

Dr. Emily Groot, MD, MPH, FRCPC April 13, 2018



## Conflict of Interest Declaration: Nothing to Disclose

Presenter: Dr. Emily Groot

Title of Presentation: Hot topics in Environmental Health:

Radon and Lyme Disease

I have no financial or personal relationship related to this presentation to disclose.



## **Overview**

- 1 Tuberculosis update
- 2 Radon
- 3 Lyme disease



## **Audience participation**

To participate in live polls during this session:

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- 2. Enter event code #M616



# **TUBERCULOSIS UPDATE**

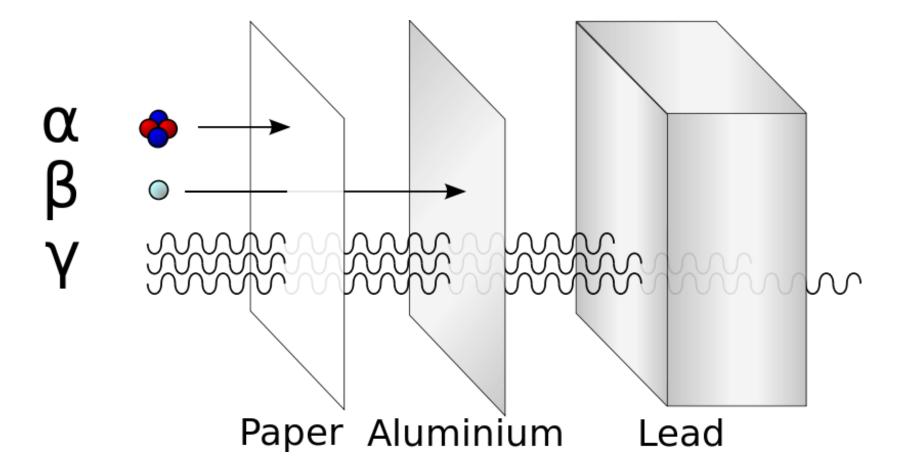


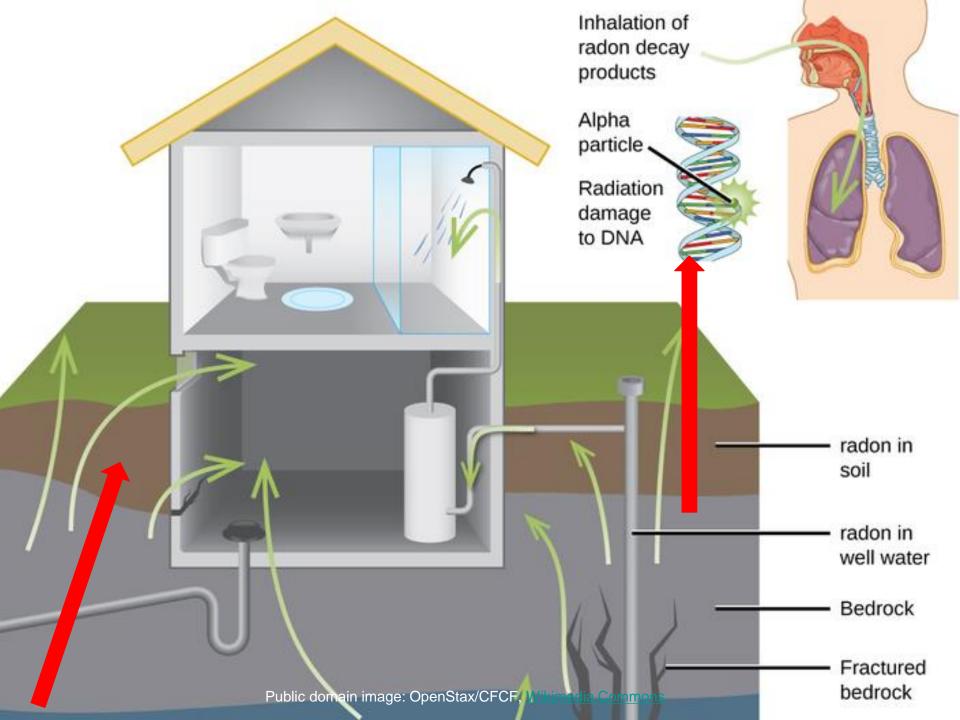


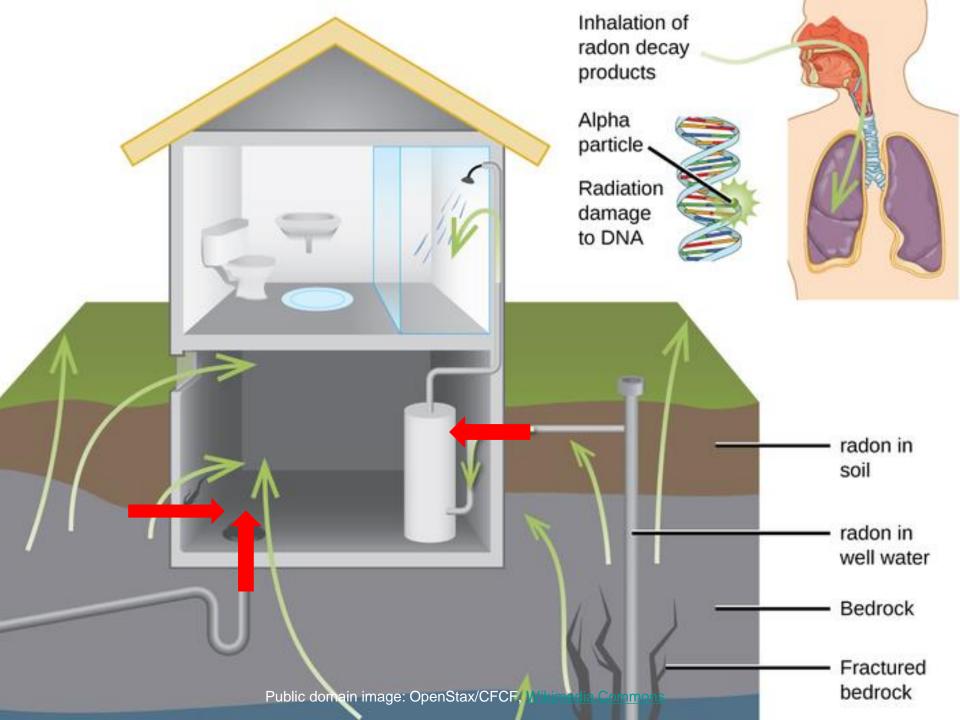
# **RADON**

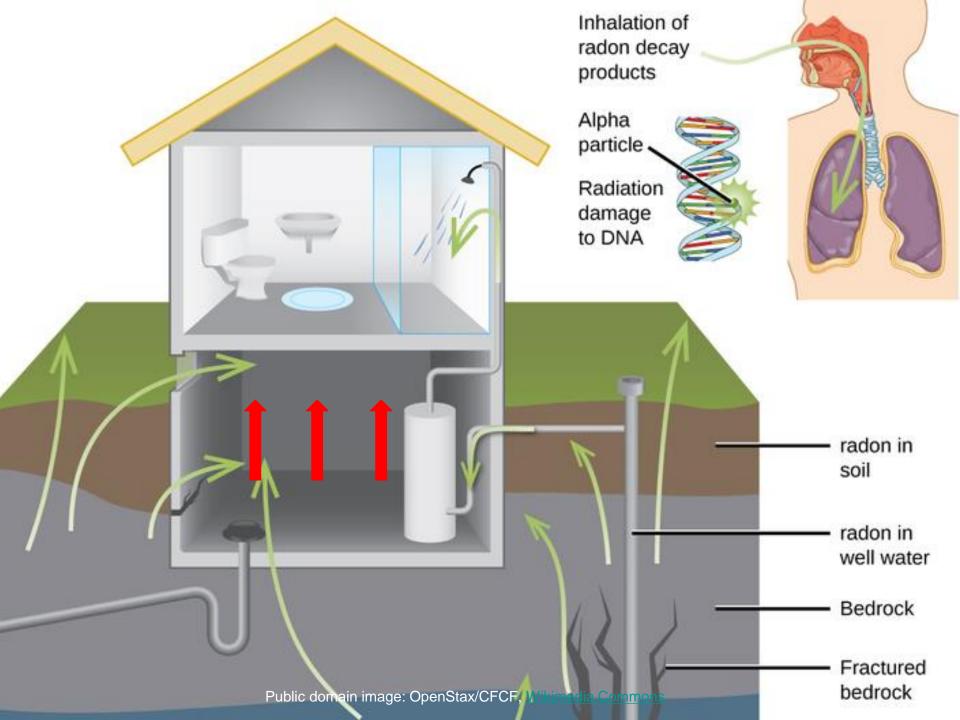


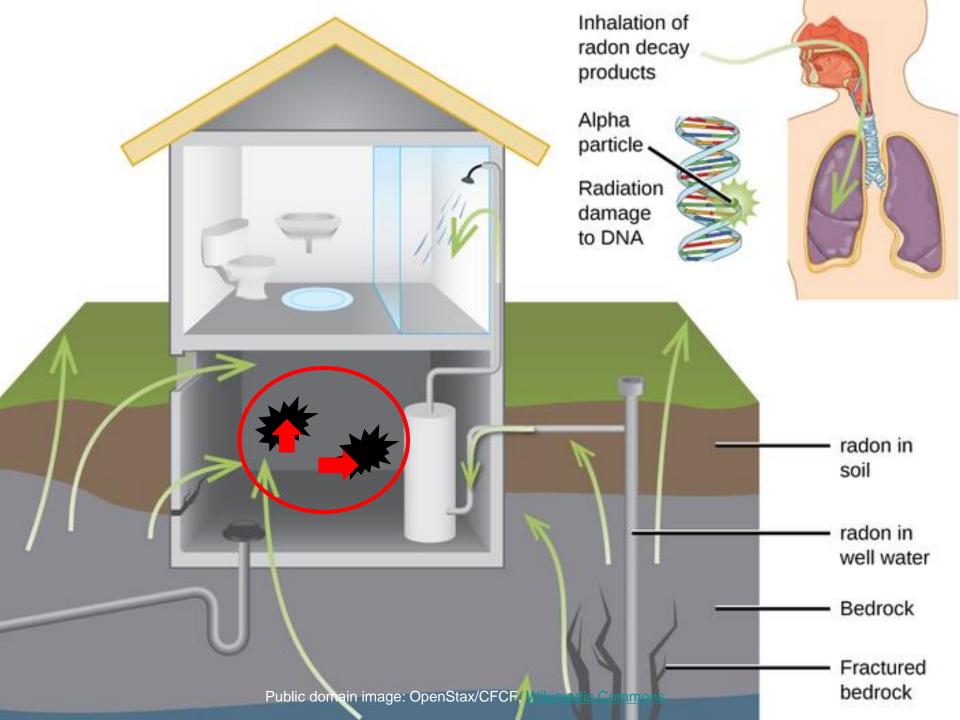
### What is radon?

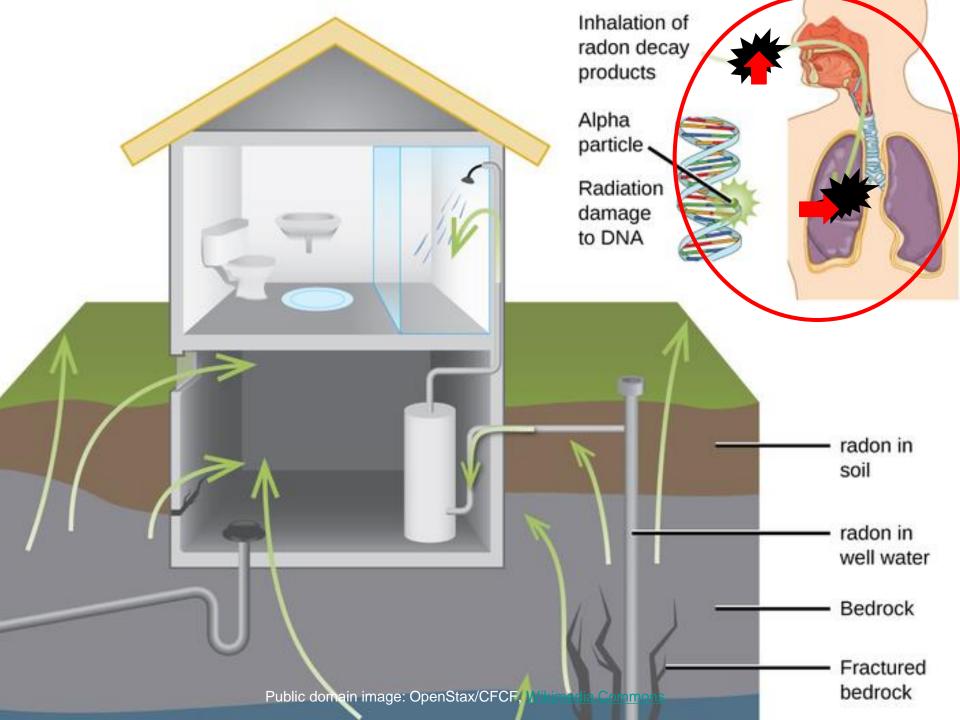


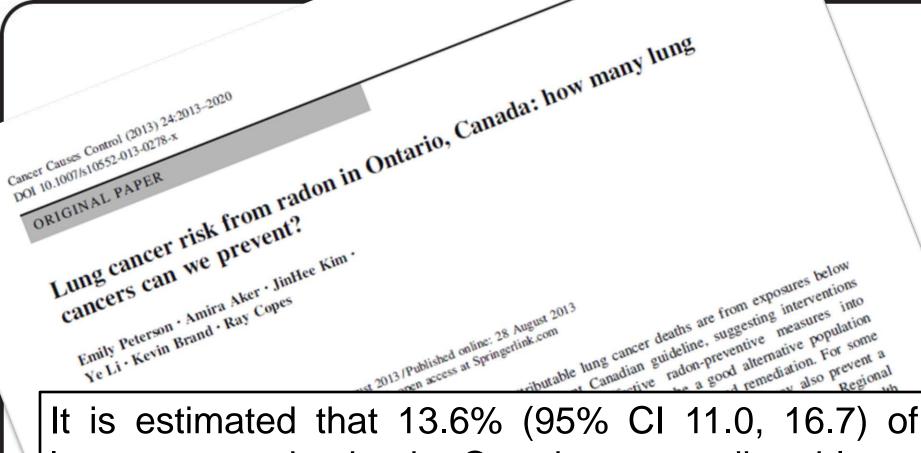












It is estimated that 13.6% (95% CI 11.0, 16.7) of lung cancer deaths in Ontario are attributable to radon, corresponding to 847 (95% CI 686, 1,039) lung cancer deaths each year (Peterson et al, 2013)

determined that we calculate the state of deaths that could be prevented if all how to backe to radon, percent, excess life-time and the prevented if all how to backe to radon, percent, excess life-time prevented if all how to backe to radon, percent, excess life-time that could be prevented if all how to backe to radon, number of lung cancer feetively reduced to radon, number of lung cauld be prevented that 13.6 % (95 % CI 11.0, 16.7) the radon, of deaths that could be prevented that 13.6 % (95 % of these in every love). Radon is a colorless, odorless, odorless, gaseous of accumulation and the solid life to radon.

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## **Audience poll**

Who is at highest risk of lung cancer due to radon exposure?

- a) Smokers
- b) Non-smokers

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## **Testing and mitigation**



Public domain image: US NIH/Vale maio, Wikimedia Commons

# Prevalence of residences with radon levels that exceed Canadian guidelines

Geographic location	Proportion of residences exceeding 200 Bq/m <sup>3</sup>
City of Thunder Bay	16%
District of Thunder Bay	12%
Ontario	4.6%
Canada	6.9%

## Key messages for patients

1

Quit or reduce smoking

2

 Test the lowest level of your residence that is regularly used

3

Remediate your residence if necessary

# LYME DISEASE



## **Audience poll: Clinical vignette**

A healthy 37-year-old male with NKDA visits your office after finding a blacklegged tick attached to his L axilla. His only recent outdoor exposure was a local hike 2 days ago. You remove the tick, and then you:

- a) Offer doxycycline, 100 mg PO BID x 14 days
- b) Offer doxycycline, 200 mg PO x 1
- c) Ask the patient to bring the tick to TBDHU for testing
- d) Order serologic testing for Lyme disease

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White-tailed deer



Blacklegged ticks

Whitefooted mice



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# Who should receive post-exposure prophylaxis?

The IDSA Guidelines recommend considering a single dose of doxycycline following a blacklegged tick bite for patients >8 years old if:

- Lyme-endemic area AND
- PEP will be taken <72h from tick removal AND</li>
- Tick is engorged or has been attached for >24h
   AND
- No contraindication exists

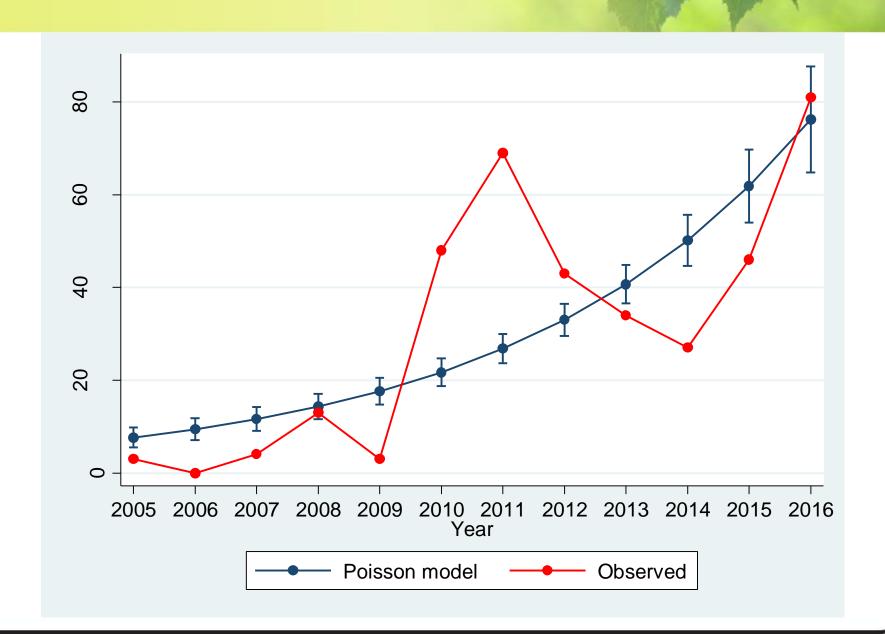


## Lyme-endemic areas

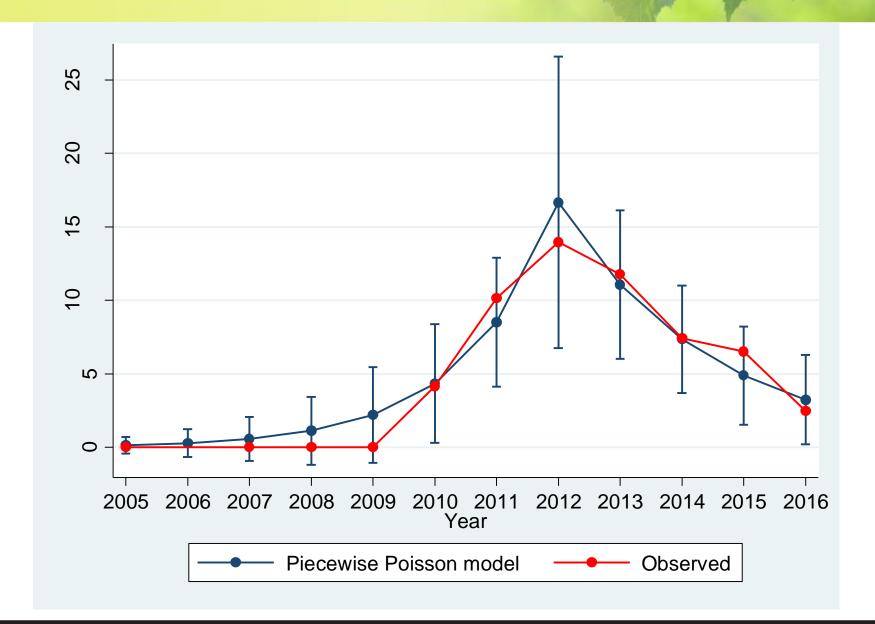
- IDSA definition: Areas where the prevalence of *B. burgdorferi* in blacklegged ticks is >20%
- In Ontario, the following areas meet this definition:
  - Rouge Park and Morningside Park in the GTA
  - Brighton
  - Kingston and surrounding areas
  - Thousand Islands, Brockville, Perth-Smith Falls, and surrounding areas
  - Ottawa and surrounding areas
  - Rondeau Provincial Park



## **Blacklegged ticks in TBDHU**



# Borrelia-positive blacklegged ticks in TBDHU



## **Clinical presentations**

## Early localized disease

- 1-2 weeks after tick bite
- Erythema migrans (>5 cm)

#### Early disseminated disease

- · Weeks to months after tick bite
- Wide range of presentations

#### Late disease

- Months to years after tick bite
- Arthritis of large joints; rarely, neurological manifestations

# Post-Lyme disease syndrome

 Subjective MSK pain, cognitive impairment, or fatigue despite appropriate treatment in patients with well-documented Lyme disease



## **Audience poll: Clinical vignette (again)**

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- a) Offer doxycycline, 100 mg PO BID x 14 days
- b) Offer doxycycline, 200 mg PO x 1
- c) Ask the patient to bring the tick to TBDHU for testing
- d) Order serologic testing for Lyme disease

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## **Take-home messages**

1

 Thunder Bay District is not a Lymeendemic area

2

 Ticks must be attached for at least 24 hours to transmit Lyme disease

3

 Tick testing is for surveillance only, and should not guide diagnosis



## **Audience poll**

Which section of the presentation was most relevant to your practice?

- a)Tuberculosis update
- b)Radon
- c)Lyme disease

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## Resources for patients and providers

### Radon

#### **Patient resources**

- Radon: Another Reason to
   Quit (handout for patients who smoke)
- Radon Reduction Guide for Canadians
- TBDHU Radon webpage

#### **Provider resources**

- MacHealth online radon course for healthcare providers
- Health Canada Radon Information for Health Professionals

### Lyme disease

#### **Patient resources**

 TBDHU Lyme Disease Fact Sheet

#### **Provider resources**

- Public Health Ontario Lyme
   Disease website
- Society of America (IDSA)

  Lyme Disease Clinical Practice
  Guidelines (note that updated guidelines are expected in the next year or two)

### References

- Hatchette TF, Davis I, Johnston BL. Lyme disease: Clinical diagnosis and treatment. CCDR. 2014; 40(11): 194-208.
- Health Canada. Cross-Canada Survey of Radon Concentrations in Homes: Final Report. Ottawa, Ontario: Health Canada; 2012 [cited 2018 Apr 7]. Available from: <a href="https://www.canada.ca/content/dam/hc-sc/ewh-semt/alt\_formats/pdf/radiation/radon/survey-sondage-eng.pdf">https://www.canada.ca/content/dam/hc-sc/ewh-semt/alt\_formats/pdf/radiation/radon/survey-sondage-eng.pdf</a>.
- Lee C. Lyme Disease and West Nile Update 217. Barrie, Ontario: Simcoe-Muskoka District Health Unit; 2017 [cited 2018 Apr 9]. Available from: http://www.simcoemuskokahealth.org/docs/default-source/jfy-healthfax/170627-lyme-disease-and-wnv-update-2017.pdf?sfvrsn=4
- Nelder M, Russell C, Patel S, Moore S, Sider D. Technical report: Update on Lyme disease prevention and control. Public Health Ontario; 2016 [cited 2018 Apr 7]. Available from:
   <a href="https://www.publichealthontario.ca/en/eRepository/Technical report update on Lyme disease prevention and control.pdf">https://www.publichealthontario.ca/en/eRepository/Technical report update on Lyme disease prevention and control.pdf</a>.
- Peterson E, Aker A, Kim J, Li Y, Brand K, Copes R. Lung cancer risk from radon in Ontario, Canada: How many lung cancers can we prevent? Cancer Causes Control. 2013; 24(11): 2013-2020.
- Sieswerda L, Czinkota G, Edwards K. The prevalence of high residential radon in Thunder Bay, Ontario.
  Thunder Bay, Ontario: Thunder Bay District Health Unit; 2015 [cited 2018 Apr 7]. Available from:
  <a href="http://www.tbdhu.com/sites/default/files/files/resource/2016-02/Radon%20Prevalence%20Report%20-%20November%202015">http://www.tbdhu.com/sites/default/files/files/resource/2016-02/Radon%20Prevalence%20Report%20-%20November%202015</a> 0.pdf.
- Stafford K. Tick management handbook: An integrated guide for homeowners, pest control operators, and public health officials for the prevention of tick-associated disease. New Haven, Connecticut: Connecticut Agricultural Experiment Station; 2007 [cited 2018 Apr 7]. Available from:
   http://www.ct.gov/caes/lib/caes/documents/publications/bulletins/b1010.pdf.
- Wormser G, Dattwyler R, Shapiro E, et al. The clinical assessment, treatment, and prevention of Lyme disease, human granulocytic anaplasmosis, and babesiosis: Clinical practice guidelines by the Infectious Diseases Society of America. CID. 2006; 41(1 Nov):1089-1134.







