

February 27, 2014

Hon. Elizabeth May
Leader of the Green Party
House of Commons
Ottawa ON K1A 0A6
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Dear Ms. May:

I am writing in support of Bill C-442, an Act respecting a National Lyme Disease Strategy. The Canadian Medical Association supports the implementation of a national strategy to address the breadth of public health and medical issues surrounding the spread of Lyme disease in Canada. As with any new infectious disease threat, Canada needs to ensure we are prepared to address the impact of Lyme disease on its citizens.

The CMA's policy on climate change and human health notes that changes in the range of some infectious disease vectors such as Lyme disease are a possible consequence of climate change in Canada. Research has suggested that the tick vector of Lyme disease has been expanding into southeastern Canada which can lead to increased disease risk for those living in areas with tick populations.ⁱ

According to the Public Health Agency of Canada, there were 315 cases of Lyme disease reported in Canada in 2012 – a two-and-a-half-fold increase from 2009, the first year of reporting for this disease.

The PHAC surveillance indicates that established populations of blacklegged ticks are increasingly spreading their geographic scope in southern Canada. In 2013 the U.S. Centers for Disease Control and Prevention released new estimates of Lyme disease 10 times higher than the previous yearly reported number of 30,000 cases.ⁱⁱ This highlights the difficulty in establishing the true burden of illness from Lyme disease.

The CMA has recommended the federal government report diseases that emerge in conjunction with global climate change, and participate in field investigations, as with outbreaks of infectious diseases like Lyme disease, and develop and expand surveillance systems to include diseases caused by global climate change.

The World Medical Association Declaration of Delhi on Health and Climate Change urges colleges and universities to develop locally appropriate continuing medical and public health

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education on the clinical signs, diagnosis and treatment of new diseases resulting from climate change.

Diagnosis of Lyme disease can be difficult because signs and symptoms can be non-specific and found in other conditions. ⁱⁱⁱ If Lyme disease is not recognized during the early stages, patients may suffer seriously debilitating disease that may be more difficult to treat. ^{iv} Given the increasing incidence of Lyme disease in Canada, continuing education for health care and public health professionals and a national standard of care can improve identification, treatment and management of this disease.

Greater awareness of where ticks are endemic in Canada, as well as information on the disease and prevention measures, can help Canadians protect themselves from infection.

A national Lyme disease strategy that includes representation from the federal, provincial and territorial governments, the medical and patient communities can address concerns around research, surveillance, diagnosis, treatment and management of the disease. In addition, public health prevention measures will advance our current knowledge base, and improve the care and treatment of those suffering from Lyme disease.

Yours sincerely,



Louis Hugo Francescutti
MD, PhD, MPH, FRCPC, FACPM, FRCP Ire, FRCP Edin
President

Cc: Dr. Edward Cormode
Mr. Gregory Taylor, Deputy Chief Public Health Officer, PHAC

ⁱ Ogden, N., L. Lindsay, and P. Leighton. 2013. Predicting the rate of invasion of the agent of Lyme disease *Borrelia burgdorferi*. *Journal of Applied Ecology*. April, 2013. 50(2):510-518.

ⁱⁱ CDC provides estimate of Americans diagnosed with Lyme disease each year, media release August 19, 2013 Accessed at <http://www.cdc.gov/media/releases/2013/p0819-lyme-disease.html> on Feb 21, 2014

ⁱⁱⁱ Mayo Clinic, accessed at <http://www.mayoclinic.org/diseases-conditions/lyme-disease/basics/tests-diagnosis/con-20019701> on Feb 21, 2014

^{iv} Wormser GP, Dattwyler RJ, Shapiro ED, 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*. *Clin Infect Dis* 2006;43:1089–134.