

PA Department of Health Testimony

Senate Banking and Insurance Committee Hearing on Lyme Disease

June 22, 2010

Good morning, Senator (Don)White, Senator Stack and other members of the Senate Banking and Insurance Committee, I am Dr. Ostroff, Acting Physician General of the Pennsylvania Department of Health (Department), and am here to represent the Department. Speaking for the Department and for Secretary Everette James, let me thank you for extending an invitation to participate in this hearing on Lyme disease and other related disorders.

Since we are holding this hearing in mid-June, it is important to recognize that we are right in the midst of the peak season for exposure to Lyme disease in Pennsylvania. Data obtained by the Department over the last several decades since Lyme disease was first recognized in the 1970s tells us that late spring and early summer are the greatest period of risk for exposure to infected ticks in the Commonwealth. This is especially true in the southeast part of the state where the majority of Lyme disease infections occur, and to an increasing degree, in the south central parts of the state as well. As a result of these infections, over the rest of the summer thousands of Pennsylvanians will become ill and be diagnosed with Lyme disease. And to a much lesser degree, some will be identified with the other diseases that have been associated with a tick bite.

This pattern occurs year after year because May and June are the times when ticks most actively reproduce and seek a blood meal. It's also the time when people shed their winter clothes, put on t-shirts and shorts, and enjoy the sunshine and warm weather by spending time outdoors in their gardens, back yards, and in our beautiful forests and state parks. There they are all too likely to encounter an over-abundance of the ticks that carry the disease. They are also almost as likely to have neglected or forgotten to take the necessary precautions to avoid tick exposure. And Lyme disease is unforgiving. All you have to do is let your guard down one time to become infected.

This is quite unfortunate. Because while the focus of the bill that forms the basis of this hearing (SB 1199) is on treatment, especially treatment of people with the long term consequences of Lyme disease, we in the Department believe the primary focus of our efforts should be to prevent the infection in the first place. As is so often the case, your mother was right. When it comes to Lyme disease, an ounce of prevention (or maybe we should say an ounce of insect repellent) is worth a pound of cure. Or in some cases, years of misery and attempted cure.

We recognize that there are many controversies that swirl around Lyme disease. It is also unfortunate that so many of these controversies surround diagnosis and treatment. And as a result, so little of the tremendous energy around this disease is placed on trying to prevent it in the first place. Because this leads to the inevitable perception, rightly or wrongly, that Lyme disease is not preventable. Our own statistics support this contention in that the trend was steadily upward throughout the 1990s and over the past decade has been at best flat. But it is totally inaccurate to say that nothing can be done to stop Lyme disease.

For there are clearly things that can be done, and should be done, by those engaged in outdoor activities. These include routine use of insect repellants or use of repellant-impregnated clothing, wearing long sleeves or long pants while in brushy or forested areas, and always conducting tick checks after activities in those locations. There are certainly things that can be done around the home to reduce tick breeding habitats and tick populations. And we need to be doing the research to develop better preventive tools. Ten years ago we had a vaccine for Lyme disease, we no longer do. The failure of this earlier effort should not dampen the enthusiasm or effort for a new generation vaccine. And we need to develop methods to disrupt the cycle of Lyme disease in nature and keep the ticks from being infected in the first place. We certainly shouldn't accept as a fait accompli the fact that thousands of our family members, our friends, our school children, and our co-workers unnecessarily acquire this infection every year.

Regardless of how people feel about treatment of Lyme disease and its chronic consequences, everyone agrees that we need to take prevention more seriously. This was a clear message from a Lyme disease working group that was coordinated by the Department in 2007 and 2008. We can do this by expanding our educational efforts, especially among the school children mentioned in Senate Bill 1199, especially those in the higher risk zones of the state. But also we should increase our outreach to those exposed while on the job, since so many of our workers engage in outdoor occupations in high risk settings. The Department would welcome opportunities to partner with other state agencies, with the advocacy community, with the media, and with the medical community, on educational outreach focused on prevention and control of tick borne disease. But this will take dedicated resources which don't currently exist to accomplish.

So the Department welcomes the fact that Senate Bill 1199 focuses on educational campaigns. But we strongly believe that educational campaigns, whether they target the public or the medical community, focused on treatment and alternative standards of care sends the wrong message. Again, we would rather prevent this disease than continue to bear the unacceptable burden of its devastating consequences.

As mentioned, the Department did constitute a work group that examined the many concerns surrounding Lyme disease. This effort included public hearings where the gamut of issues regarding disease surveillance, diagnosis, treatment, co-infections and reimbursement were voiced. But there was also a universal sentiment that we don't do enough to keep people from getting infected in the first place, especially in those areas on the westward and northward leading edge of the spread of disease. Every speaker encouraged educational efforts not only in the highly affected parts of the state, in our state parks and recreation areas, and in those areas where the infection is encroaching. The Department would like to see any efforts focused on accomplishing these goals.

Senate Bill 1199 contains similar provisions to a house bill that was first submitted in 2007. At that time the Department raised concerns about the provisions of that bill that place impediments on the ability of the State Boards of Medicine and Osteopathy from carrying out their duties, about the singular focus on long term antibiotic therapy, and with the significant unfunded mandate given to the Department. These same concerns pertain to Senate Bill 1199, which in fact gives the Department an even greater role and higher associated costs.

This is not meant in any way to diminish the importance of Lyme disease or ignore the concerns of those who live with the consequences of this infection. The Department would clearly like to expand its portfolio of activities around tick borne disease, especially given the sizeable burden of illness in the Commonwealth. Other than a small grant from the Centers for Disease Control and Prevention, we have never had any dedicated funds or personnel to address this disease. But we would like to do more in the areas of improved disease surveillance and reporting, better diagnostics, an expanded educational portfolio, and support for research on preventive measures in our academic institutions.

Therefore, we would be happy to work with the Committee and others in the legislature to address these areas and build upon our efforts to reduce the sizeable burden of illness on our citizens.

Again, thank you for this opportunity to testify. I would be happy to answer any of your questions.