

2ND ARIZONA STATEWIDE TRIBAL, INDIAN HEALTH SERVICE,
ARIZONA DEPARTMENT OF HEALTH SERVICES, CENTERS FOR DISEASE CONTROL AND
PREVENTION ROCKY MOUNTAIN SPOTTED FEVER (RMSF) MEETING REPORT
NOVEMBER 9TH, 2012

COORDINATED BY
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EXECUTIVE SUMMARY

This report provides an overview of the 2nd Arizona Statewide Tribal, Indian Health Services (IHS), Arizona Department of Health Services (ADHS), Centers for Disease Control and Prevention (CDC) Rocky Mountain spotted fever (RMSF) Meeting held at the Yavapai-Apache Nation Cliff Castle Hotel in Camp Verde, AZ on November 9, 2012. RMSF is an ongoing threat to the health and well-being of residents of tribal lands in Arizona. Since 2002 there have been more than 250 cases of RMSF reported to ADHS, including 18 deaths.

The meeting was held to share on-going RMSF tribal prevention and control efforts, hear from Tribal Leaders their commitment to advocate for needed resources and to discuss the development of a statewide plan for the prevention and control of RMSF on Arizona tribal lands and to be used for resource advocacy with the Federal government. The morning portion of the meeting consisted of tribal updates from 5 tribal nations (Navajo Nation, Hopi Tribe, White Mountain Apache Tribe, Gila River Indian Community and Tohono O'odham Nation) on their current RMSF efforts. This was followed by special presentations from the San Carlos Apache Tribe and the Gila River Indian Community. During the noon hour luncheon a Tribal Leaders Panel was held with comments provided by Herman Honanie, Vice Chairman, Hopi Tribe and John Lewis, Director, Inter Tribal Council. Mr. Lewis committed advocacy support from the Inter Tribal Council.

The afternoon portion of the meeting was devoted to discussion on the development of a statewide Tribal RMSF prevention and control plan. Five committee presentations were provided. The five committees were: 1) Environmental Tick Control and Surveillance; 2) Health Care and Public Health Reporting; 3) Community Education and Outreach; 4) Animal Control and Veterinary Programs; 5) Finance and Budget. These committees were formed prior to the meeting and were given the assignment to produce draft sections of the statewide plan. The recommendations of the committees include:

- Development of programs to provide regular tick control services for each home in affected areas. Services to include tick control practices for outdoor and indoor treatment where infestation is indicated. Implementation of environmental tick surveillance to provide measurement and direction for prevention efforts.
- Implementation of standardized RMSF patient treatment protocol in all affected areas to include follow up contact to ensure treatment continues if the patient leaves tribal area health facilities. In all areas, the use of patient treatment algorithm, better education for support staff and healthcare providers, requirement of one hour of continuing medical education for all MD, physician assistants and nursing staff providing care to Arizona and New Mexico affected Tribes, and establishment of a clinical task force involving all impact area categories: high, low and at risk to address areas of varying needs and priority.
- Creation and implementation of a universal RMSF infectious disease protocol for tribes to conduct community education and outreach. Mobilization of public health officers, community health representatives, health educators, animal control officers, and environmental health representatives to increase communication and coordination between all involved agencies (ADHS, IHS, CDC) and tribes.
- Establishment of Animal Control programs. The lack of established tribal Animal Control Programs has contributed to the spread of Rocky Mountain spotted fever (RMSF) and flourishing of other zoonotic problems. Animal control and veterinary programs are essential for the protection and well-being of both humans and animals living on tribal lands.
- Establishment of RMSF prevention and control budgets organized around six categories: 1) Animal Control, 2) Environmental Surveillance, 3) Tick Control, 4) Community Outreach/Education, 5) Public Health Surveillance/Investigation, and 6) Clinical Education. Projected annual cost for a tribe to establish a comprehensive RMSF prevention and control program is \$624,100. Potential possible funding sources include tribal programs (including general funds), special congressional funding, private grants (businesses,

philanthropic organizations), and emergency agency funds from ADHS, IHS, HUD, and CDC. The most critical element is to create stable and predictable funding for all the necessary programs.

The concluding session was devoted to an open discussion to hear recommendations from the participants. Recommendations received were for education and awareness, lab reporting, animal control and statewide association/coalitions. Education and awareness recommendations included identification of a tribal female elder spokes person, identification of a "RMSF point person" for each health care facility, and elevation of RMSF attention among leadership. Lab reporting recommendations included establishment of more accurate protocols, tribal enforcement of reporting and testing on reservations, and development of a community notification process to keep tribal members informed. Association and coalition recommendations included the establishment of a State Animal Control Association or Work Group and a Statewide Tribal RMSF Coalition.

The prevention and control of RMSF in the community requires a multi-skilled, multi-jurisdictional approach to: 1) reduce the number of ticks in the environment through the reduction of the number of ticks on dogs and cleaning up of trash and debris, and 2) reducing the number of free-roaming dogs that are not treated for ticks and reducing the number of humans bitten by ticks. In addition, better diagnosis, management, and reporting of suspect RMSF cases by the health care and public health communities is needed.

LOCATION AND ATTENDANCE

This report covers the second Statewide Arizona Tribal/Indian Health Service (IHS)/Arizona Department of Health Services (ADHS)/Centers for Disease Control and Prevention (CDC) Rocky Mountain Spotted Fever (RMSF) Meeting to discuss the current Rocky Mountain spotted fever outbreak in Arizona. The first time the issue of Rocky Mountain spotted fever in Arizona was addressed was on February 17, 2012 (8:30am-4pm) in Chandler Arizona. The second meeting was held on November 9, 2012 (8:15 AM – 4:30PM) in Camp Verde, Arizona. There were 84 participants that attended. There were 45 participants from seven Tribes, 3 from the Inter Tribal Council of Arizona, Inc. (ITCA), 20 from IHS, 4 from ADHS, 10 from CDC, and 2 University representatives. The seven Tribes represented include Navajo Nation (10), The Hopi Tribe (10), Gila River Indian Community (8), San Carlos Apache Tribe (5), Yavapai-Apache Indian Tribe (4), Tohono O’odham Nation (4), and White Mountain Apache Tribe (3). Please see page 12 for attendee contact information for a full listing of the participants.

ACKNOWLEDGEMENTS

Special thank you to the Statewide Planning Committee that planned and coordinated the meeting, please see page 15 for a complete listing of the planning committee members. And special thank you to the committee members of the draft statewide RMSF prevention and control plan and to Evonne Shelde from the Gila River Indian Community for taking draft meeting notes which greatly contributed to the content of this report.

TRIBAL STATUS REPORTS AND MODEL PROGRAMS

Welcome Address: The welcome address was provided by Mr. Delsen Liston, Assistant Manager, Community Health Services, Department of Health & Human Services, Tohono O’odham Nation (TON). He commented that Rocky Mountain spotted fever is pertinent more so now than before among tribal communities. Impacted tribes are sharing information with one-another. The TON is using coloring calendar books developed by the San Carlos Apache Tribe.

Blessing: The opening blessing was provided by Honorable Herman Honanie, Vice Chairman, Hopi Tribe.

Background Summary: Michael Allison, Native American Liaison, and Arizona Department of Health Services (ADHS) provided comments on the background of the meeting. He commented that the White Mountain and San Carlos Apache Tribes have been dealing with the RMSF disease for a number of years. ADHS meets quarterly with the IHS Navajo, Phoenix, and Tucson Area Directors to coordinate efforts. At a December 2011 quarterly meeting there was a decision to work collaboratively on a statewide meeting with the tribes and CDC on this critical topic. The first statewide RMSF meeting was held in February 2012 in Chandler, AZ. It was decided at that meeting to conduct a 2nd statewide meeting. The emphasis for this second meeting was to provide for tribal updates and the development of a statewide plan. In preparation for the meeting five committees were formed to provide input for the statewide plan. The purpose of the statewide plan is to provide a planning document for the tribes and to use for federal funding advocacy for Arizona RMSF prevention and control funding.

Tribal Leader Remarks: The tribal leader remarks were provided by Herman Honanie, Vice Chairman of the Hopi Tribe. Vice Chairman Honanie acknowledged and thanked all the attendees for coming together to provide input in developing prevention and control strategies working with the RMSF issue. He commented that the Hopi’s culture is to enjoy life and that it was surprising when RMSF hit their remote reservation this past summer. Tribal workers, CHR’s and CDC joined together in working out a prevention and control strategy. The situation brought a great deal of awareness

among the Hopi communities and the need to respond effectively. More tribal leaders need to attend to acquire the education needed so that they can convey and assure resources and peace of mind to their people

Keynote Addresses – Public Health “Call to Action.” Jennifer McQuiston, DVM, MS, CDC and Dr. Joanna Regan, CDC provided the keynotes. Jennifer McQuiston provided a RMSF (Brown Dog tick) overview. It is a bacterial disease that affects both people and dogs; can be fatal if left untreated. It is the major cause of death in dogs. Symptoms of RMSF are fever, headaches, rash and pneumonia and/or organ failure (destroys blood vessels) in people; however with antibiotics, it can be cured. The disease can kill people before doctors can diagnose it. In 2003 a White Mountain Apache child died in 2003 after testing positive in RMSF. An investigation was done and found a lot of ticks throughout the community. A lot more human cases were discovered. The stats show the increasing number of reported human cases in AZ each year with a 7% case fatality rate. RMSF is mainly on tribal land where it affects wildlife, humans, pets and livestock. It is not a stray dog problem; it is a pet dog problem. Partnership is required where both money and coordinated efforts of the State, Federal and Tribal leaders are needed to prevent and control the spread of the disease. RMSF is preventable with educational outreach, acute willness and the empowerment of the people.

Joanna Regan, Pediatrician, MD, MPS, FAAF explained what health care providers should be doing with cases of the disease. The medical community should be providing anticipatory guidance and following algorithms to prevent hospitalizations. Doctors need to have suspicion of RMSF cases year round. Patients need to be asked if there are others sick individuals at home. If so, make referrals to Public Health Nurses and animal control. RMSF prevention and control should be routine maintained, talked about and findings published. This is a sensitive topic but a critical point.

Tribal RMSF Status Updates: Tribal updates were provided by Navajo Nation, Hopi Tribe, White Mountain Apache Tribe (WMAT), Gila River Indian Community (GRIC) and TON representatives. Glenda Davis, Program Director, Navajo Nation Veterinary and Livestock Program provided the update for the Navajo Nation. Glenda provided a power point presentation of their final report to CDC. Data included geographic data, serology studies recommendations, and the CDC Algorithm. Through health care provider awareness/education, engaging with leadership, medical officers and Epi Coordinator, the Navajo Nation is actively working with reservation border towns and their Housing Authority to provide low cost spay and neuter programs, EPA pest control applications, treatment to dogs in communities, developing an Adoption Protocol, massive education campaigns, seeking a mobile unit and an Animal Control program support.

Cathy Wright, Public Health Compliance Officer and Pamela Lalo, Veterinary Technician provided the Hopi Tribal update. Cathy provided an RMSF Status report. In April of 2012 a tribal member died in Maricopa County. A record review was done where fourteen patients were identified as having RMSF. RMSF has become a public health concern on the Hopi Reservation. The CDC completed a dog survey where blood was drawn from 15 dogs with 5 positive. In July 2012 an extensive serology study was conducted. A tick control enhanced education, animal control ordinance and program was recommended to combat the spread of RMSF. Pamela presented a power point presentation of services provided, statistics, surveys and future plans. The tribe does not have an animal control program. The following services are provided: villages and plazas area sprayed where ceremonies take place, two free clinics twice a year (April & October), low cost spay and neuter once a week at a cost, press coverage in the local newspaper and KUYI Radio, education to children, distribution of public brochures, tick and distribution and administration of dog collars and repellent. The Hopi tribe has partnered with the National Relief Charities, CDC and Indian Health Service. More resources in public education, funding and an animal control ordinance are needed. The tribe is currently working on an ordinance accompanied by a resolution which is close to being sent out for public comment. A PowerPoint will be presented to each of the villages.

Wayne Ivins, CHR/CNA/RMSF Facilitator provided the update for WMAT. The first case of RMSF was found in Cibecue. RMSF is a big concern in all Indian country and prevention and control efforts are ongoing. Their tribal RMSF coalition meets once a month; includes communication with state and federal agencies. With the tribal Housing Authority's assistance (vehicles, manpower and equipment), WMAT staff are more active in prevention and control. Public health

information is being presented; kids understand what RMSF is through calendar coloring books donated by the state. Dog food is being donated from Purina and tick collars will be sought from Bayer. A new animal control committee was formed and they are looking into cultural beliefs on euthanizations, which is a big issue on the reservation. Traditionally speaking, dogs should not be killed for any reason. It is done with prayer and respect. Direction will be sought through a tribal medicine man and spiritual leaders as this is an ongoing issue. The White Mountain Apache leadership expressed their efforts to move forward to the betterment of the communities and applauds the teamwork on all ongoing projects.

Laverne Dallas, Director of Health Resource Department (HRD) provided the GRIC update. She presented the HRD structure. HRD as well as the Gila River Health Care Corporation are funded through annual funding agreement based on needs of the GRIC. GRIC developed a Veterinary service program in Fiscal Year 2012. HRD is currently being revamped to increase program capacity. The Animal Control Veterinary program currently has seven officers and two Veterinary Technicians. The Environmental Health Services is another component where program capacity has increased. This program has three Environmental Technicians and three Sanitarians. The Disease Surveillance program has five individuals that also mitigate RMSF. To enhance the delivery of services, funding has been allocated to purchase necessary veterinary equipment and materials to retrofit the veterinary clinic and to purchase vehicles to monitor community efforts. The Community Health Education program promotes awareness through articles in the community newspaper and the HRD quarterly newsletter. The Community Health Education program is working with the GRIC MIS department to develop applications for smart phones which will link them to the HRD website. The HRS Marketing & Promotions office assists with the development of brochures, PSA's, pamphlets, flyers for distribution, including posting on the GRIC Intranet. HRD programs are working on individual program websites and the Public Information's Office for health education information is to be placed on the GRIC Face-book to reach the younger generation. HRD continues to work with Housing, the Seven (7) Districts and the Department of Public Works as well as an extensive work relationship with the Gila River Health Care Corporation. The Animal Control program is linked with the Police Department and Livestock. There is a domestic ordinance in place that needs to be enforced.

Delsen Liston, Program Manager provided the TON update. TON is the 4th Indian reservation to get RMSF. The tribe was first notified in October 2011 and was bewildered as to how to respond. They teamed up with CDC and its partners and created a taskforce and went to the TON Tribal Council to seek help. They looked to other tribes (GRIC and SCAT) and modified a response plan to fit TON. Community notifications on RMSF were aired on radio and through emails. A request was made to the TON Legislative committee to request a resolution to outline responsibilities. Reservation wide RMSF education was provided to tribal members; it was a learning experience. The obstacle was to empower people to promote responsible pet ownership. TON has partnered with local counties, humane society and found euthanizing was their biggest challenge. Through an MOA, TON contracts with Tucson Veterinary Technology School for euthanizations. Educational training is provided to districts/community and departments along with PSA's. TON is receiving supplies and support from the Indian Health Service, CDC and ADHS. Fortunately there have been no deaths. Through this learning process, RMSF prevention and control has brought communication, collaboration and the nation together.

Gayle Dine' Chacon, Medical Director, Navajo Division of Health provided comments. RMSF is a racial ethnic health disparity that needs to be addressed. Traditionally, dogs are our protectors, why are they harming us? She sought answers through medicine men and found that spiritual leader did not know. Different types of animals are being introduced to our land (i.e. Llama), which are not part of our traditional land and environment. We need to be more responsible for land, environment, people and how we view our animals. We have natural immunity with our traditional environment but introduction of non-traditional plants and animals into our environment make us ill.

San Carlos Apache Tribe Rodeo Project Report

Anita Brock, Epidemiology Program Manager, Department of Health & Human Services, SCAT provided the update. Due to the increasing number of reported and suspected human RMSF cases in Arizona CDC, with tribal approval and support, conducted a pilot program with SCAT in one tribal housing district. The pilot project was called the RMSF Rodeo

Project. It was conducted from March 20 – July 16, 2012. Prior to this project SCAT had attempted to complete the following interventions to combat RMSF: once a year yard treatments, once a year tick collar distribution of Propoxur collars (lasts 3-5 months) with only enough to collar 1/5th of the dog population, and once a year spay/neuter program with Rural Area Veterinary Services (RAVS). SCAT attempted to make strong recommendations to the tribe to create an Animal Control Program but no funding support was received. SCAT encouraged community residents to buy pesticides for home tick prevention but the products were expensive and were not used uniformly. Though the attempts were well intentioned, these once-a- summer applications were not frequent enough and due to the life cycle of the tick, household and dog treatments need to be properly timed and applied for sustained tick-killing activity. Furthermore, there was a lack of focus on pet and stray dogs and there was no permanent veterinary services offered on the reservation. The RMSF Rodeo project supported by tribal Community Health Representatives (CHR's) and Animal Control personnel, IHS, ADHS, and the USDA helped provide properly timed acaricide treatments. The RMSF Rodeo supplied the project area with Seresto[®] Tick Collars, a new pre-market tick collar provided by Bayer that lasts a complete season (8 months). Personnel working on the project visited every home, collared and registered dogs, provided tie-outs for dogs to avoid roaming into tick infested areas, educated homeowners, and treated yards for ticks four times (May through August). Ninety-nine percent (576/582) of the homes within the project area registered and participated. Over 1000 Seresto[®] collars were distributed. Of the households enrolled, 80% reported the grey Seresto[®] collar was still on all dogs at the end of the study. A Knowledge, Attitudes and Practices survey was conducted to assess the impact of the education efforts. For knowledge 95% of persons had heard of RMSF and 42% of persons said they knew someone who had had RMSF. For attitudes 88% stated they would support an animal control shelter on the reservation and 80% would support a complete animal control shelter (including euthanasia). For sustainability 91% reported they would continue to treat their yards, 96% reported they would continue to treat their dogs, and 92% said they would buy Seresto[®] collar. Outside the project area each tribal home was sprayed four times from May to October 2012, tick collars were distributed, stray dogs were collected, 25 presentations were given to the community, seven articles were printed in the paper, and a reservation-wide cleanup of large items and debris was organized. In March 2012 a vaccination clinic vaccinated 386 animals and in May 2012 a Spay/Neuter Clinic spayed/neutered 168 dogs and 38 cats. Based on the follow-up reports of the intervention strategies and assessments, the San Carlos Apache Tribe Rodeo Project was a huge success and positively impacted the quality of lives of many people and animals. With that, in 2013, the goals of the RMSF Project include increasing the number of dogs to be sterilized by 25% from the previous year, placing tick collars on 65% of owned dogs, increasing the number of stray unwanted dogs for collection/adoption by 15%, treating each home on the reservation four times, and offering 3 community presentations per month. [Powerpoint](#) | [PDF](#)

Tribal Leaders Panel

This panel was held during the noon hour luncheon. Herman Honanie, Vice Chairman, Hopi Tribe and John Lewis, Director, Inter Tribal Council of Arizona, Inc. (ITCA) participated on the panel. Vice Chairman Honanie commented that Tribal Leaders need to take the responsibility to advocate for needed resources, that dogs were put on earth for a purpose for protection and that a Hopi tribal member had even created a song for dogs. Mr. Lewis commented on the importance of government-to-government relationships, that special federal IHS RMSF prevention and control funding should be available to all tribes that need this type funding, that ITCA will take the lead working with Tribal Leaders to place needed RMSF resource as a priority topic for federal advocacy, that we all need to speak with one united voice and that unique racial disparity should be important for the IHS Environmental Health budget.

Gila River Indian Community Model Environmental Monitoring Tribal Program

Laverne Dallas, Director, Health Resource Department, James Tree, Program Manager, Community Health Education, Daniel Hoyt, Sr. Sanitarian, Cheryl Shuy, Communicable Disease Nurse, Adolph Robles, Sr. Animal Control Officer, and Dr. Joseph Bahe, Veterinarian provided the update. Before December 2009 there were no cases of RMSF on GRIC. When the first two GRIC human cases of RMSF were identified a plan was developed to combat the significant presence of stray dogs and the abundance of excessive harborage in order to reduce breeding grounds for the Brown Dog Tick. The GRIC Action Plan objectives included monitoring tick surveillance, dog surveillance, human cases and suspected cases and evaluating tick testing and canine serosurveys. GRIC also implemented dog dips and dog tick collars. Environmental

control included pesticide application and debris removal. GRIC also provided community education leadership programs and community district presentations to increase outreach and education efforts about RMSF. Educational materials were distributed door-to-door as well as to clinicians. Approximately 500 dogs treated for ticks, over 200 homes were surveyed by dry ice tick traps and over 400 homes were treated and/or provided with granular pesticides. A request was submitted to CDC for Epi-Aid to assist with canine sero-surveys, pesticide dispersal, outreach, surveillance, and blood and tick testing. A report on the findings provided further recommendations regarding continued surveillance of target areas, increased ACO presence in the area, one-on-one dog owner education, impoundment of stray/unwanted dogs, increased enforcement efforts, citations for roaming dogs, limiting the number of dogs per household (4), and amending GRIC Ordinance GR-02-10. Since the implementation of these efforts, there have been no new confirmed RMSF human cases. [Powerpoint](#) | [PDF](#)

CREATING A STATEWIDE RMSF PLAN

Statewide Planning Opening Remarks Dr. Ty Reidhead (CMO, Phoenix IHS Area Office) and Erica Weis (Laboratory Surveillance Epidemiologist, ADHS) introduced the need for a statewide RMSF plan based on the risk of disease emergence in new areas and the cross-cutting issues all affected communities face and explained the logic of the committee structure.

Committee Presentations: Five committees were formed in advanced of the statewide meeting to prepare a section of the state plan. The following narrative highlights their presentations.

Environmental Tick Control and Surveillance Committee: The committee charge was development of programs for tick surveillance, risk assessment, and best practices on tick control. The committee was composed of the following members:

1. Jamie Ritchey, MPH, Ph.D, ITCA Epidemiology Center Director (**Committee Chair**)
2. Daniel Hoyt, REHS, Senior Sanitarian, Gila River Indian Community
3. Mark Miller, Senior Environmental Health Officer, CDC National Center for Environmental Health
4. Kenny Hicks, RS, MPH, PAO, Area Injury Prevention Specialist, Acting Director, Environmental Health Services
5. Ramona Antone-Nez, Director, Navajo Epidemiology Center
6. Tim Shelhamer, LTJG, USPHS, Environmental Health Officer, San Carlos Service Unit HIS
7. Yeshimebet Tulu, MD, MPH, Environmental Health Programs Manager, Gila River Indian Community
8. Justin A. Gerding, LCDR, US Public Health Service, Environmental Health Office

Committee Finding/Recommendations: Dogs are the brown dog tick's preferred host, therefore killing ticks on the host (dogs) is critical for controlling the tick populations. The brown dog tick feeds on a dog three times to complete its life cycle, dropping off the host between feeding. Though dogs are the preferred host, it occasionally feeds on other hosts when there are heavy infestations, such as people. Pet owner responsibility is essential to ensure dogs are kept free of ticks. Based on field experience in tribal communities, many residents do not regularly treat dogs for ticks. Reasons may include a lack of financial resources, inability to catch the dog, not thinking tick treatment is important, not treating dogs frequently enough to be effective, and others. Therefore, it is prudent to have a public program in place to provide regular control of ticks on dogs. Providing tick control services to reduce the amount of ticks on dogs can be done door-to-door, by providing products for free or low-cost and by providing treatment at pet clinic events like rabies clinics and spay/neuter clinics. Several topical treatments and tick collars are effective at controlling ticks on dogs. The development of a program to provide regular tick control services for each home in the affected areas is crucial. Services need to include tick control practices for outdoor treatment and indoor treatment where infestation is indicated. The

development or enhancement of efforts to remove debris and solid waste is also necessary because these areas support tick habitat around the home. Programs to assist homeowners in the removal of debris and waste can be successful in removing large amounts of waste if resources are available. Solid waste can also harbor ticks and should be removed. Areas with free roaming dogs are at greater risk of RMSF due to their increased likelihood of exposure to ticks and these animals are less likely to receive treatment and thus can further spread. Assessing RMSF risk is essential to determining and implementing appropriate and effective tick control measures. Surveillance can provide measurement and direction for prevention efforts. By following Integrated Pest Management principles, tick control measures are most effective when custom tailored to your specific environmental conditions. [Powerpoint](#) | [PDF](#)

Healthcare Committee: The committee charge was development of best practices on reporting to tribal, state, and local public health, investigation and follow-up of suspect RMSF cases, treating human RMSF cases and addressing clinical education. The committee was composed of the following members:

1. Glenda Davis, Program Director, Navajo Veterinary & Livestock Program (**Committee Chair**)
2. Brian Hamilton, RN, BSN, LCDR, Infection Control Officer, IHS/PHXSCSU
3. Darren Vicenti, MD, Chief Medical Officer, Hopi Health Care Center
4. David Civic, PAO, Director, Quality Management
5. Eva Ybarra, PHEP Coordinator, Tohono O'odham Nation
6. Jennifer McQuiston, DVM, MS, DACVPM , Epidemiology and Diagnostics Activity Leader, Rickettsial Zoonoses Branch, Centers for Disease Control and Prevention
7. Marc Traeger, MD, Medical Officer , Acting Clinical Director, IHS/PHXWIH, Phoenix Indian Health Service

Committee Findings/Recommendations: A key element for best Healthcare practices is a standardized RMSF patient transfer protocol developed to educate healthcare professionals and ensure the safety of the tribal members being treated for RMSF. The protocol would also include follow up contact to ensure treatment continues if the patient leaves tribal area health facilities. All areas should implement the use of the treatment algorithm, better educate staff and healthcare providers, require 1 hour CME for all MD, PA & nursing staff providing care to Arizona and New Mexico Tribes, and establish a clinical task force involving all impact area categories: high, low and at risk to address areas of varying needs and priority. High impact areas will require mandatory use of algorithm; will need to develop an incentive for patients to return for convalescent blood sampling, and communicate with Tribes about risk status in order to procure the highest level of proper clinical care. Low impact areas will need to establish weekly Emergency Department log review and ensure suspect patients are treated and tested, establish a chain of command for referral cases and point of contact for follow up cases, and count cases to track and identify areas needing environmental intervention through diagnostic testing strategies. At risk areas need to take proactive measures to educate the general public on integrated pest management to decrease the number of dogs, increase treatment for the tick, conduct debris removal, preform tick checks and use tick repellent products. [Powerpoint](#) | [PDF](#)

Community Education Committee: The committee charge was development of community outreach education toolkit and outreach/education best practices

The committee was composed of the following members:

1. Jalen Redhair, Research Assistant, Navajo Epidemiology Center (**Committee Chair**)
2. James Tree, Community Health & Prevention Program Manager, Gila River Health Resource Department
3. Wayne Ivins, CHR/CNA/RMSF Facilitator, WMAT CHR Program
4. Delsen Liston, Program Manager, Division of Community Health Services
5. Jim Williams MEd, MA, Public Health Educator, Phoenix Service Unit-HIS
6. Cye Goseyun, Animal Control Officer, San Carlos Apache Animal Control

Committee Finding/Recommendations: The creation and implementation of a universal RMSF infectious disease protocol for tribes to conduct community education and outreach is necessary to combat RMSF. The mobilization of public health officers, community health representatives, health educators, animal control officers, and environmental

health representatives will increase communication and coordination between all involved agencies and tribes (i.e. ADHS, IHS, CDC) for massive community outreach and education (i.e. presentations, panels). Community Education is important for all tribal areas but does differ depending on level of risk. High risk reservation lands need to implement a RMSF toolkit for target audiences (i.e. public, physicians, veterinarians) to ensure awareness of RMSF. Educational materials should be in English and tribe's language (healthcare providers who speak tribe's language and English) to ensure total understanding. Pesticide application and home site assessments for RMSF potential and ticks are crucial. Low risk reservation lands need to create RMSF education panels within the community and presentations at town halls, schools, large facilities, etc. are key to emphasizing the importance of flea and tick collars, spot on treatments, dog dips, spaying and neutering education, and discussing existing animal control policies and ordinances to make changes as needed. At risk reservation lands need to continue to educate members by distributing handouts and brochures for increased awareness and inform healthcare facilities and providers about the threat of RMSF. Pesticide programs should be started to educate the community about clean-ups and the yard debris removal as well as provide tribal members with a detailed list of stores that carry preventive pesticide products. Furthermore, tribal veterinarians and animal control officers need to coordinate outreach and education efforts before cases of RMSF become present.

[Powerpoint](#) | [PDF](#)

Animal Control and Veterinary Program Committee: The Committee charge was to develop steps and resource needs for the development of comprehensive animal control programs

The committee was composed of the following members:

1. Adolph Robles, Senior Animal Control Officer, Gila River Indian Community Animal Control Program
(Committee Chair)
2. Joseph Bahe, DVM, Veterinarian, Gila River Indian Community
3. Pamela Lalo, Veterinary Technician, Hopi Veterinary Service
4. Karter Neal, DVM, Veterinarian, Medical Director
5. Tyrone Osife, Tohono O'odham Nation, Police Department
6. Regina Hovet, San Carlos Apache Tribe

Committee Finding/Recommendations: Animal Control is an issue in Indian Country that has not been given its due attention, importance, or resources. This is a cultural and non-human issue that has been ignored up until a crisis arises. It is this lack of an established Animal Control Program that Rocky Mountain spotted fever (RMSF) and other zoonotic problems have flourished. Thus the decision to establish an Animal Control Program needs to be tempered with not only the crisis at hand, but also with the concerns and needs of the Tribe's future. It is with this in mind, the Committee offers the following information to be considered in the development of an Animal Control Program and protocol for dealing with RMSF. The decision to develop an Animal Control Program needs to be made as to what the tribe wants the Program to focus on: Public Health or Enforcement. Public Health has a mindset of prevention and stopping the transmission of a zoonotic disease. In order to accomplish this task, some tools used are education, warnings and public health enforcement of laws/ordinances. Enforcement has the mindset to deal with animal related issues as "breaking the law" and the use of enforcement first is with minimal or no thought of public health issues. After this decision is made, the program should be tailored to the needs of the Tribe and in support of what the main focus will be. Topics that need to be addressed include: Laws/ordinances, impoundment of animals, euthanasia, fees/vaccination requirements, adoption policies, rescue groups, veterinary care, employee size, education (owner responsibility; importance of spaying/neutering, cultural issues), budget, and revenue. Development of a coalition with the following entities needs to be established to ensure success of the Animal Control and Veterinary program: CDC, I.H.S., ADHS, Counties, National Animal Control Association, National Humane Society, Emergency Management, Community Housing, Public Works, Corrections, Districts/Chapters, and Transportation. [Powerpoint](#) | [PDF](#)

Finance and Budget Committee: The Committee charge was to develop a draft budget to support a comprehensive RMSF control program encompassing animal control, environmental surveillance, tick control, community outreach/education, public health surveillance/investigation, and clinical education

The committee was composed of the following members:

1. Charlene Hamilton, Director, WMAT Division of Health Programs (**Committee Chair**)
2. Velda Williams, Executive Director Department of Health & Human Services, San Carlos Apache Tribe
3. Laverne Dallas, Health Resource Department Director, Gila River Indian Community
4. Anita Brock, MPH, Epidemiology Program Manager, San Carlos Apache Tribe
5. Jennie Becenti, Executive Director Department of Health & Human Services, Tohono O'odham Nation
6. Stephen Piontkowski, District Environmental Health Officer, Indian Health Service

Committee Finding/Recommendations: The Committee recommended that RMSF prevention and control budgets be organized around six categories: [Powerpoint](#) | [PDF](#)

- 1) Animal Control: Costs for a one staff office including personnel cost, equipment and operating costs will be approximately \$125,000 per year.
- 2) Environmental Surveillance: This cost would involve a determination of the canine and environmental tick loads. The tick count on dogs will require significant staff time. The environmental tick load count in addition to staff time will cost \$75-100 for 10 CO₂ tick trap supplies.
- 3) Tick Control: This cost will require granule and liquid pesticide, seresto dog collars, staff personnel and operating costs and community clean up. Treating 2,675 homes 12 times/year with granule pesticides will cost approximately \$86,400 (supplies only). The cost of supplies (\$84,400) in addition to the equipment and seasonal workers will cost approximately \$118,000. Placing seresto dog collars, at \$40 per collar for 5,300 dogs will cost \$220,000 (supplies and seasonal workers). The removal of community debris and yard clean up to remove tick habitat will require the partnering with tribal housing authorities and other partners to use waste containers and transfer station. The removal of 191 tons will cost \$155,000.
- 4) Community Outreach/Education: This cost will involve development and printing of community brochures, children tools such as coloring book calendars, postage, etc. A budget of \$6,100 will cover 5,000 community brochures, 5,000 coloring book calendars, and necessary postage.
- 5) Public Health Surveillance/Investigation: This would involve canine seroprevalance which has historically been performed with CDC assistance through Epi-Aid. Use of contracted veterinary services and private lab may be necessary with current cost unknown.
- 6) Clinical Education: This involves the education of clinical staff on RMSF treatment which is an on-going practice of CDC, ADHS and IHS so there should be no costs to the tribes. Potential possible funding sources includes tribal programs (including general funds), government or private grants (businesses, philanthropic organizations), emergency funds (ADHS, IHS, HUD, CDC), and CDC community transformation grants.

In summary an annual tribal budget could be the following:

Animal Control Program	\$125,000
<i>(One staff with equipment and operating costs)</i>	
Tick Control	\$118,000
<i>(Treating 2,675 homes with granule and liquid pesticide and seasonal workers)</i>	
Placing Seresto Collars on Dogs	\$220,000
<i>(\$40 each for 5,300 dogs plus seasonal workers)</i>	
Removal of Community Trash and Debris	\$155,000
<i>(Removal of 191 tons)</i>	
Community Outreach/Education	\$ 6,100
<i>(Brochures, coloring books, calendars, etc.)</i>	
TOTAL	\$624,100

OPEN DISCUSSION – NEXT STEPS AND CREATION OF STATEWIDE TRIBAL RMSF COALITION

Velda Williams, Executive Director, Department of Health & Human Services, SCAT moderated this last session of the meeting. The following highlights participants' comments made.

Education/Awareness

- In traditional Native American culture, mothers and women are looked up to for guidance. In discussion, there was a suggestion to have a trusted female elder spokesperson to help empower, inspire, and motivate tribal members to take the initiative to control the dog population by spaying and neutering their dogs and to clean up debris around their homes. Because spaying, neutering and euthanizing dogs are a culturally sensitive topic, individuals would need to seek support and an overall cultural blessing to do so. This can only be communicated through a trusted female elder.
- There is a need to increase physician awareness. It would be beneficial to have a "point person" in each health care facility that could relay case information and make confirmations to physicians unfamiliar with RMSF that doxy is the correct form of treatment.
- Question: Why, when RMSF is so treatable, is publicity so low? But a virus like Hanta, which is harder to diagnose, receives more publicity? Not only do we have the ability to eradicate RMSF, RMSF is more treatable than the Hanta virus. There are no excuses for this. RMSF needs to be elevated to the point where the issue gets attention from the "top down". More noise needs to be made to increase awareness and get the leadership's attention in order to have resources available to control the problem

Lab Reporting

- One of the most important discussions to have is lab reporting. Should it happen at the State? In order for all agencies to understand how to deal with specimens, there needs to be a common understanding of lab testing. Lab reporting protocols also need to be more accurate
- State should make recommendations where lab testing can occur and what to look for (2 titers)
- Though there are already reporting rules in states, they do not apply to reservations. Thus it is up to the tribe to enforce reporting and lab testing on reservations
- There is a need for a community notification process about the current status of the number of cases will help community members be aware and will help public health officials to be able to address and handle the issue more quickly
- The state cannot force physicians to treat a certain way, states can only recommend because physicians on reservation land are federally licensed/controlled

Animal Control Program

- Because the degree of development of animal control programs will vary from tribe to tribe, it is suggested to form a State Animal Control Association or Work Group to council and assist programs that need guidance. A committee assembled from existing successful animal control authorities and experts would attend quarterly meetings and collaborate about how to start/create new programs, strengthen existing ones, and give guidance.
- Limit the amount of animals (specifically dogs) to reduce the amount of blood hosts for ticks

Statewide Tribal RMSF Coalition

- There was consensus to support the creation of an Arizona Statewide Tribal RMSF Coalition.
- The Coalition should conduct regular statewide meetings.

Follow Up

- A report of the proceeding of this meeting will be prepared, distributed and posted on the ADHS Native American website.

- ADHS will take the lead in coordinating the finalization of the state plan. Prior to finalization it will be distributed to the statewide RMSF Meeting Planning Committee for review and comments. Upon finalization the state plan will be delivered to ITCA for use in White House and Congressional funding advocacy.

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NOVEMBER 9TH RMSF MEETING AGENDA

2nd Arizona Statewide Tribal, IHS, ADHS, CDC Rocky Mountain Spotted Fever Meeting

Cliff Castle Casino and Hotel
Yavapai-Apache Nation
Camp Verde, Arizona
November 9, 2012

7:30 – 8:15 am **Continental Breakfast and Registration**
Continental Breakfast, Refreshment Breaks, and Meeting Room sponsored by Gila River Indian Community

TRIBAL STATUS REPORTS AND MODEL PROGRAMS

8:15 – 8:45 am **Welcome, Blessing, and Opening Comments**

Master of Ceremony	Michael Allison, Native American Liaison, ADHS
Welcome	Delsen Liston, Assistant Manager, Community Health Services, DH&HS, TON
Blessing	Herman Honanie, Vice Chairman, Hopi Tribe
Background Summary	Michael Allison
Tribal Leader Remarks	Herman Honanie, Vice Chairman, Hopi Tribe

8:45 – 9:30 am **Keynote Addresses – Public Health “Call to Action”**

Veterinarian	Jennifer McQuiston, CDC
Clinical	Dr. Joanna Regan, CDC

9:30 – 10:00 am **Tribal RMSF Status Updates**
Each Tribe will present brief updates on their: **(1)** RMSF status to include human cases and seropositive dogs surveys, **(2)** RMSF activities to include what has been done, how the activities are carried out and by who, how were outside partners utilized, and **(3)** Need for resources to address all identified issues and roadblocks.

Navajo Nation (NN)	Glenda Davis, Program Director, NN Veterinary & Livestock Program
Hopi Tribe (HT)	Cathy Wright, Public Health Compliance Officer, HT
White Mountain Apache Tribe (WMAT)	Wayne Ivins, CHR/CNA/RMSF Facilitator, WMAT
Gila River Indian Community (GRIC)	Laverne Dallas, Director, Health Resource Department, GRIC
Tohono O’odham Nation (TON)	Delsen Liston, Assistant Manager, Community Health Services, DH&HS, TON

10:00 – 10:15 am **Break**

10:15 – 11:15 am **Tribal RMSF Status Updates (Continued)**

11:15 – 11:45 am **San Carlos Apache Tribe Rodeo Project Report**
A presentation on the tribe’s very successful RMSF prevention and control program for one reservation housing district.
Presenter Anita Brock, Epidemiology Program Manager, Department of Health & Human Services, SCAT

11:45 – 1:00 pm

Hosted Luncheon

Sponsored by the San Carlos Apache Tribe

Tribal Leaders Panel

John Lewis, Director, ITCA
Herman Honanie, Vice Chairman, HT

1:00 – 1:45 pm

Gila River Indian Community Model Environmental Monitoring Tribal Program

This presentation will include public education, development and enforcement of ordinances, tribal leadership support, involvement of community members, and patient referral system for medical care.

Moderator:

Laverne Dallas, Director, Health Resource Department, GRIC

Panel Members

- Community Education
- Environmental Health
- Epidemiology/Disease Surveillance
- Animal Control

James Tree, Program Manager, Community Health Ed.

Daniel Hoyt, Sr. Sanitarian

Cheryl Shuy, Communicable Disease Nurse

Adolph Robles, Sr. Animal Control Officer and

Dr. Joseph Bahe, Veterinarian

CREATING A STATEWIDE RMSF PLAN

1:45 – 2:00 pm

Statewide Planning

Overview/Moderators

Dr. Ty Reidhead, CMO, Phoenix IHS Area Office
Erica Weis, Laboratory Surveillance Epidemiologist, ADHS

2:00 – 2:45 pm

Committee Presentations

Presentations will be made on draft sectional plans developed in advance of the meeting by assigned committee members. Committees:

- 1) Environmental Tick Control/Surveillance – Development of programs
- 2) Healthcare – Best practices on reporting and clinical education
- 3) Community Education – Community outreach toolkit
- 4) Animal Control/Veterinary Program – Developmental steps in animal control programs
- 5) Finance /Budget – Animal and tick control and community outreach budgets.

2:45 – 3:00 pm

Break

3:00 – 3:45 pm

Committee Presentations (Continued)

3:45 – 4:30 pm

Open Discussion – next steps and creation of Statewide Tribal RMSF Coalition

Facilitator:

Velda Williams, Executive Director, DH&HS, SCAT

4:30 pm

Closing/Adjournment

Note: CDC personnel will be available after the meeting closure for continued discussion for anyone that wishes to talk to them.

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