

Feb. 16, 2022

Office of the Assistant Secretary for Health
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 715-G
Washington, D.C. 20201

Submitted by email at tickbornedisease@hhs.gov

RE: IDSA Comments to Tick-Borne Disease Working Group

The Infectious Diseases Society of America (IDSA) is writing to provide input to the Tick-Borne Disease Working Group (TBDWG) ahead of its Feb. 28, 2022, meeting to review the work of the Working Group's subcommittees and develop recommendations for its 2022 report to Congress.

IDSA represents more than 12,000 infectious disease physicians, scientists, public health practitioners and other health care professionals specializing in infectious diseases. IDSA members focus on the investigation, diagnosis, epidemiology, prevention and treatment of infectious diseases. Our members care for patients of all ages with serious infections, including tick-borne diseases. We would be happy to serve as a resource for the Working Group.

IDSA appreciates the work of the Working Group and its subcommittees and continues to strongly urge the Working Group to ground all its recommendations in the best available scientific evidence. Below, we have flagged critical areas for funding and support we feel the Working Group is best equipped to address.

Surveillance and Tick Ecology Studies and Funding

IDSA supports increased funding to expand and strengthen surveillance of tick populations and tick-borne diseases. The [recent range expansion of several different tick vectors](#) like *Ixodes* and *Amblyomma* spp. underscores the continued importance of surveillance in tick-borne disease prevention. Despite the necessity of surveillance efforts, [studies](#) have shown that less than half of public health and vector-control agencies in the U.S. engage in active tick surveillance. Even fewer entities conduct disease testing on ticks. Equipping state and local public health departments to conduct surveillance, disease testing, tick control practices and streamlined data sharing is important to prevent tick-borne diseases. Further, we support increased funding for more tick ecology surveys and studies that can help characterize tick populations and dynamics. Maintaining accurate, thorough and timely information on tick ecology is essential to inform prevention efforts.

Vaccine, Diagnostic and Therapeutic Development

Research on Lyme disease vaccines has increased in the past few years and should be supported. However, vaccines and treatments for tick-borne diseases with lower prevalence, such as babesiosis and anaplasmosis, are often neglected in research due to lack of funding and difficulty in mounting clinical trials. Further, therapeutic options for rapidly emerging tick-borne diseases

like Powassan are virtually nonexistent. Funding should be directed to partnerships with industry in addition to vaccine and therapeutic development for these tick-borne diseases, including specific research areas like developing treatment alternatives to doxycycline for intolerant patients infected with *Ehrlichia* spp. Incentives that have proven useful in other disease areas with small patient populations and limited profitability should be explored for neglected tick-borne diseases — such as extended exclusivity, novel regulatory pathways, tax credits and research grants. Additionally, we support funding for the development of educational materials on licensed vaccines to boost vaccine confidence and uptake.

Improvements in diagnostic approaches for tick-borne diseases are also needed, especially direct assays for Lyme disease that accurately detect the presence of the bacterial organism instead of relying on “indirect” tests. Support should be directed to developing direct diagnostic assays with increased efficacy and accessibility to patients. To further support diagnostic efforts, additional resources should be focused on supporting and expanding existing biorepositories of tick-borne disease samples and developing new repositories. These efforts can increase access to necessary diagnostic samples for the research community and support the development of improved diagnostic assays.

Patient Access and Equity

Recognition of tick-borne diseases in underserved populations including African American/Black, Hispanic, Latinx and others is also critical. While rates of tick-borne diseases are often lower in these groups, it has been noted that diseases like Lyme are often detected at later stages in these populations, making these patient groups more prone to complications and delayed treatment. Many doctors are not trained to identify dermatologic symptoms of tick-borne disease, such as the characteristic rash of Lyme disease, on darker skin. Support should be directed to initiatives that educate health care providers on comprehensive diagnosis of tick-borne diseases in a diverse variety of patient groups. Additionally, support should be directed to increasing access to evidence-based health care for patients with tick-borne diseases, especially those in rural settings and underserved communities. Patients in rural areas often have the highest risk of contracting tick-borne diseases based on environmental exposure but limited access to infectious diseases physicians.

[Many health departments](#) also lack the resources to effectively share tick-related information with the public. Funding should be dedicated to communication and dissemination of evidence-based information to patients and the public, especially in regions with higher incidence rates of tick-borne diseases. Funding should also be directed to health departments to develop effective intervention strategies to mitigate the risk of tick bites in these regions.

Evidence-Based Care

IDSAs urges that any educational materials and curricula for clinicians-in-training and continuing medical education must be based on well-designed experimental and clinical studies on Lyme disease and other tick-borne diseases reported in peer-reviewed journals. Reliance on the best available scientific data is essential to ensure optimal patient care and outcomes. IDSA continues to advocate for the inclusion of the best available scientific evidence in the Working Group’s

2022 report. Specifically, we encourage the Working Group to continue to adhere to the standard of only using evidence from well-designed studies reported in peer-reviewed scientific journals to guide its recommendations and reports. Ideally such studies should abide by the GRADE process to assess both level of evidence and strength of recommendation. We strongly urge that any recommendations in Working Group documents be supported by the best and most current research available.

IDSAs thanks the Working Group and its Subcommittees for their work and attention to tick-borne diseases. We look forward to the opportunity to help advance evidence-based policy that will best serve patients and public health. For further collaboration or questions, please contact Amanda Jezek, IDSA senior vice president for public policy and government relations, at ajezek@idsociety.org.