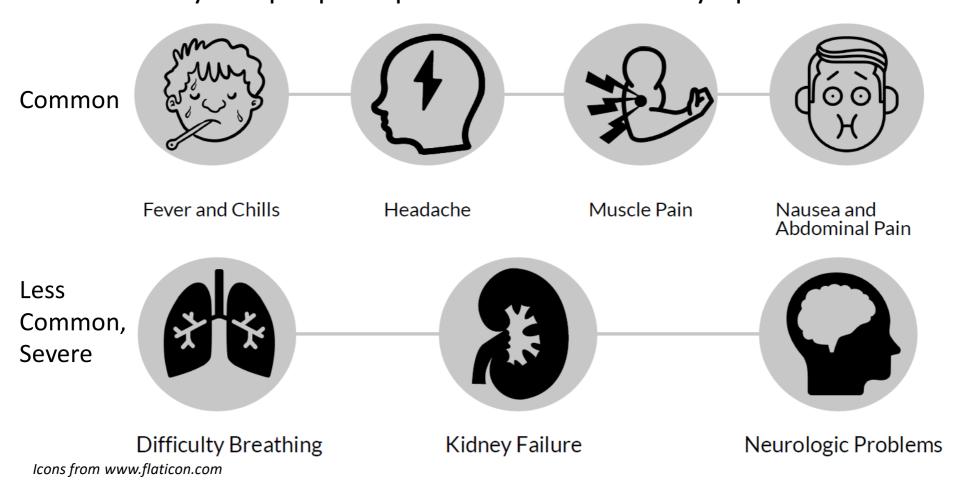






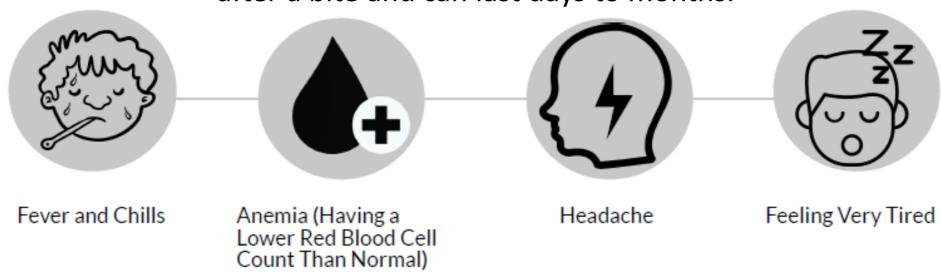
Anaplasmosis Symptoms

Symptoms range from mild to severe. Very few people experience **ALL** of these symptoms.



Babesiosis Symptoms

Symptoms start within a few weeks or months after a bite and can last days to months.



Highest risk:

- Elderly people
- People without a healthy spleen
- People with a weak immune system

Discussion: Ask us your questions using the Q and A function



Karen Hawkes, MS Vice President of Operations, ACO Northern Light Health



Chuck Lubelczyk, BS, MPH Vector Ecologist MaineHealth Institute for Research



Scott J. Melton, MD, PhD Infectious Diseases Northern Light Eastern Maine Medical Center



Howard Jones, MD, MPH Medical Director Northern Light Work Health



Jim Jarvis, MD, FAAFP, Senior Physician Executive Northern Light Health Director, Clinical Education Northern Light Eastern Maine Medical Center

Tools you can use:

https://wellness.northernlighthealth.org/Good-Health-is-Good-Business

Good Health Is Good Business – Business to Business Zoom Conference Series

Good Health is Good Business is designed to provide Maine employers and community leaders with information and resources to help support employee health and well-being. Join us to learn more about emergent health issues and engage with experts in the field and business leaders about topics that interest you!

Attendees are asked to join the conference by Zoom and listen to audio using your computer only. Please do not dial in while also connected via your computer. The dial-in number is for those not joining by computer. This will help accommodate a larger number of participants. See you Thursday!



March 21, 2024

Tick Borne Illness

Topics will include:

- The changing landscape of tick-borne disease inMaine
- Prevention recommendations
- · Signs, symptoms, and treatment

Register Now

Past Webinars



February 15, 2024

Developing the workforce through mentorship and succession planning

View Resources



January 18, 2024

Navigating the Challenges of Pharmaceutical Costs

View Resources



December 14, 2023

Supporting Employee Mental Health

View Resources

Register and Save the Date – Thursday, April 25th



Topics will include:

- The importance of climate resiliency and sustainability
- Developing a team and culture to support climate initiatives
- Assessing benefits and risks
- Steps to create a climate resiliency plan



One-hour Zoom conferences and moderated forum with Q and A presented by Northern Light Health

ZOOM Business to Business Conference Series

GOOD HEALTH IS GOOD BUSINESS

Learn how to support your employees and your customers to operate a safe and healthy business.

Corporate Responsibility for Climate Resiliency and Sustainability

Thursday, April 25th at 11 am

The Zoom meeting ID will be sent to you upon registering



Topics will include:

- The importance of climate resiliency and sustainability
- Developing a team and culture to support climate initiatives
- Assessing benefits and risks
- Steps to create a climate resiliency plan

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Please contact Felicia Hailey for more information fhailey@northernlight.org

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