The War on Lyme Patients

Douglas W. Fearn
Lyme Disease Association of Southeastern Pennsylvania, Inc.

Based on:

“The Clinical Assessment, Treatment, and Prevention of Lyme Disease, Human Granulocytic Anaplasmosis, and Babesiosis: Clinical Practice Guidelines by the Infectious Diseases Society of America”

October 2006

Selected data slides from the presentation of August 15, 2007

IDSA Lyme Disease Guidelines

Who wrote these guidelines?

Gary P. Wormser Raymond J. Dattwyler
Eugene D. Shapiro John J. Halperin
Allen C. Steere Mark S. Klempner
Peter J. Krause Johan S. Bakken
Franc Strle Gerold Stanek
Linda Bockenstedt Durland Fish
J. Stephen Dumler Robert B. Nadelman

Contrary data

IDSA Lyme Disease Guidelines

Testing

NY Dept Health 1996: found CDC’s 2 tiered testing missed 82% positive Lyme cases

De Buono, B. NY Dept of Health report to CDC April 15, 1996

Johns Hopkins study 2005: found CDC 2-tiered testing missed 75% of positive Lyme cases

Where did they get their facts?

405 articles are cited

OUT OF OVER 18,000 ARTICLES PUBLISHED (less than 5%)

---

Do the authors believe what they say?

“We studied 17 patients who had presented with acute Lyme disease and received prompt treatment with oral antibiotics, but in whom chronic Lyme disease subsequently developed.”

Raymond Dattwyler, John Halperin,
New England Journal of Medicine, 1998 (319(22): 1441-6)

---

Do the authors believe what they say?

“... isolation of Borrelia burgdorferi from the blood of seven patients with Lyme disease four months after treatment …”

Gary Wormser, Robert Nadelman
American Journal of Medicine, 1990 (88:21-26)

---

Do the authors believe what they say?

“The relapses she repeatedly suffered despite initially successful antibiotic treatment could be related to the observation that Borrelia may possibly be able to remain dormant in certain tissue compartments, thus escaping bactericidal antibiotic activity.”

Gerold Stanek
British Journal of Dermatology, 2001 (144(2):387-392

---

Do the authors believe what they say?

“Similarly [as in tertiary syphilis or tuberculoid leprosy], the antigenic stimulus in Lyme arthritis would appear to be a small number of live spirochetes, demonstrated here by monoclonal antibodies, which may persist in the synovial lesion for years.”

Allan Steere
American Journal of Medicine, 1995 (88:448-51S)
Do the authors believe what they say?

“Lyme borreliosis is a chronic infectious disease caused by the spirochete Borrelia burgdorferi.”

Raymond Dattwyler
Reviews of Infectious Diseases, 1989 [11(6)S6; S1494-8]

IDSA Lyme Disease Guidelines

Do the authors believe what they say?

“...commercially available FDA-approved kits are only 36-70% sensitive, the ELISA assay does not have adequate sensitivity to be part of a two tiered approach to diagnosis.”

Johan S. Bakken
Journal of Clinical Microbiology, 1997 [35(3): 537-543]

IDSA Lyme Disease Guidelines

Do the authors believe what they say?

“Borrelia burgdorferi, as well as other coinfections, can be transmitted from an infected mother to the fetus through the placenta during any stage of pregnancy.”


IDSA Lyme Disease Guidelines

Do the authors believe what they say?

“In many instances continued infection appears to be essential for symptoms to persist, no matter how small the number of organisms, as antimicrobial therapy is generally followed by clinical improvement.”

John J. Halperin
Neurology, 1992 (42:43-50)

IDSA Lyme Disease Guidelines

Do the authors believe what they say?

“57% of patients who had relapse were seronegative at the time of relapse.”

Dattwyler RD et al., Annals of Internal Medicine 1996; 124(9):755-9

IDSA Lyme Disease Guidelines

Do the authors believe what they say?

“Currently, Lyme Disease is treated with a range of antibiotics, e.g., tetracyclines, penicillin and cephalosporins. However, such treatment is not always successful in clearing the infection. Treatment is often delayed due to improper diagnosis with the deleterious effect that the infection proceeds to a chronic condition, where treatment with antibiotics is often not useful. One of the factors contributing to delayed treatment is the lack of effective diagnostic tools.”

Raymond J. Dattwyler
Patent application for Lyme vaccine 2007
### IDSA vs. ILADS Guidelines

<table>
<thead>
<tr>
<th>IDSA Says</th>
<th>ILADS Says</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyme is rare and hard to catch</td>
<td>Lyme is common and easy to catch</td>
</tr>
<tr>
<td>10-24 days of a single antibiotic will cure all cases of Lyme</td>
<td>Treat the patient until all symptoms are gone</td>
</tr>
<tr>
<td>Lyme is easy to diagnose with a blood test</td>
<td>Blood tests for Lyme are very unreliable</td>
</tr>
<tr>
<td>Chronic Lyme disease does not exist</td>
<td>Lyme disease can be persistent</td>
</tr>
</tbody>
</table>

### IDSA vs. ILADS Guidelines

<table>
<thead>
<tr>
<th>IDSA Says</th>
<th>ILADS Says</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost all patients get the bull's eye rash</td>
<td>Only 35-68% of patients ever have a rash</td>
</tr>
<tr>
<td>Neurological Lyme disease is rare</td>
<td>40% of Lyme patients have neurological involvement</td>
</tr>
<tr>
<td>No mention of psychiatric Manifestations</td>
<td>Lyme can cause psychiatric symptoms</td>
</tr>
<tr>
<td>Blood tests are reliable</td>
<td>Over half of cases will have have false-negative results</td>
</tr>
</tbody>
</table>

### For more information:

- [www.ilads.org](http://www.ilads.org) (for medical information and ILADS guidelines)
- [www.idsociety.org](http://www.idsociety.org) (for IDSA guidelines)