

Vector-borne infections to consider as differential diagnoses for febrile patients from New England



Nonspecific signs and symptoms: Fever, muscle aches, headache, chills, sweats, nausea, weakness/fatigue

- **Ticks:** Lyme disease, babesiosis, human granulocytic ehrlichiosis, Powassan encephalitis, tularemia*, Rocky Mountain spotted fever*, Q fever*
 - *Agents in ticks searching for an emerging infection:* Borrelia miyamotoi, deer tick virus, MO-1 babesia, Anaplasma bovis, Kemerovo group virus
- **Mosquitoes:** West Nile fever, eastern equine encephalitis*, Cache valley fever, Jamestown Canyon fever, Lacrosse encephalitis, zoonotic filariasis
- **Fleas/Lice:** epidemic typhus*, cat scratch disease, trench fever
- **Mites:** rickettsialpox

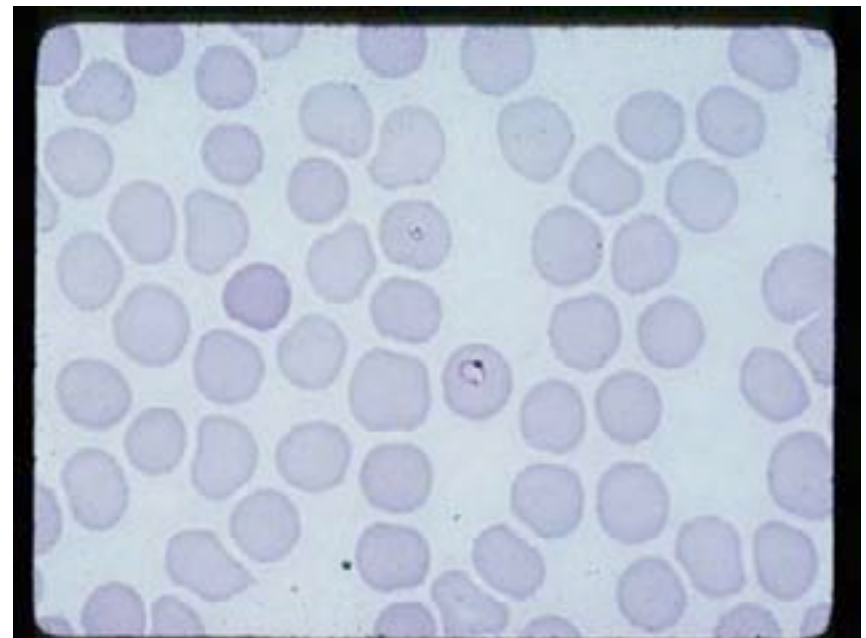


Distribution of *Ixodes persulcatus* species complex
(deer ticks)



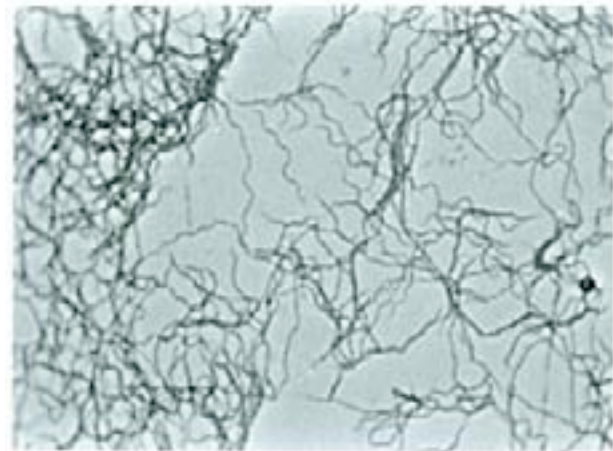


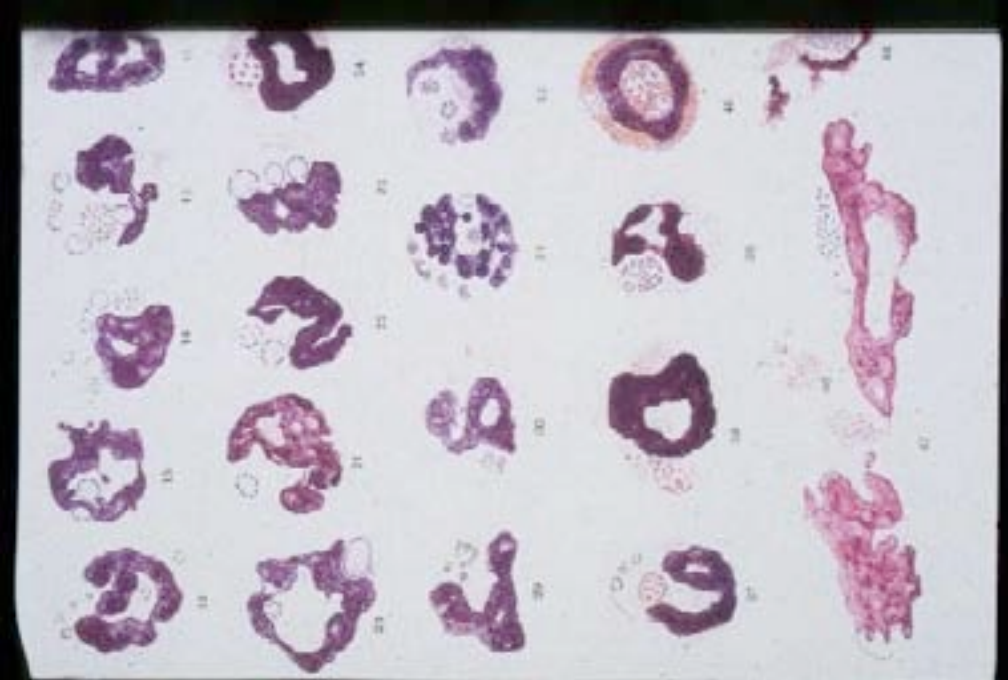
- “Nantucket Fever” (babesiosis) – first case in 1969
- Fever, chills, muscle aches, headache, night sweats, fatigue, brown urine
- Caused by protozoan similar to malaria, long known as parasite of rodents





- Outbreak of arthritis in children in Old Lyme; odd rashes precede arthritis, usually after bug bite
- Lyme arthritis and erythema migrans caused by spiral bacteria (spirochetes) transmitted by deer ticks
- Nantucket fever cases often preceded by “spider bite”





Human Granulocytic Ehrlichiosis in the Upper Midwest United States

A New Species Emerging?

John S. Walker, MD, J. Stephen Dumler, MD, Sheep-Mei Ober, MD, Mark R. Eckman, MD, Linda L. Van Etta, MD, David H. Walker, MD

Objective.—To characterize the clinical presentation and course, laboratory findings, and treatment outcome of 12 patients with human granulocytic ehrlichiosis.

Setting.—The 12 patients were male, ranged in age from 29 to 91 years, and contracted their illness in Wisconsin or Minnesota.

Methods.—Cases were recognized by the presence of intracytoplasmic inclusions (morulae) in peripheral neutrophils of patients presenting with temperature of 38.5°C or higher, chills, severe headache, and myalgias. All patients had a complete blood cell count and blood chemistry profile. Blood smears were examined by light microscopy. All available paired serum samples were analyzed for presence of indirect fluorescent antibodies against *Ehrlichia chaffeensis*, *Ehrlichia phagocytophila*, and *Ehrlichia equi*. Blood samples from 12 patients were subjected to polymerase chain reaction analysis using primers specific for the *E. phagocytophila*/*E. equi* group, primers that include the agent identified in our patients, as well as *E. chaffeensis*.

Results.—Antibody concentrations of IgG, IgM, IgA, and IgE were measured.

Most cases of *E. chaffeensis* described have been contractually with central and southeastern States,^{1,2} and many patients reported their illness following a tick bite. By 1990, at least 21 states had cases of human ehrlichiosis (Centers for Disease Control and Prevention).^{3,4}

The upper Midwest region has several States, including 1 year (the

[Proc. PARASITOLOGY, Vol. XXX, No. 2, 9/1966, 1966.]

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PRINTED IN GREAT BRITAIN

CYTOCETES MICROTI, N.G., N.SP., A PARASITE DEVELOPING IN GRANULOCYTES AND INFECTIVE FOR SMALL RODENTS

By ERNEST K. TYZZER

Medical School of Harvard University, Boston, Mass.

(With Plates X and XI, containing Figs. 1-50)

A MICRO ORGANISM of unusual type, henceforth designated *Cytocetes microti*, was discovered by the author in the blood of field voles (*Microtus pennsylvanicus*) which had been inoculated with a suspension in saline of pooled, mercurated liver and splenic tissue of a number of voles of the same species and of one white-footed or deer mouse (*Peromyscus leucopus*). This organism occurred

Proc. Natl. Acad. Sci. USA
Vol. 55, pp. 6205-6214, 1966
Microbiology

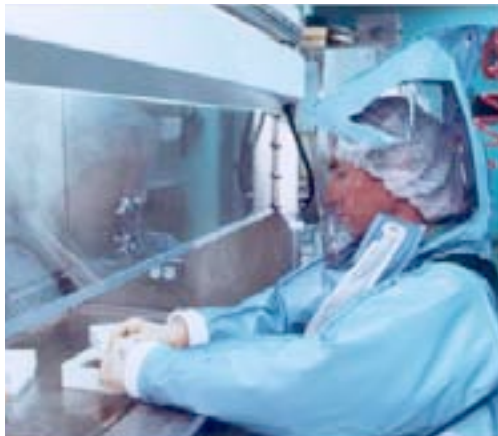
Perpetuation of the agent of human granulocytic ehrlichiosis in a deer tick-rodent cycle

(*Ehrlichia/Euonia howlandi/milvica/morce/russuloides*)

SAM R. TILFORD III^{1,2}, JACQUELINE E. DAWSON², PAULA KATAVOLOS³, CYNTHIA K. WARNER², CHRISTOPHER P. KOLBERT², AND DAVID H. PERSING²

¹Department of Tropical Public Health, Harvard University School of Public Health, Boston, MA 02115; ²Division of Viral and Rickettsial Diseases, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Atlanta, GA 30333; and ³Wayne Foundation, Rochester, MN 55904.

Communicated by William Tennyson, The Rockefeller University, New York, NY, March 1, 1966.



Dispatches

A New Tick-borne Encephalitis-like Virus Infecting New England Deer Ticks, *Ixodes dammini*¹

To determine if eastern North American *Ixodes dammini*, like related ticks in Eurasia, maintain tick-borne encephalitis group viruses, we analyzed ticks collected from sites where the agent of Lyme disease is zoonotic. Two viral isolates were obtained by inoculating mice with homogenates from tick salivary glands. The virus, which was described by reverse transcriptase polymerase chain reaction and direct sequencing of the amplification products, was similar to, but distinct from, Powassan virus and is provisionally named "deer tick virus." Endemic tick-borne encephalitis group viruses accompany the agents of Lyme disease, babesiosis, and granulocytic ehrlichiosis in a Holarctic assemblage of emergent deer tick pathogens.

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BRIEF REPORT

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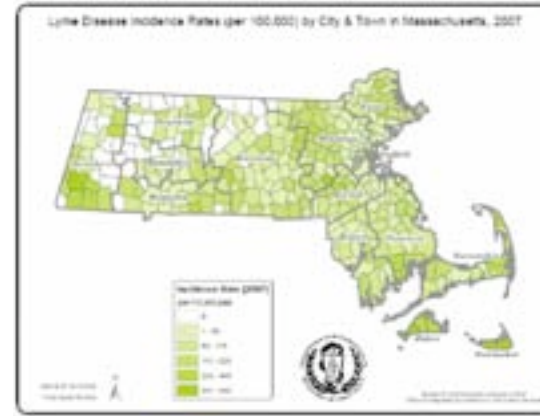
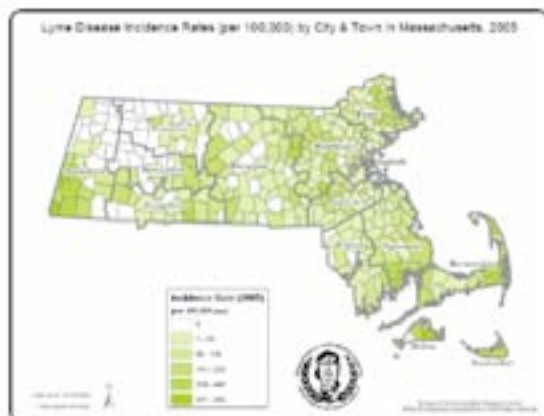
May 14, 2009

Number 20

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Fatal Case of Deer Tick Virus Encephalitis

Norma P. Tavakoli, Ph.D., Heng Wang, M.A., Michelle Dapuzzo, B.Sc., Rene Hull, B.A., Gregory D. Ebel, Sc.D., Emily J. Gilmore, M.D., and Phyllis L. Faust, M.D., Ph.D.



County*	2005 Confirmed Cases (#)	Incidence Rate (per 100,000)
Barnstable	243	109
Berkshire	73	54
Bristol	159	30
Dukes	89	593
Essex	271	38
Franklin	24	33
Hampden	124	27
Hampshire	69	45
Middlesex	459	31
Nantucket	32	336
Norfolk	264	41
Plymouth	334	71
Suffolk	47	7
Worcester	255	34
State Total	2460	39

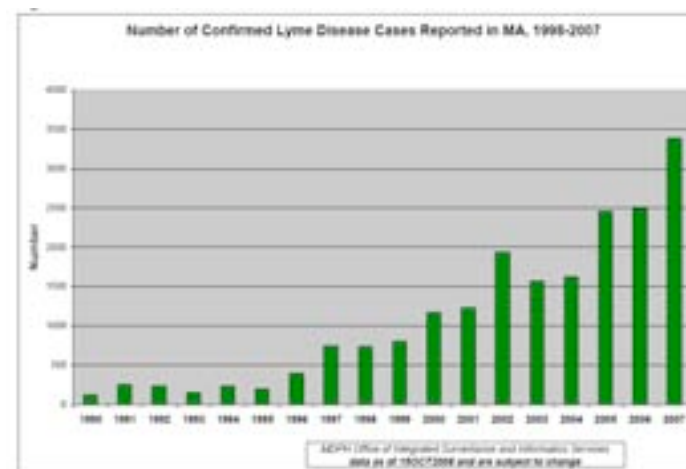
* County was unknown for 17 cases

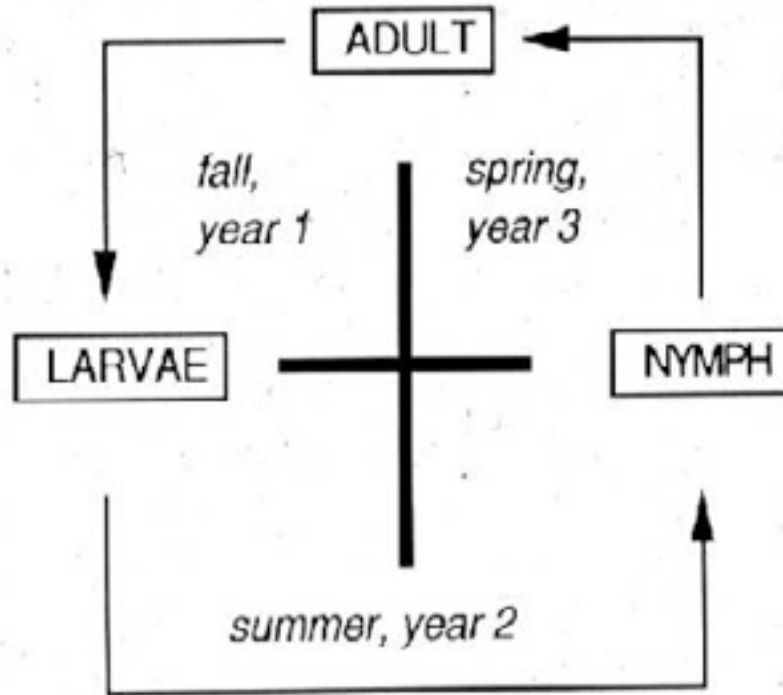
County*	2006 Confirmed Cases (#)	Incidence Rate (per 100,000)
Barnstable	182	82.0
Berkshire	80	59.3
Bristol	194	36.3
Dukes	44	295.3
Essex	278	38.5
Franklin	15	21.1
Hampden	141	31.1
Hampshire	64	42.1
Middlesex	512	34.9
Nantucket	24	252.6
Norfolk	285	43.8
Plymouth	234	49.8
Suffolk	23	3.3
Worcester	381	50.8
State Total	2494	39.3

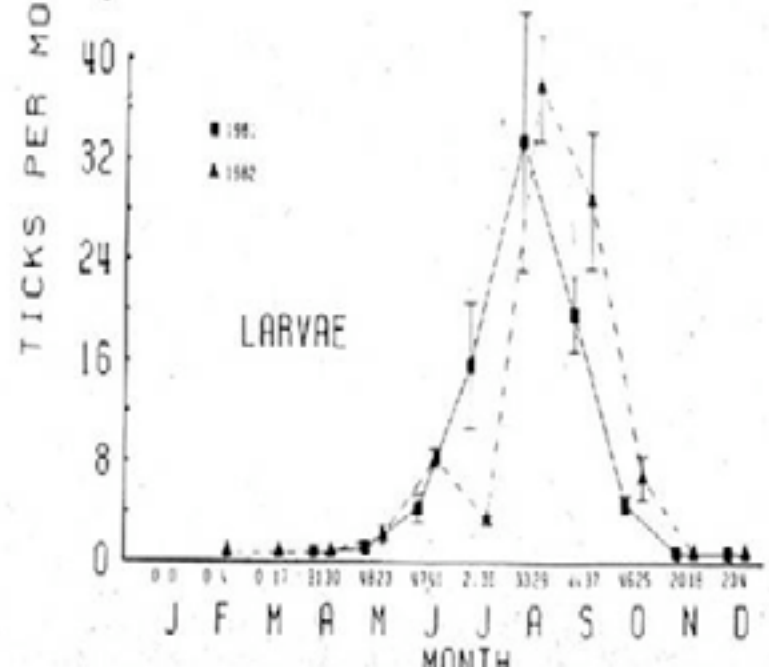
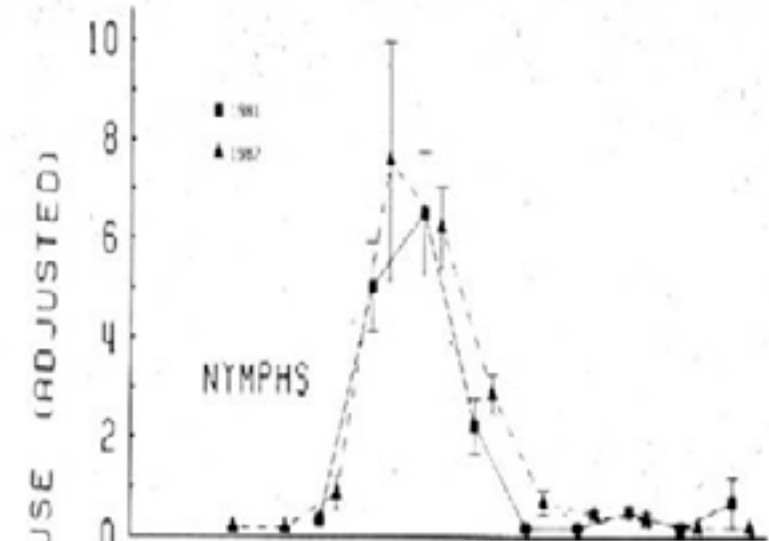
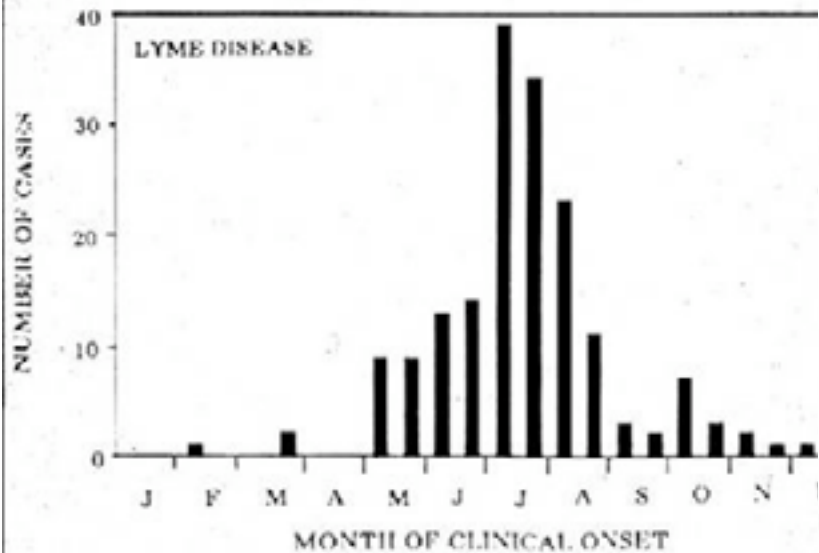
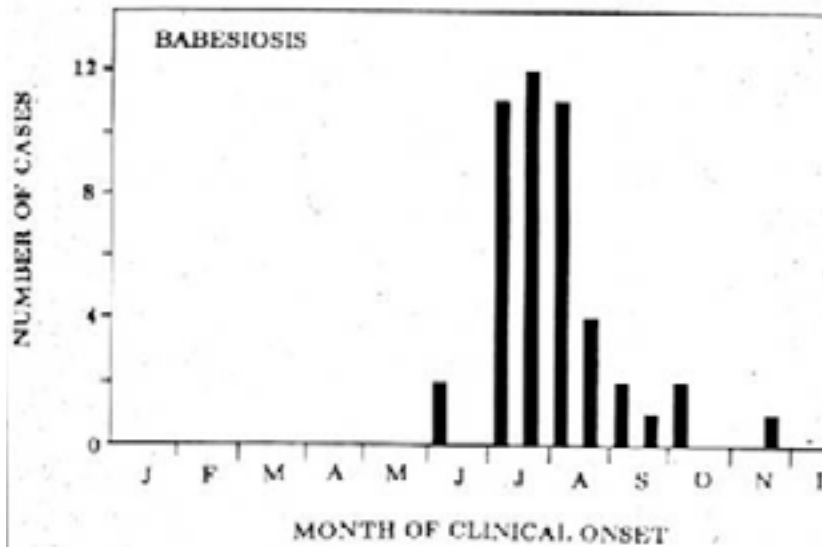
* County was unknown for 37 cases

County*	2007 Confirmed Cases (#)	2007 Incidence Rate (per 100,000)
Barnstable	233	105
Berkshire	94	70
Bristol	239	45
Dukes	51	340
Essex	355	49
Franklin	31	43
Hampden	140	31
Hampshire	71	47
Middlesex	665	45
Nantucket	63	662
Norfolk	382	59
Plymouth	366	78
Suffolk	50	7
Worcester	381	51
State Total	3376	53

* County was unknown for 255 cases



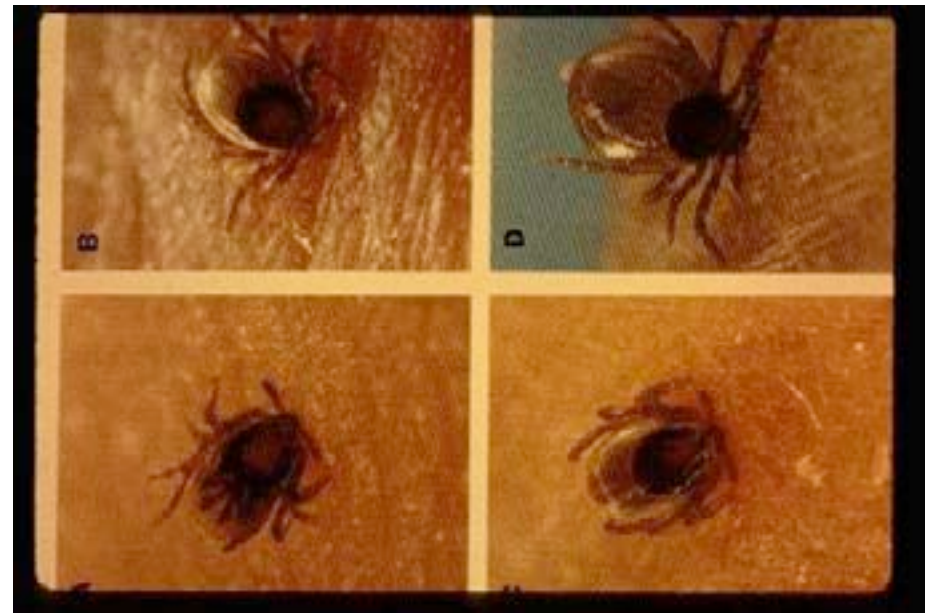




NCH case reports, cumulative, 1981-1986, GJ Dammin

Adaptations to extended durations between feedings

- “Grace periods” for deer tick-transmitted agents
 - *Borrelia burgdorferi*: 24-48 hours (upregulation of OspC, migration from gut to salivary glands)
 - *Babesia microti*: 48-62 hours (sporogony from undifferentiated salivary sporoblast)
 - *Anaplasma phagocytophilum*: 24-36 hours (acquisition of “slime layer”?)
 - Tickborne encephalitis virus: none



Modes of intervention

- At the level of the individual:
 - Repellants and toxicants (permethrin, deet)
 - Appropriate clothing
 - Tick check
 - Education and awareness
 - Habitat avoidance
 - Source reduction around homes



Public Health Interventions

- Define your goals
 - Risk reduction vs. eradication
 - Suppression vs. control
 - Short term vs. long term
 - Different targets have different strategies: individuals, neighborhoods, island-wide
- Consider likely commitment and sustainability (stakeholders, funding) and choose accordingly
- Plan for achievable and measurable milestones
- Educate to facilitate sustainability
- There is no single “magic bullet”; do not hope for development of such a thing in the near future
- Concurrent complementary methods (integrated pest management) are recommended
- Don't make things worse; consider unintended consequences

Why coastal New England, and why the 1970s?

- Changes in the landscape – forest to farm to forest
- Increased development and recreational use in reforested sites
- Burgeoning deer herds



“We know how to kill ticks. We just don’t know how to get people to do it.”

Dr. Joe Piesman

Chief, Lyme Disease Vector Studies

Centers for Disease Control and Prevention

11th International Conference on Lyme Borreliosis and Other Tickborne Diseases, Irvine, CA, October 2008

Modes of intervention

- At the level of communities
 - Habitat management (brush clearing, fire, dessicants)
 - Education and awareness
 - Spraying
 - Host-targeted acaricides (Damminix, 4-poster)
 - **Deer reduction**



K. Stafford

Extend hunting season to help defeat public health problem

Forty years ago Nantucket's deer population was far smaller than it is today. And 40 years ago Nantucket's human population was a third of what it is today in the winter. But as the number of people living on the island has grown and spread out from the center of town into the outskirts and beyond – into land that was once open moors and hayfields – so too has the deer population grown.

That wouldn't be so much of an issue if it weren't for the fact that in those 40 years, Nantucket has also seen an explosion in tick-borne diseases from babesiosis to Lyme and newly discovered diseases which have debilitating and sometimes deadly consequences. There is a connection.



American Lyme Disease Foundation

CAUTION

You may unknowingly pick up the tick that transmits Lyme Disease on this property or elsewhere on Nantucket.

For your protection, stay on roads or mowed trails, keep out of shrub thickets and tall grass, and carefully check for ticks when you get home.

Nantucket Conservation Foundation, Inc.
an island nonprofit organization
118 Cliff Road, Nantucket
508-228-4444

FOR ADDITIONAL INFORMATION CONTACT THE NANTUCKET HEALTH DEPARTMENT (228-7226)

Smoky Bear

Ad

Smoky Bear Please Stay



Tick Management Handbook

An integrated guide for homeowners, pest control operators, and public health officials for the prevention of tick-associated disease

Revised Edition

Prepared by:

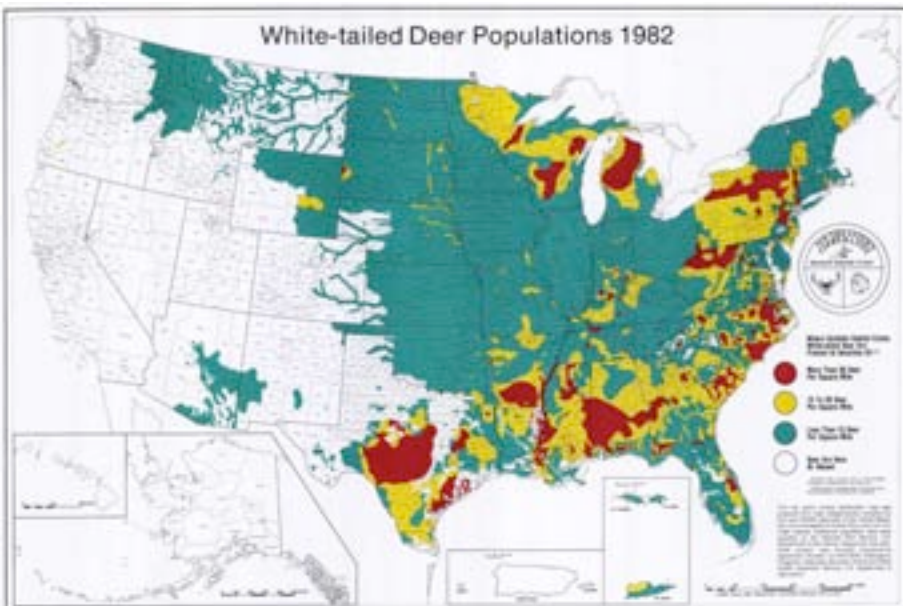
Kirby C. Stafford III, Ph.D.
Vice Director, Chief Entomologist
Connecticut Agricultural
Experiment Station, New Haven



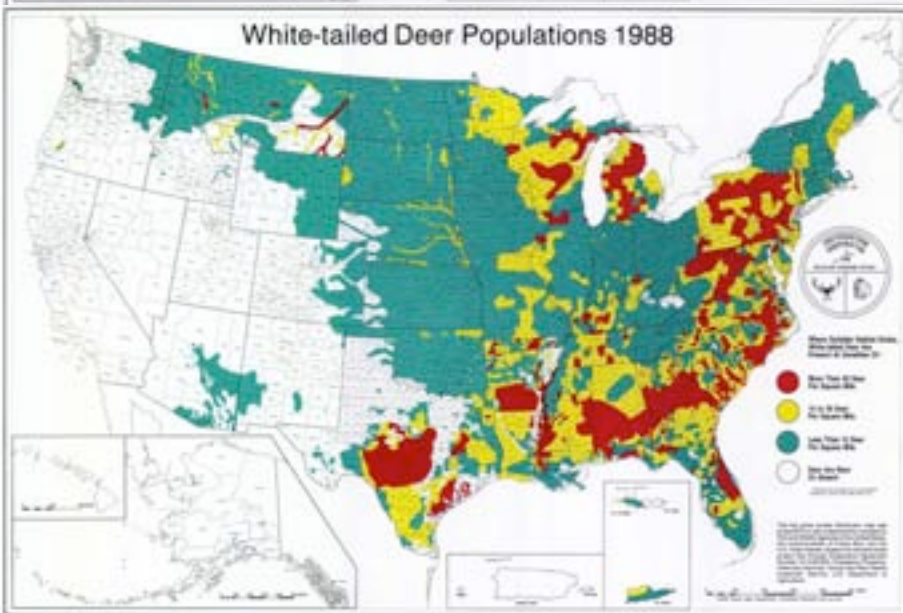
Perpetuation of Lyme disease spirochetes depends on two largely INDEPENDENT factors

- **Tick production:** Reproduction of the tick.
 - Adult female tick acquires a bloodmeal; blood becomes eggs; eggs hatch and become larvae; such larvae are NOT infected
 - The source of the reproductive bloodmeal is a larger animal (deer, dog, coyote, bear, moose, human, cat)
 - Adult ticks do not feed on mice, shrews, squirrels, rabbits, birds
- **Infection of the tick:** uninfected larvae need to get infected
 - White footed mice, shrews, rabbits, squirrels and certain birds (yellowthroats, wrens, robins, pheasant) are known to infect ticks
 - Larvae also feed on deer, cats, many ground-foraging birds but do not become infected as a result

White-tailed Deer Populations 1982



White-tailed Deer Populations 1988



Deer feed most adult deer ticks

Wilson ML et al. 1990. Host dependent differences in feeding and reproduction of *Ixodes dammini* (Acari:Ixodidae). *Journal of Medical Entomology* 27:945-954

Deer tick egg mass = 2000 larvae



Host	No. present on site	No.ticks per host	% of all ticks
deer	24	38.3	94
Raccoon	51	0.7	3.7
possum	8	1.2	1.0
cat	11	0.1	0.1



Reduced Abundance of Immature *Ixodes dammini* (Acari: Ixodidae) Following Elimination of Deer

MARK L. WILSON,^{1,2} SAM R. TELFORD III,¹
JOSEPH PIESMAN,^{1,2} AND ANDREW SPIELMAN¹

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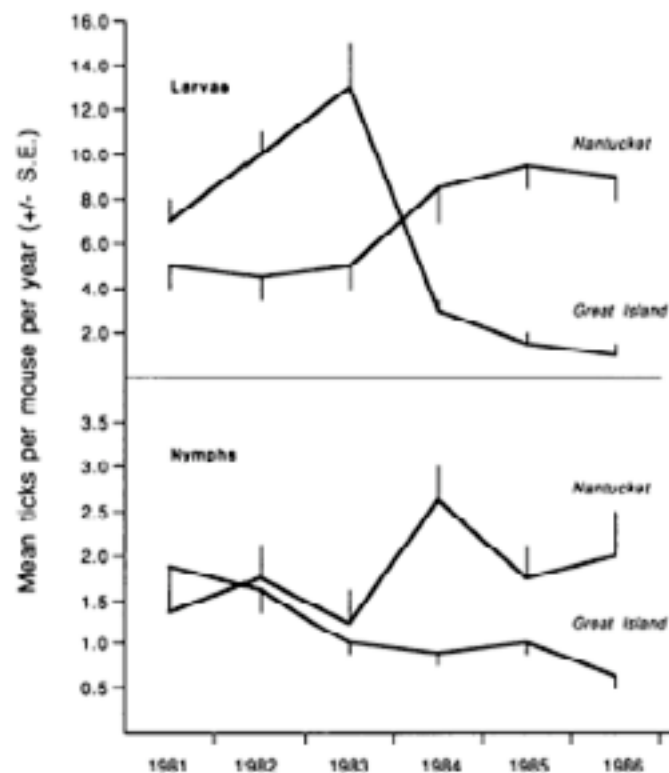
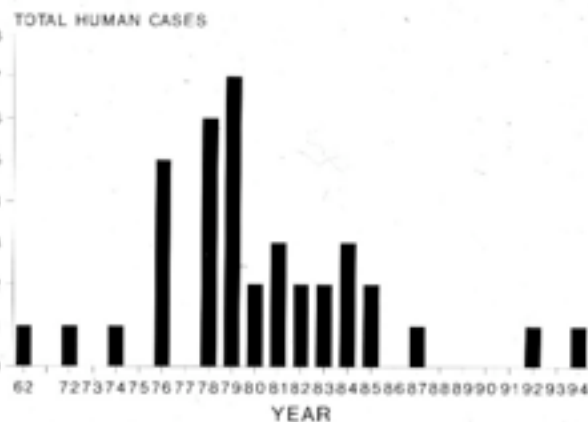
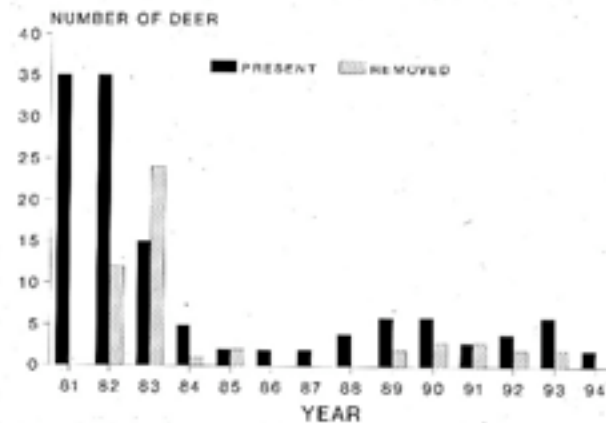


Fig. 2. Abundance of larval and nymphal *I. dammini* on Great Island and on Nantucket Island.



Reduction of risk on Great Island

- *Principle of overflow*: more reproductive units generated than can be “used” by the natural hosts
 - Pre-intervention $17 \text{ mice/ha} \times 132 \text{ larvae/mouse} =$ production of 2244 nymphs/ha
 - But only $17 \text{ mice/ha} \times 26 \text{ nymphs/mouse} = 442$ nymphs “removed” per ha, therefore “overflow” is $2244 - 442$ or 1802 “extra” nymphs/ha
 - Post-intervention $17 \text{ mice/ha} \times 25 \text{ larvae/mouse} =$ production of 425 nymphs/ha
 - But only $17 \text{ mice/ha} \times 8 \text{ nymphs/mouse} = 136$ nymphs “removed” by feeding on mice on each ha, therefore “overflow” is $425 - 136$ or 289 extra nymphs/ha
 - Risk of seeing an “extra” nymph is $289/1802$ or nearly 80% less than pre-intervention

Deer serve as bloodmeal sources for many other pests, including mosquitoes and deerflies



www.agnews.tamu.edu

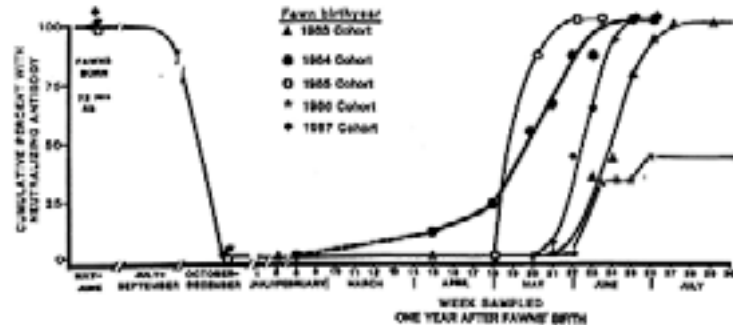


www.insects.tamu.edu

- Robertson et al. Bionomics of *Anopheles quadrimaculatus* and *Culex erraticus* (Diptera: Culicidae) in the Falls Lake basin, North Carolina: seasonal changes in abundance and gonotrophic status, and host-feeding patterns. *J Med Entomol.* 1993 Jul;30(4):689-98.
- Burkot & Defoliart. Bloodmeal sources of *Aedes triseriatus* and *Aedes vexans* in a southern Wisconsin forest endemic for La Crosse encephalitis virus. *Am J Trop Med Hyg.* 1982 Mar;31(2):376-81.
- Apperson et al. Host Feeding Patterns of Established and Potential Mosquito Vectors of West Nile Virus in the Eastern United States. *Vector Borne and Zoonotic Diseases*, Mar 2004, Vol. 4, No. 1: 71-82

Jamestown Canyon and Cache Valley viruses

- California group encephalitis (bunyavirus)
- Usually cause mild febrile illness; most cases asymptomatic, but severe disease has been reported; CVV is a teratogen
- 10% seroprevalence for JCV among febrile Nantucket patients
- Transmitted by *Aedes vexans* and other woodland mosquitoes.
- Deer are reservoir hosts



How to safely hunt deer around homes



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Harvest Management

RESIDENTIAL SHOTGUN-ARCHERY DEER HUNT

A shotgun-archery deer hunt in a residential community: evaluation of hunt strategies and effectiveness

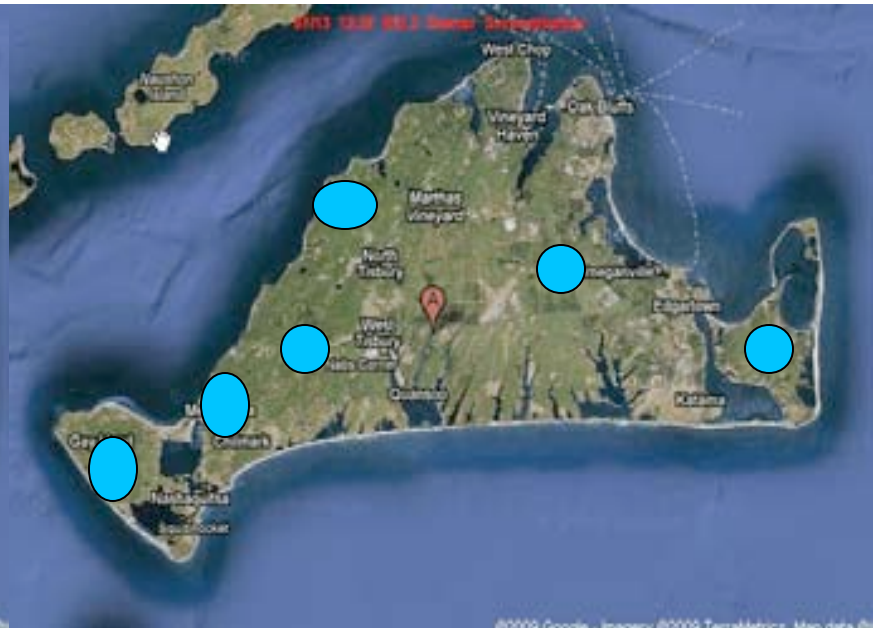
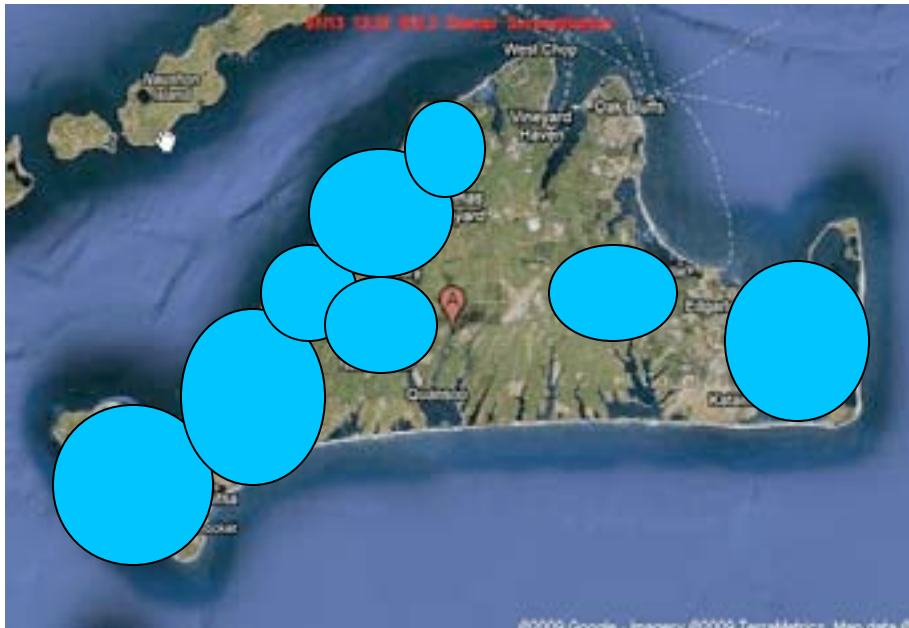
Howard J. Kilpatrick, Andrew M. LaBonte, and Jane T. Seymour

Shotgun-archery deer hunt • Kilpatrick et al. 479



Firearms hunting occurred close to houses in Mumford Cove, Connecticut, 2001.

1. Application process, vetting of applicants (including interviews)
2. Firearms proficiency test, hunter safety course
3. Tree stand only; all fixed and approved by hunt manager
4. Written permission from abutters
5. Archery option for firearms-unsafe site
6. Notification of hunt dates and property closures if applicable
7. Hunting during work week
8. Hunters restricted to assigned tree stand with specified break periods
9. Hunt manager staff helps find and transport shot deer by ATV



Before intervention

After intervention

- National Institutes of Health
- The late Burt Engley
- The late Roger Engley
- Bill Wilcox
- John Varkonda (Mass Dept of Conservation and Recreation)
- Jay Walsh
- Cathy and Willy Glover
- Walter and Connie Ashley
- Vineyard Open Land Foundation
- Chris Kennedy/TTOR
- Gus Ben David (then at Mass Audobon/Felix Neck
- LuAnne Johnson

With thanks

