



Joint Senate Aging and Youth and Health and Human Services Committees
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Good Morning Chair Baker, Schwank, Brooks, and Haywood. I am Acting Secretary of Health Dr. Rachel Levine, and I am joined today by Deputy Secretary of Health for Health Promotion and Disease Prevention, Dr. Loren Robinson and Tomas Aguilar, Director of the Bureau of Health Promotion and Risk Reduction at the Department of Health. I would like to take the opportunity to thank you, the rest of the Health and Human Services committee as well as the Aging and Youth Committee, for inviting us to discuss Lyme Disease within the commonwealth and the department's activities as it relates to this disease.

As you're no doubt aware, Lyme disease is the most common tick-borne infection in both North America and Europe. Lyme disease is transmitted to humans through the bite of infected blacklegged ticks. These ticks, which may only be the size of a pin head, are usually found in wooded areas or in areas of tall grass. Patients treated with appropriate antibiotics in the early stages of Lyme disease usually recover rapidly and completely. If left untreated, or if the initial treatment is unsuccessful, the infection can spread to joints, the heart, and the nervous system, and in rare cases, can be fatal.

Each year, approximately 30,000 cases of Lyme disease are reported to the Centers for Disease Control and Prevention (CDC) by state health departments and the District of Columbia. Due to underreporting, the CDC estimates that the true number of Lyme disease cases is around ten times higher than the actual number of cases reported.

In 2015, Pennsylvania had more confirmed cases of Lyme disease than any other state in the nation. This is attributable to not only the high volume of cases but also to procedural changes in other high prevalence states, such as New York, which no longer investigate and confirm every reported possible case.

Lyme disease cases were originally concentrated in the eastern part of Pennsylvania. However, the disease has been moving westward. For the past three years, every county in Pennsylvania has had at least one case of Lyme. Statewide, the number of cases per 100,000 citizens has nearly doubled from 46.2 in 2013 to 89.4 in 2016.

In 2014, the General Assembly enacted Act 83, the Lyme and Related Tick-Borne Disease Surveillance, Education, Prevention and Treatment Act. The Department of Health established a Task Force on Lyme disease and related tick-borne diseases and in September 2015, the Task Force issued its report, including 16 recommendations. Included in the recommendations was that the Legislative Budget and Finance Committee (LBFC) provide an estimate of the costs for these recommendations.

Within the LBFC's report, each recommendation from the Task Force's report is estimated individually and each have minimum costs and maximum costs across a five-year period. At the minimum, the first-year cost is estimated at about \$4 million per year, and would include not just beginning to implement these activities but the hiring of staff within the department to manage the work of implementing these recommendations, at the maximum, the cost for implementation is in excess of \$23 million per year.

The largest cost item noted in the LBFC's report is in disease surveillance. Surveillance received the greatest number of individual recommendations in the Task Force's report. This is emblematic of the importance of knowing, at the very least, more about the disease, its transmission, its locations and its overall impact. Surveillance programs across the state are extremely small and are also in need of significant funding to truly have an impact. For example, East Stroudsburg University (ESU) has the largest passive and research tick testing program in Pennsylvania. However, their site indicates a sample size of 471 ticks for the 26 percent positive rate. They are working hard within the limitations that exist to

improve the information available to the public. The department stresses the importance of their effort, and we praise them for the work that they are doing in researching this disease, however as was indicated in the Task Force's report, more information is sorely needed.

At this point in time, and in the absence of specific funding, the department has implemented several successful public awareness campaigns during the last two years to focus on preventing the disease. Former Secretary of Health Murphy and I traveled the state raising awareness through high-profile media events, and we are using social media and public health education program to talk more about how to prevent getting bit by a tick. Lyme disease awareness and primary prevention education programs were conducted in 18 high-risk counties between October 2015 and September 2016, which included Adams, Bucks, Cambria, Centre, Clearfield, Cumberland, Franklin, Lancaster, Lehigh, Monroe, Montgomery, Northampton, Pike, Susquehanna, Tioga, Wayne, Wyoming and York counties. These prevention and education programs were conducted in conjunction with the department deploying our community health nurses, who conducted 284 Lyme presentations statewide.

We also continue to partner with our sister agencies on multiple fronts. For example, the department and the Pennsylvania Game Commission are flagship partners of the Get Outdoors PA (GOPA) initiative, which is administered by the Pennsylvania Recreation and Park Society (PRPS). Between July and September of 2016, informational brochures were created and distributed to partners to target populations who participate in outdoor recreational activities. That brochure can be found on the Get Outdoors PA website at www.getoutdoorspa.org.

We have also partnered with the Department of Conservation and Natural Resources (DCNR) to assist with the dissemination of information and to help identify and develop funding opportunities to enhance the safety and health of the DCNR field staff, the plans of which DCNR can better speak to. Additionally, in conjunction with DCNR, CDC signage warning of the dangers of tick borne illnesses have been placed in state parks and districts. We are also continuing to partner to modernize educational materials that can be shared throughout the state with park visitors, through both DCNR's electronic newsletter, which is distributed to over 6,000 individuals, as well as through active campaigns on social media.

As another example of multiagency cooperation, we will be working with the Department of Education to educate school nurses on the disease, 30 of which have already received the education across the state. This education includes training on what schools can and should do if a student is bitten by a tick while at school and how parental notification should be completed. We are seeing school nurses continue to request additional education to enable them to properly handle these situations, and we have utilized multiple local experts across the state to deliver primary and secondary prevention measures and will continue to do so.

In order to increase the education outreach efforts of the department, we were able to dedicate funding from the Prevention Health and Health Services Block Grant. This funding, while severely limited, is being used to help fund community organizations in their Lyme disease education, prevention and outreach efforts.

There are multiple barriers to fully implementing the Task Force recommendations. However, none is more significant than not having sufficient dedicated funding from which to draw to ensure dedicated staff within the department are able to marshal available resources to implement the recommendations. The department continuously looks to identify grants for which state health departments are eligible to apply.

In the interest of continuing to increase the public's awareness of Lyme disease and the threat of other tick-borne diseases, Governor Wolf issued a proclamation claiming May 2017 as Lyme Disease Awareness Month and we utilized an existing public service announcement (PSA) developed and available from CDC which ran statewide from May 29, 2017 to June 30, 2017, utilizing funding from the block grant.

I would be remiss if I did not stress the fact that, while we recognize how serious Lyme disease is and the current state of the disease in Pennsylvania, I cannot stress enough how important it is that people do not avoid an active lifestyle because of it. Proper education and prevention is paramount to stopping the spread of Lyme disease, and I assure you that we as a department remain committed to this endeavor and look forward to implementing the Task Force recommendations on a greater scale, with the aid and support of the Legislature, as soon as possible.

We would like to thank the members of the committees for their time today, and we will be happy to answer your questions.