



Lyme Disease Estimated Risk Areas Map

Purpose

The Ontario Lyme Disease Map: Estimated Risk Areas is updated annually. It provides information to assist public health professionals and clinicians in their management of Lyme disease.

Public health professionals

The map assists local public health units as they conduct Lyme disease case investigations. It will also help to inform public health messages aimed at raising awareness of Lyme disease risk areas in Ontario.

Clinicians

The map provides clinicians with background information on estimated risk areas when considering potential exposures to blacklegged tick (*Ixodes scapularis*) bites. This can help with decisions to pursue testing, prophylaxis and/or treatment.

Despite these estimated risk areas, it is important to note that blacklegged ticks feed on and are transported by migratory birds, meaning there is a possibility of encountering an infective blacklegged tick almost anywhere in Ontario.

Estimated Risk Areas: Definition and Methods for Identification

Definition

Estimated risk areas are locations where blacklegged ticks have been identified or are known to occur and where people have the potential to come into contact with infective ticks.

Estimated risk areas are calculated as a 20 km radius from the centre of a location where blacklegged ticks were found through drag sampling. This definition is based on work done in Nova Scotia and adopted by the Public Health Agency of Canada for its Lyme disease risk mapping.^{1,2}

Methods

An estimated Lyme disease risk area in Ontario is determined by methods described in *Assessment of a screening test to identify Lyme disease risk*, by Ogden et al. ³ Initially, passive surveillance indicators are required to establish an estimated risk area, and are used to inform where tick dragging should be conducted. Passive surveillance indicators may include, but are not limited to:

- Information about the location of ticks submitted from the public and health care providers for identification.
- Assessment of exposure location information from locally acquired human Lyme disease cases.

A suitable tick habitat.

Once passive surveillance indicators are present, tick dragging should take place. Ogden et al.'s methods require conducting three person-hours of drag sampling in potential risk areas between May and October.³ In new locations with no history of blacklegged tick populations, tick dragging should be conducted at two different times in a one-year period, during the spring and fall, to confirm the presence of blacklegged ticks. Finding at least one blacklegged tick during the spring and fall indicates a risk area for Lyme disease.

The habitat and host animal species required for tick establishment and Lyme disease transmission are not uniformly distributed within the estimated risk areas indicated on the map in yellow. Ticks require wooded and brushy areas to establish themselves. Therefore, if there are no wooded or brushy areas present within a section of the indicated risk area (for example, a parking lot), it is expected that blacklegged ticks will not be present.

Public Health Unit Codes

Public Health Unit Code	Public Health Unit
ALG	Algoma District
BRN	Brant County
СНК	Chatham-Kent
DUR	Durham Regional
ЕОН	Eastern Ontario
GBO	Grey Bruce
HAL	Halton Regional
HAM	Hamilton
HDN	Haldimand-Norfolk
НКР	Haliburton-Kawartha-Pine Ridge District
НРЕ	Hastings and Prince Edward Counties
НРН	Huron Perth Public Health
KFL	Kingston-Frontenac and Lennox and Addington
LAM	Lambton
LGL	Leeds-Grenville and Lanark District
MSL	Middlesex-London
NIA	Niagara Regional Area
NPS	North Bay Parry Sound District
NWR	Northwestern
ОТТ	Ottawa
OXE	Oxford Elgin St. Thomas
PEL	Peel Regional

Public Health Unit Code	Public Health Unit
PDH	Perth District
PQP	Porcupine
PTC	Peterborough County-City
REN	Renfrew County and District
SMD	Simcoe Muskoka District
SUD	Sudbury and District
ТНВ	Thunder Bay District
TOR	Toronto
TSK	Timiskaming
WAT	Waterloo
WEC	Windsor-Essex County
WDG	Wellington-Dufferin-Guelph
YRK	York Regional

References

- Nova Scotia. Department of Health and Wellness. Lyme disease: a report on Lyme disease epidemiology and surveillance in Nova Scotia [Internet]. Halifax, NS: Nova Scotia. Department of Health and Wellness; 2012 [cited 2020 Apr 25]. Available from: https://novascotia.ca/dhw/populationhealth/documents/Lyme-Disease-Epidemiology-and-Surveillance-in-Nova-Scotia.pdf
- Government of Canada. Risk of Lyme disease to Canadians [Internet]. Ottawa, ON: Government of Canada; 2020 [cited 2020 Apr 25]. Available from: https://www.canada.ca/en/public-health/services/diseases/lyme-disease/risk-lyme-disease.html
- 3. Ogden NH, Koffi JK, Lindsay LR. Assessment of a screening test to identify Lyme disease risk. Can Commun Dis Rep. 2014;40(5):83-7. Available from: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/14vol40/dr-rm40-05/dr-rm40-05-2-eng.php

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Lyme disease map 2020: estimated risk areas. Toronto, ON: Queen's Printer for Ontario; 2020.

For more information, visit www.publichealthontario.ca.

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This document was developed by Public Health Ontario (PHO), an agency of the Government of Ontario. PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication.

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