



FALL/WINTER NEWSLETTER 2006

Tick-borne Infections Council of North Carolina, Inc

Highlights...

- Fill out Chatham health survey if you are a Chatham resident. Let them know ticks and their diseases are a problem.
- Report on Board activities
- New IDSA guidelines out, link to ILADS response

Scroll down to see these features and more!

Quote of the month...

In the 1970s before Lyme was even a gleam in Allen Steere's eye, epidemiologists showed that the fulcrum for the zoonosis that included babesia in the northeast was the Elizabethan Islands (including Plum but also Block, Nantucket etc.). This was the epicenter from with the epidemic moved out on the backs of birds and with the spread of the deer. When Burgdorfer found the spirochete they were able to go back and show Lyme traveling the same trajectory.

This is voluminously documented in the literature --and prior to Lyme in the US, the disease was documented in the European peer review for more than a hundred years.

Why did Yale call Lyme a new disease when it was an old one? that is a "conspiracy of hubris and ego" I personally am more interested in investigating as the historical precursor of the tragedy we now face. If they hadn't wanted a new disease all for themselves, maybe they would have understood it could be treated with antibiotics like the disease in Europe --maybe they wouldn't still be fighting a war of ego and hubris for their piece of turf, no matter how wrong they turned out to be, and would have spared us so much of the grief we have today.

Author unknown

(if anyone knows the author please email info@tic-nc.com and let us know

CHATHAM COUNTY HEALTH SURVEY—PLEASE FILL OUT TODAY!

Below is a link to a health survey the country is doing. it only takes a few minutes. There is no mention of tick-borne infections or too many deer as a problem. I put that in their 'other' box. Please fill this survey out, add ticks, their diseases, and deer as a problem, and pass around to everyone you know to do the same. If you can do more call or email the person in charge of the survey and tell her TBIs are a big problem here. Marissa Jelks at 542-8297 or marissa.c.jelks@ncmail.net

Do you have strong opinions about Chatham County that you would like to share?

The Chatham County Public Health Department, United Way, Family Violence and Rape Crisis Center, Cooperative Extension Service, Chatham County Parks and Recreation, Chatham County residents, and the

Partnership for Children are distributing the 2006 Community Health Opinion Surveys throughout Chatham County through the end of October.

The Community Health Opinion Surveys are only one part of the Community Health Assessment which is performed every four years. The purpose of the assessment is to identify factors that affect the health of a population and determine priority areas to address. It is important to have input from Chatham County citizens so that agencies, organizations, and the community can develop action plans to combat these concerns.

Look out for the surveys at various locations throughout Chatham County or click on the following link to the Chatham County Public Health Department to take the survey:
www.chathampublichealth.org <http://www.chathampublichealth.org/>

For more information, contact Marissa Jelks at 542-8297 or marissa.c.jelks@ncmail.net

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ARTICLE BY DR. RAPHAEL B. STRICKER

From The Hartford Courant ----Medical Revisionists Threaten Effective Lyme Treatment, July 31, 2006

A small group of scientists is turning the world of Lyme disease on its head. They deny the existence of chronic Lyme disease. They insist there is no "credible scientific evidence" for persistent infection after a short course of antibiotic treatment because the corkscrew-shaped bacteria that causes Lyme disease, *Borrelia burgdorferi*, cannot survive this treatment.

Fearing "over-diagnosis," they publish guidelines endorsing an insensitive testing program that misses half the patients with the tick-borne illness. Fearing "over-treatment," they recommend antibiotic therapy barely adequate for acute infection and wholly inadequate for chronic Lyme disease.

Soon they will publish the latest version of an already restrictive set of guidelines that will further pressure the Centers for Disease Control and Prevention and academic institutions to ignore chronic Lyme disease. The guidelines will encourage insurance companies to embrace up-front cost savings inherent in shorter treatment and deny payment for longer treatment, even if the Lyme patient is still sick but showing signs of improvement. Although the Lyme denialists claim support from mainstream medical groups, the reality is that the handful of them have managed to dictate policy to larger health care organizations through a closed process that rejects dissenting views. Unaware of this one-sided process, the rest of the medical industry blindly follows their lead while patients suffer.

Lyme disease is the most common tick-borne illness in the world. Named after the town where it was discovered in 1975, the disease is transmitted by the bite of an infected tick. Research has demonstrated that the Lyme bacteria is one of the most invasive and elusive pathogens known to man. After causing a telltale "bull's-eye" rash, the bacteria screws its way into multiple organs and tissues to produce often-debilitating muscle, joint, nerve, brain and heart ailments.

Although New England remains the epicenter of the disease, with up to 20 percent of new cases reported in Connecticut alone, Lyme disease and associated infections are popping up in new locations around the globe. Where you live doesn't accurately reflect your risk of catching Lyme disease because people travel on planes, trains and automobiles, while ticks travel on deer, birds and household pets. As a result, the risk of acquiring the disease is increasing unpredictably.

We know treatment is effective when instituted early, but fewer than half the people with Lyme disease even remember getting a tick bite or seeing a rash. The resulting infection may spread and become chronic before the victim has a chance to seek treatment.

Research over the past two decades suggests the key to eliminating chronic Lyme disease is prolonged antibiotic therapy. Lyme-treating physicians recognize this fact and studies support it. The Lyme denialists refuse to accept this point of view.

Imagine if "AIDS denialists" had won out in the early 1990s. Doctors would have refused to prescribe antiviral medications and insurance companies would have refused to pay for them. How many millions of patients would have gone undiagnosed and untreated? Sound scary? Welcome to the world of Lyme disease run by Lyme denialists.

Today many Lyme patients are going undiagnosed and untreated because of the Lyme denialist agenda. Although Lyme disease is usually not fatal, the disability associated with a chronic case is equivalent to congestive heart failure. Health care providers, government agencies and Lyme patients must confront the Lyme denialists and fight for better recognition and treatment of Lyme disease.

Raphael B. Stricker, MD, of California is president of the International Lyme & Associated Diseases Society.
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CDC DISEASE MAPPING

The U.S. Geological Survey (USGS) and the Centers for Disease Control and Prevention (CDC) are pleased to announce an expansion of their disease mapping services. The new web site, <http://diseasemaps.usgs.gov>, in addition to showing West Nile virus activity, maps cases of five other arboviruses: St. Louis encephalitis (SLE), eastern equine encephalitis (EEE), western equine encephalitis (WEE), La Crosse encephalitis (LAC), and Powassan virus (POW). Data on these diseases are provided by state health departments to CDC using CDC's ArboNet surveillance system. Every Tuesday at 3 a.m.

a summary report is generated from the ArboNet database and transmitted to USGS. These data are used to create the 700+ maps contained on the web site.

LETTER FROM DR. JEMSEK REGARDING THE NC MEDICAL BOARD PROCEEDINGS

November 1, 2006

Dear Friends:

By now you may have heard that our clinic has endured some major changes. First, let me say thank you for supporting me through the North Carolina Medical Board (NCMB) proceedings this past summer. I hope that by bringing you up to date on the status of our practice, you will know I continue to be committed to our cause.

As many know, we refer to Lyme as Lyme Borreliosis Complex (LBC), because of the myriad of health problems and co-infections that often accompany chronic borrelia infections. Through a series of interesting events which will be revealed in time, our diagnosis and treatment of LBC was the subject of an investigation by the North Carolina Medical Board (NCMB) this past summer. At the conclusion of the hearing in July 2006, the Board issued a one year suspension of my medical license with an **"immediate stay."** The **"immediate stay "** means that **my license was immediately reissued** upon the provision that we adhere to four specific conditions set by the Board. The four conditions are listed below as they were listed in the official hearing summary. Below each condition, we provide a brief explanation of how the clinic has responded to the stated condition.

CONDITION A:

"Dr. Jemsek shall develop an informed consent form approved by the North Carolina Board President." An improved consent form was developed and has been approved by the NCMB President and is being presented to patients who choose to undergo treatment.

CONDITION B:

"If a patient's diagnosis is not supported by current Center for Disease Control ("CDC") Condition, then the patient must have a consultation or second opinion by a North Carolina licensed infectious disease physician approved by the Board President before treatment."

A list of NC licensed infectious disease physicians was sent to the NCMB and we expect to receive approval of that list of physicians soon.

CONDITION C:

"Any treatment of Lyme disease either by oral or intravenous antibiotics for greater than two months total time must be included in a formal research protocol with Institutional Review Board ("IRB") supervision approved by the Board President."

Our Lyme Research team has developed a research protocol that has been submitted to an IRB for approval. We are hopeful that this research study will be approved by end of year 2006.

CONDITION D:

"Any complications of treatment must be addressed immediately."

Patient response to treatment is always carefully monitored. Additionally, we have been tracking infection control rates within our patient population in detail since 2003. We will continue to do so and will address any complication immediately.

As a consequence of the NCMB proceedings, many major insurance carriers decided they no longer wished to remain in contract with our clinic. This has jeopardized the continuation of care for many patients who depend on insurance coverage for their medical care. Most significantly, this action has resulted in the heartbreaking loss of the HIV division of our practice, which was

the largest private practice in the Carolinas with 1,000 patients and growing at a rapid rate before these events occurred.

These changes also necessitated our filing for Chapter 11 bankruptcy, which is a reorganization bankruptcy, not a liquidation bankruptcy. The bankruptcy will allow us to continue operating while restructuring our debt, and make changes which will allow us to remain financially solid and continue providing care to hundreds of patients with LBC.

Nurse Practitioners Christie Roeske, Michelle Sack, and all of our staff join me in our dedication to our practice and your care. You may have already taken note of our name change to Jemsek Specialty Clinic which occurred as a result of this organizational and legal change.

To be clear, here are the facts about where the Jemsek Specialty Clinic stands:

1. We are continuing to see patients on a regular schedule.
2. Operations have changed to a fee-for-service model. We are not "in-network" with insurance companies. Fees are posted on our website www.jemsekspecialty.com
3. We continue to build a strong network of referring and collaborating physicians who are supportive of our treatment approach.
4. Research is continuing and we are working with a national IRB in order to gain approval to initiate our first clinical research trial in LBC.

I believe that when like-minded individuals come together they can create powerful change. We can and will accomplish much when unified. In time, the work that the Lyme community is doing now will be the cornerstone of change for not only LBC but also for other chronic disease states.

Please know that we are honored to provide the medical care to those whose lives are affected by LBC. As always, please contact us at the Jemsek Specialty Clinic if you have any questions about our clinic or your care.

With regards,
Joseph G. Jemsek, MD FACP
Board Certified Infectious Disease Specialist

ANTIOXIDANTS AND TICK-BORNE ILLNESSES

Antioxidants may protect against tick-borne illness

11.08.2006

For hikers, campers and others who enjoy the outdoors, summer can bring concerns about tick bites and related illnesses such as Rocky Mountain spotted fever.

Researchers are investigating the role that antioxidants -- alpha-lipoic acid and potentially others like green tea and vitamins C and E, for example -- might play in preventing or treating the deadly rickettsia bacteria.

The National Institute of Allergy and Infectious Disease, part of the National Institutes of Health, awarded the University of Rochester Medical Center \$2 million for a five-year study of the antioxidant theory. The grant caps more than a decade of rickettsia research led by Sanjeev Sahni, Ph.D.

Rocky Mountain spotted fever is the most frequently reported illness in the United States caused by the rickettsia bacteria, which is transmitted by tick parasites. It

usually afflicts otherwise healthy adults and children who are bitten by wood ticks or dog ticks. The illness can become life threatening if left untreated, and spotted fever can be difficult for physicians to diagnose because the earliest signs mimic less-serious viral illnesses. Limiting exposure to ticks is the best way to prevent the disease. If it does develop, in most cases doctors can treat it with antibiotics. Typhus is another rickettsial disease spread by lice or fleas. Although less common, typhus remains a threat in crowded jails and in other poor hygienic environments.

"Our studies have the potential to identify novel therapeutic targets for a host of rickettsial diseases," said Sahni, an assistant professor in Hematology/Oncology at the University of Rochester.

Dr. Howard Taylor Ricketts, who eventually died of typhus, identified rickettsia in the late 1800s. Sahni's research group first began investigating the rickettsia bacteria as a model to study the biological changes that occur in the lining of the blood vessels (endothelium) as the bacteria travels through the blood stream. Initially they were looking at what types of cellular changes occur in response to the infection. They discovered that cells undergo oxidative stress and produce harmful free radicals, causing inflammation and other complications.

Researchers hypothesized that antioxidants might serve as useful therapies after examining the damage to infected cells, as seen by electron microscopy, and through biochemical evidence proving oxidative stress (OS), a term used to describe a level of damage in cells, tissue and organs. Antioxidants can generally neutralize free radicals and reduce oxidative damage. Earlier experiments in which scientists infected cells with rickettsia bacteria and then treated the cells with alpha-lipoic acid, a powerful antioxidant, showed that the infected cells did, indeed, marshal a defense against the bacteria.

Sahni is also investigating what enzymes might boost antioxidants to work more efficiently. His group is studying the process that occurs when infected cells express cyclooxygenase (Cox-2) and prostaglandins, which results in inflammation. This biological process is what causes the severe swelling in the limb that was bitten by a tick harboring the rickettsia bacteria. Sahni theorizes that regulating the Cox-2 response with Cox-2 inhibitors such as ibuprofen could also help control the disease. Leslie Orr | Source: EurekAlert!

Further information: www.urmc.rochester.edu

NEW WEB SITE FROM THE UNIVERSITY OF NEW HAVEN

The University of New Haven tick research group: www.unh-lyme.org

ARTICLE ABOUT LYME VACCINE AND CONFLICTS OF INTEREST

...A recommendation by the CDC guarantees a huge market for a vaccine and enables the drug company to use the government as a marketing device for its product. The annual global market for vaccines is expected to be over \$10 billion this year.

On July 21, 2003, United Press International published a report based on a four-month investigation that **found a pattern of problems linked to vaccines recommended by the CDC, as well as a web of close ties between the agency's advisory panel and the pharmaceutical industry.**

By investigating members of an advisory panel of outside experts that make vaccine recommendations, UPI found that **members of the panel received money from vaccine makers through relationships that included: sharing a vaccine patent; owning stock in a vaccine company; payments for research; money to monitor vaccine testing; and funding for academic departments.**

In fact, according to UPI, **the CDC itself is in the vaccine business.** Under a 1980 law, UPI found **the CDC had 28 licensing agreements with drug companies and one university for vaccines or vaccine-related products and eight ongoing projects to collaborate on new vaccines.**

For instance, the CDC and SmithKline Beecham worked together on the Lyme-disease vaccine. A 1992 CDC activity report, obtained by UPI, says the agency had an agreement "with SmithKline Beecham that currently funds three positions at (the CDC) for the purpose of providing information of use in developing advanced test methods and vaccine candidates."

In June 2001, the General Accounting Office delivered a report on the issue to Senator Chris Dodd, (D-Conn), that noted that CDC employees "are listed on two Lyme-disease related patents" including "a 1993 joint patent between CDC and SmithKline Beecham Corporation." **The report also said that six of 12 consultants working for the CDC on Lyme vaccines "reported at least one interest related to a vaccine firm."**

LymeInfo Note: For more background on this subject, see

<http://www.lymediseaseassociation.org/>

Select "Conflicts of Interest" on the left

MORE ON CONFLICT OF INTEREST ISSUES (SEE GREEN HIGHLIGHTS)

http://www.sierratimes.com/06/08/24/75_7_241_1_47489.htm

The Sierra Times

This Article Published 08. 24. 06 at 3:42 Sierra Time

Lawmakers Sever Ties Between CDC And Big Pharma

Evelyn Pringle

In the wake of overhauling the FDA, lawmakers are also cracking down on conflicts of interest within the Centers for Disease Control. Last month, Representatives, Dr Dave Weldon (R-FL), and Carolyn Maloney (D-NY), held a press conference to announce the introduction of a bill that would give responsibility for vaccine safety to an independent agency within the Department of Health and Human Services, and remove most vaccine safety research from the CDC.

Specifically, they said on July 26, 2006, the "Vaccine Safety and Public Confidence Assurance Act of 2006," will create an independent office to address, investigate, and head off potential safety problems like the use of mercury in vaccines, in an objective and non-conflicted office whose sole purpose is vaccine safety and evaluation.

According to Dr Weldon in a prepared statement, Federal agencies charged with overseeing vaccine safety research have failed. They have failed to provide sufficient resources for vaccine safety research. They have failed to fund extramural research and they have failed to free themselves from conflicts of interest that serve to undermine public confidence in the safety of vaccines, he said.

"The American public deserves better," Dr Weldon stated, "and increasingly parents and the public at large are demanding better." "There's an enormous inherent conflict of interest within the CDC," he said, "and if we fail to move vaccine safety to a separate independent office, safety issues will remain a low priority and public confidence in vaccines will continue to erode."

He said that similar conflicts have been remedied in other federal agencies, but in the vaccine program the conflicts

persist unchecked. "This bill will provide the independence necessary," Dr Weldon said, "to ensure that vaccine safety research is robust, unbiased, and broadly accepted by the public at large."

"Vaccines do wonders for public health, but when the government requires them, it must also ensure that they're safe," Ms Maloney said in her statement. "We need adequate, unbiased research on vaccines, and this legislation would deliver that."

She applauded Dr Weldon for his tremendous commitment and leadership on the issue. "He is truly dedicated," she said, "to protecting our children and the public at large." While announcing the new bill, Dr Weldon and Ms Maloney were joined by several groups advocating vaccine safety reform, including the National Autism Association, A-Champs, and safeMINDS.

According to the National Autism Association: "This landmark legislation will provide critical government agency oversight and implementation of vaccine safety research, which has not kept pace with the rise in the number of vaccines routinely prescribed to consumers including pregnant women and young children."

Additionally, the Act calls for \$80 million in funding to conduct vaccine analysis and safety research.

Currently the CDC oversees vaccine research, safety and promotion, a situation that has been drawing more and more public criticism in recent years. The CDC compiles the list of vaccines that doctors are to give all children in the US, based on the recommendations of an advisory panel, and in many states kids can not attend day care or public schools unless they have received the CDC-endorsed vaccines.

A recommendation by the CDC guarantees a huge market for a vaccine and enables the drug company to use the government as a marketing device for its product. The annual global market for vaccines is expected to be over \$10 billion this year.

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According to CDC meeting transcripts where the committee weighed its recommendation, 3 had conflicts of interest with SmithKlineBeecham. The LYMERIX lyme-disease vaccine was approved by the CDC on February 18, 1999, and by October of 2000, more than 1.4 million people had received the vaccine.

But 18 months later, according to UPI, in February 2002, SmithKline Beecham pulled the vaccine off the market claiming that sales of LYMERIX were insufficient to justify the continued investment. However, according to UPI, the company also faced hundreds of lawsuits by people who said they suffered side effects from he vaccines.

The government's database at the time, listed possible side effects from LYMERIX as 640 emergency room visits, 34 life-threatening reactions, 77 hospitalizations, 198 disabilities and six deaths after people took the shots since the CDC

endorsed it, according to UPI.

UPI also found other cases where vaccines endorsed by the panel were pulled off the market after a number of people suffered devastating side effects, and some died.

Congressman Dan Burton, (R-Ind), had already been investigating the advisory panel for several years, and told UPI that the conflicts of interest were a major problem. "This presents a real paradox," he said, "when the CDC routinely allows scientists with blatant conflicts of interest to serve on influential advisory committees that make recommendations on new vaccines, as well as policy matters."

"All the while these same scientists," Representative Burton said, "have financial ties, academic affiliations, and other vested interests in the products and companies for which they are supposed to be providing unbiased oversight."

An August 2001 report on the investigation by Rep. Burton's House Government Reform Committee, stated that "four out of eight CDC advisory committee members who voted to approve guidelines for the rotavirus vaccine in June 1998 had financial ties to pharmaceutical companies that were developing different versions of the vaccine."

Critics say the conflicts of interest of Dr Paul Offit while sitting on the advisory panel could not be more blatant. He was part of the team that mandated the use of the RotaVirus vaccine, even though he received a \$350,000 grant from Merck to develop the vaccine, shared the patent, and was paid to go around the country teaching doctors that vaccines were safe, according to the Wall Street Journal.

UPI discovered that Merck also had bought and distributed copies of a book written by Dr Offit titled, "What Every Parent Should Know About Vaccines," to physicians with a Dear Doctor letter that stated: "Merck Vaccine Division is pleased to present you with a copy of the recent publication, 'What Every Parent Should Know About Vaccines.'"

"The authors designed the book," Merck's letter told doctors, "to answer questions parents have about vaccines and to dispel misinformation about vaccines that sometimes appears in the public media." The book had a list price of \$14.95, and Dr Offit told UPI that he did not know how many copies Merck had purchased.

In 2001, Congressman Burton's investigation also found conflicts of interest with the then chairman of the advisory panel, Dr John Modlin, a Professor at Dartmouth Medical School, who owned \$26,000 worth of Merck stock.

In a phone interview in 2003, Dr Modlin told UPI that he had sold the Merck stock, but that he had recently agreed to chair a committee to oversee Merck vaccine clinical trials.

"Meeting transcripts over the past decade," UPI says, "showed that at some meetings, half of the members present had potential conflicts with vaccine manufacturers."

For instance, at a June 2002 meeting, four of the 11 members on the panel acknowledged conflicts with Wyeth, GlaxoSmithKline, Merck, Pfizer, Aventis Pasteur, and Bayer. Two of the four conducted research or vaccine trials and one member was a co-holder.

The agency is currently facing a major credibility crisis over the issue of whether vaccines containing the mercury-based preservative, thimerosal, are responsible for the epidemic of neurological disorders ranging from ADHD to autism in children all across the country.

The CDC is being accused of research manipulation and cover-ups of vaccine maker culpability by an ever increasing number of activist groups and is also facing tough questions from some of the powerful members of Congress, both Republicans and Democrats alike.

The CDC continues to claim that there is no evidence to support a connection between the epidemic and thimerosal, which they say is no longer used in most pediatric vaccines. It is however, included in the

flu vaccine currently recommended for all pregnant women and children more than 6 months old.

Earlier this year, a group of lawmakers initiated a new investigation of the matter and basically directed the CDC to butt out. On February 22, 2006, they stated in a letter: "If the federal government is going to have a study whose results will be broadly accepted, such a study cannot be led by the CDC," in a letter to Dr David Schwartz, Director of the National Institute of Environmental Health Sciences.

The letter was signed by Senators, Joe Lieberman (D-Conn) and Debbie Stabenow (D-Mich), and members of the House Representatives including, Dr Dave Weldon, (R-Fla) Chris Smith, (R-NJ), Carolyn Maloney, (D-NY), Dan Burton, (R-Ind), Joseph Crowley, (D-NY), and Maurice Hinchey, (D-NY).

The Institute of Environmental Health Sciences is part of the National Institutes of Health, and was asked to convene a panel to decide how to analyze the CDC database to determine whether autism rates have dropped since thimerosal was removed from most vaccines.

The controversy picked up traction in April, "National Autism Month," when world renowned heavy metal experts, researchers, and physicians traveled to Washington and rallied on Capital Hill moving the debate beyond just the parents of autistic children.

This spring, a full-page ad appeared in USA Today, the most widely circulated newspaper in the US, and accused the CDC of "causing an epidemic of autism" by recommending that kids receive a series of vaccinations that contained thimerosal at least as late as 2001.

The ad quoted one of the most recent and famous advocates to join the cause, environmental lawyer, Robert F Kennedy, Jr, as saying: "It's time for the CDC to come clean with the American public."

The ad was funded by a coalition of advocacy groups led by Generation Rescue, and directed readers to the web site, www.PutChildrenFirst.org, to view internal CDC documents, many of which were obtained under the FOIA, that includes transcripts of meetings and e-mails that the groups contend support their allegations of a CDC cover-up.

Congressman Weldon has a theory about why the CDC continues the charade of denying the link between vaccines and autism. "If it is eventually determined that an entire generation of kids was essentially poisoned," he says, "a class-action suit against the federal government could be on the order of hundreds of billions of dollars, and so there's very good reason for them to try to cover this up."

And Dr Weldon's prediction is proving true. Vaccine injury lawsuits are being filed and won against the vaccine makers and the government. Implemented in 1988, the National Childhood Vaccine Injury Act of 1986, established a mandatory, federally administered no-fault claims process for individuals who allege that they were harmed by the administration of childhood vaccines.

The vaccine compensation fund was created to supposedly ensure an adequate supply of vaccines, and to stabilize vaccine costs. A small fee charged on each vaccine funds the program. According to statistics on the vaccine compensation web site, in fiscal year 2006, a total of \$38.2 million has been paid out in cases involving 47 awards.

In what is reported to be one of the largest settlements ever, in July 2006, a quadriplegic boy was awarded \$43.1 million. The case alleged that now 7-year-old, Mario Rodriguez, became a quadriplegic after receiving a measles, mumps and rubella vaccine on January 25, 2000.

Under the guidelines of the vaccine compensation fund program, the lawsuit was filed against the Department of Health and Human Services. Kansas City attorney, Leland Dempsey, who represented the child, told the Kansas City Star: "One unusual aspect of the case is that Mario is expected to have a normal lifespan, and therefore will require more years of care that will cost more money."

"He will need round-the-clock care, including extensive medical intervention, throughout his life," Mr

Dempsey said.

Many other vaccine related lawsuits have been filed against drug makers. For instance, Eli Lilly, the company that invented thimerosal back in the 1930s, informed its shareholders in its 2005 Annual Report filed with the SEC on April 1, 2006: "We have been named as a defendant in approximately 340 actions in the U.S., involving approximately 1,020 claimants, brought in various state courts and federal district courts on behalf of children with autism or other neurological disorders."

Lilly also stated, we believe that "the majority of the cases should not be prosecuted in the courts in which they have been brought because the underlying claims are subject to the National Childhood Vaccine Injury Act of 1986."

Under the Act, claims must first be brought before the US Court of Claims for an award determination under the guidelines established by the Act. However, as Lilly points out in its filing, "Claimants who are unsatisfied with their awards under the Act may reject the award and seek traditional judicial remedies."

Persons injured by drug companies can get information at LawyersandSettlements.com.

Evelyn Pringle

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(Evelyn Pringle is a columnist for OpEd News and an investigative journalist focused on exposing corruption in government.)

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LYME DISEASE ARTICLE FROM WIKIPEDIA, THE FREE ENCYCLOPEDIA (Ed note: we do not know the accuracy of statements in this article)

Please take the time to search the internet for this article and read it. TIC*NC has chosen to include only the web address in consideration for the length of our newsletter. The author of this article is unknown. For the original presentation and links see:

http://en.wikipedia.org/wiki/Lyme_disease

The article presents 'both sides' of the Lyme disease story in a concise manner and appears to be reasonably accurate by our reading though caution is advised. Especially helpful is the table that presents the Infectious Disease Society of America and the International Lyme and Associated Diseases Society positions side by side on points such as testing and treatment.

IDSA: Updated Guidelines on Diagnosis, Treatment of Lyme Disease

ALEXANDRIA, VA -- October 2, 2006 -- In response to growing concern and confusion about Lyme disease, the Infectious Diseases Society of America (IDSA) has updated its Clinical Practice Guidelines on the disease, in order to provide guidance to physicians and patients based on the latest scientific evidence. The guidelines were originally published in 2000.

The most significant changes in the updated version include:

- The addition of information on human granulocytic anaplasmosis (HGA) and babesiosis, two diseases transmitted by the same tick that transmits Lyme disease;
- Recommendations of a single dose of an antibiotic for certain high-risk patients who have been bitten by a tick but do not have symptoms of Lyme disease;
- Expanded discussion and definition of so-called "chronic" or post-Lyme syndromes.

The Guidelines, developed by an expert panel according to widely accepted criteria for evidence-based medicine, contain updated information on the epidemiology, clinical features and diagnosis of Lyme

disease, according to Gary P. Wormser, MD, Chief, Division of Infectious Diseases and Vice Chairman of the Department of Medicine, New York Medical College. Dr. Wormser is lead author of IDSA's 2006 Lyme disease guidelines and chair of the expert panel that developed the guidelines.

"We worked to make the guidelines as comprehensive as possible based on a thorough review of all credible scientific literature," said Dr. Wormser. The guidelines are now available on the IDSA Web site and will be published in the Nov. 1 edition of the journal, *Clinical Infectious Diseases*.

Lyme disease is caused by an infection with the bacteria *Borrelia burgdorferi*. This infection is principally transmitted by the black-legged deer tick (*Ixodes scapularis*) that typically feeds on small mammals, birds and deer but may also feed on cats, dogs and humans. Although the disease has been reported in nearly all states, the majority of cases are concentrated in the Mid-Atlantic and northeast states. Other regions in the United States with significant numbers of cases include Wisconsin, Minnesota and northern California.

"Most people who are infected with Lyme disease have a circular, red rash surrounding the site of a tick bite, that may be accompanied by muscle and joint aches and less commonly, facial paralysis," said Lyme disease expert Paul Auwaerter, MD, MBA, who was a reviewer of the IDSA guidelines. Dr. Auwaerter is the Clinical Director of the Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, and managing editor of the Johns Hopkins Antibiotic Guide.

"The symptoms are sometimes alarming, but with proper diagnosis and antibiotic treatment almost all will go away within a few weeks."

HGA and Babesiosis

Although Lyme disease is the most common tick-borne infection in North America and Europe, the updated guidelines now contain information on two other tick-related diseases, HGA and babesiosis. HGA is a tick-associated disease caused by a species of bacteria called *Anaplasma phagocytophilum*. The most common symptoms are headache, fever, chills, muscle pain and fatigue. Babesiosis is a parasitic infection which affects the red blood cells, resembling malaria; it is also transmitted through the bite of a deer tick. In the United States, the disease usually does not cause symptoms in healthy individuals and is most likely to affect those who are elderly or have compromised immune systems.

Treatment for Lyme Disease

Although routine preventive antibiotic administration is not recommended for individuals with tick bites and no symptoms of disease, one substantive change in IDSA's treatment recommendations is that some selected, high-risk tick bites may be treated with a single dose of the antibiotic doxycycline for people who are eligible for the drug, according to Dr. Wormser. Eligibility criteria for preventive Lyme disease treatment with doxycycline include:

- the attached tick can be reliably identified as an *Ixodes scapularis* tick that is estimated to have been attached for 36 hours or longer;
- preventive treatment can be started within 72 hours of the time the tick was removed;
- ecologic information indicates that the local rate of infection of these ticks with *B. burgdorferi* bacteria is 20% or greater.

Whether use of antibiotic prevention after a tick bite will reduce the incidence of HGA or babesiosis is not known, Dr. Wormser said.

In general, doxycycline is not recommended in pregnant women and in children under the age of eight, he said.

Most patients who develop Lyme disease are cured with a single course of 10-28 days of antibiotics, depending on the stage of their illness. Occasionally a second course of treatment is necessary. More prolonged antibiotic therapy is not recommended and may be dangerous, according to Dr. Wormser. "Nearly all people -- more than 95% -- who do get sick with Lyme disease and are treated with the

recommended course of antibiotics get better and go on with their lives," he said.

"Chronic" or Post -Lyme Disease Syndromes

A small number of patients report a variety of non-specific symptoms such as generalized pain, joint pain or fatigue following an episode of Lyme disease that has been appropriately treated with antibiotics. The updated IDSA guidelines contain greater detail in the discussion of post-Lyme disease syndromes, and conclude that objective evidence of prior *B. burgdorferi* infection must be part of any acceptable definition of these syndromes.

As in the past, the guidelines do not recommend ongoing antibiotic therapy for those with chronic symptoms who have completed the recommended initial course of treatment for Lyme disease.

"After a thorough review of the literature, the panel concluded there is no convincing biologic evidence for symptomatic, chronic *Borrelia burgdorferi* infection after completion of the recommended treatment for Lyme disease," the guidelines state.

Furthermore, long-term antibiotic therapy may be dangerous and it also can lead to complications for the patient such as blood stream catheter infection (for those on intravenous antibiotics) and *Clostridium difficile* colitis (a potentially severe infection of the bowel). Long-term antibiotic therapy may also foster the development of drug-resistant superbugs that are difficult to treat, Dr. Auwaerter added.

"IDSA and its expert panel do not doubt that patients with symptoms that persist for weeks, months or longer are suffering, but many report non-specific symptoms that also are associated with a number of other medical conditions," Dr. Wormser said. "People who continue to have symptoms that persist after appropriate antibiotic treatment for Lyme disease should talk to their physicians about whether the diagnosis was accurate or if they may have a different or new illness to be certain they get the proper medical care."

The IDSA updated practice guidelines and more information about Lyme disease -- including a fact sheet for the public and practice guidelines for physicians -- can be found on the IDSA Web site at www.idsociety.org.

SOURCE: Infectious Diseases Society of America

LINK TO THE IDSA GUIDELINES

<http://www.journals.uchicago.edu/CID/journal/issues/v43n9/40897/40897.html>

THE NATIONAL RESEARCH FUND FOR TICK-BORNE DISEASES Conn., Oct. 2, 2006 (PRIMEZONE) -- The National Research Fund for Tick-Borne Diseases (NRFTD), a non-profit organization dedicated to funding innovative research into tick-borne infections, is pleased to announce the addition of two leading scientists to its Scientific Advisory Board (SAB): Dr. Adriana Marques of the National Institute of Allergy and Infectious Diseases (NIAID); and Dr. Stephen J. Dumler of the Johns Hopkins Hospital's Department of Pathology. Source: The National Research Fund for Tick-Borne Diseases, Inc.

_ Press Release Source: Lyme Disease Association

Statement from Pat Smith, President, Lyme Disease Association

Tuesday October 10, 10:32 am ET

New IDSA Guidelines Forbid Doctors From Using Clinical Discretion in Diagnosing Lyme Disease

JACKSON, N.J., Oct. 10 /PRNewswire/ -- The national non-profit Lyme Disease Association (LDA), representing more Lyme disease patients than any organization in the United States, objects strenuously and with great alarm, to the restrictive new Clinical Practice Guidelines published this October by the Infectious Diseases Society of America (IDSA). The new guidelines make it far more likely that Lyme disease will be missed in the early stages, when it is easier to treat. As a result, the guidelines set the stage for creation of a new generation of chronic Lyme disease patients, individuals with Lyme disease diagnosed and treated so late that they may never be cured.

In a nutshell, the reckless new IDSA guidelines forbid doctors from using clinical discretion in determining whether or not patients have Lyme disease. Instead, they require that doctors either see a characteristic rash known to occur in about half the patients, or that patients register positive on the two tests recommended by the Centers for Disease Control & Prevention (CDC) -- tests known to miss up to half the patients. At any stage of disease, as many as half the patients may remain undiagnosed.

Lyme disease diagnosed late and allowed to disseminate for months or years without treatment causes severe disease that may never completely resolve. Late stage patients suffer more sequelae -- continued symptoms -- after treatment and are far more likely to fail treatment than patients diagnosed in a timely fashion, with early Lyme disease. Late-stage patients suffering chronic symptoms are frequently very sick and in great pain, often as impaired as those with congestive heart failure and sicker than people with type two diabetes.

Despite the basic math and the documented sequelae of late-diagnosed and late-treated Lyme disease, the new IDSA Guidelines state (without offering evidence or any supporting citations) that most Lyme patients are diagnosed early. This defies the experience of the LDA and of the patient community. It also flies in the face of a study, now in press at the Journal of Evaluation in Clinical Practice, which has found that when patients fail treatment, the reason is overwhelmingly because they were diagnosed and treated late.

The IDSA guidelines also deny that chronic persistent infection exists, arbitrarily dismissing all studies documenting persistent infection after short-term therapy and ignoring mounting evidence that more treatment is beneficial in chronic cases.

Finally, the IDSA guidelines fail to even mention another set of diagnostic and treatment guidelines published by the International Lyme and Associated Diseases Society (ILADS) listed with the National Guideline Clearinghouse, which offer an alternative view of Lyme disease diagnosis and treatment.

LDA understands that the debate over the cause of chronic Lyme disease continues to be contentious and to divide those treating and studying the disease. There continue to be two standards of care. But the need to diagnose Lyme disease early enough to obtain the best treatment outcome and most favorable prognosis has never been controversial. Despite this, the IDSA guidelines are so draconian they stand poised to let many patients

slip through the cracks and elude diagnosis until they are suffering late-stage, difficult-to-treat Lyme disease. As the voice of the Lyme disease patient community, LDA challenges these guidelines on humanitarian grounds.

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