LymeMD News
LYME DISEASE RESEARCH FOUNDATION OF MARYLAND

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LYMEMD: TAKING THE LEAD IN EDUCATION

An important component of LymeMD's mission is to expand the knowledge of doctors and other health professionals that will enable then to understand and provide better care for individuals affected by Lyme disease. Additionally, we target educational efforts to those affected with Lyme Disease.

The list of LymeMD's publications is growing, and our influence is being noticed at the national level. Our first article appeared this summer in the Journal BMC Infectious Diseases. It details the difficulty patients and physicians have with diagnosing and treating early Lyme disease. It is intended to educate both physicians and individuals and is accessible online at http://www.biomedcentral.com/1471-2334/9/79 where it has already been recognized as one of the *most accessed articles* on the entire site.

This article is another way that we are bringing much-needed attention to the ongoing, significant problems with early recognition of Lyme disease. LymeMD's article provides valuable information designed to help improve the *prompt* treatment of Lyme disease before the illness has progressed into more difficult-to-treat later stages.

Other recent LymeMD accomplishments include two presentations at this fall's American Public Health Association Meetings and one at the American Society of Tropical Medicine and Hygiene Meetings. National meetings such as these provide a forum for presentation and discussion of preliminary findings from our research. In one presentation, we present early observations from our ongoing SLICE study that should stimulate discussion on the role of the immune system in fighting Lyme disease. In another presentation, we will present provocative observations on the possible interaction of gender with the diagnostic tests and framework used for diagnosing Lyme disease. (image at right is from this presentation)

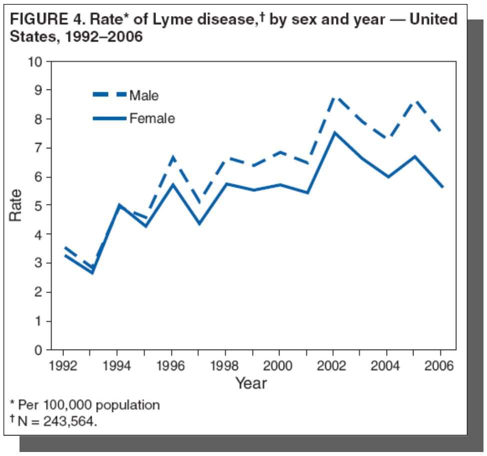


FIGURE 4. Rate* of Lyme disease,† by sex and year — United States, 1992–2006

* Per 100,000 population
† N = 243,564.

All presentations may be viewed at our website, www.LymeMD.org, in the publication section.

With knowledge comes the power to find understanding and cures. LymeMD's mission is to create this urgently needed knowledge.

VOLUNTEER PROFILE— DONALD HANNAHS

We rely on our wonderful volunteers to help keep LymeMD and our research growing. In this issue, we shine the LymeMD spotlight on our stellar volunteer in **Donald Hannahs**, courier for the SLICE study.

A vital part of our research is the link between patient care and basic science researchers at Johns Hopkins. Mr. Hannahs and a team of drivers provide that link as they transport blood samples daily from the clinic at Greenspring station to the immunology labs at Hopkins Bayview. And timing is everything: these samples much reach the waiting scientist within just a few hours.

Our ability to link newly diagnosed patients with the basic science laboratories at Hopkins unique to our research.

We extend heartfelt thanks to Mr. Hannahs and his team for making it possible.

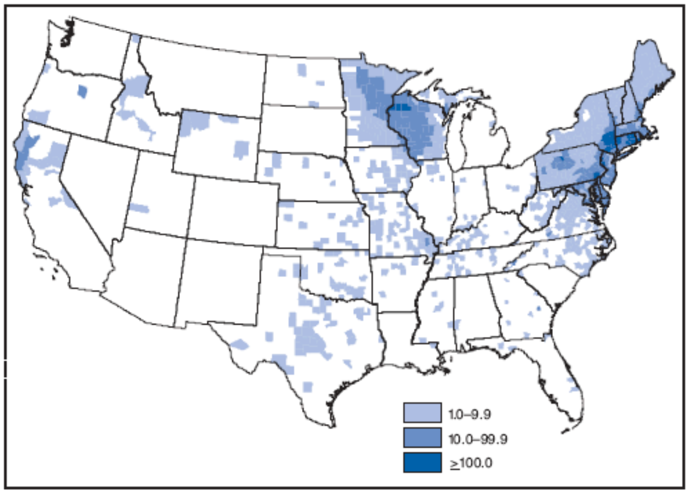
AS THE NUMBER OF CASES MOUNT, ARE THEY COUNTED?

The number of cases of Lyme disease continues to grow, but will these cases be counted? There is growing recognition that our public health system's ability to count accurately the number of cases of Lyme disease is threatened. While Maryland and surrounding states are seeing dramatic, double-digit increases in cases of Lyme disease, the reported numbers published by the CDC each year may significantly understate the magnitude of the problem. **By some estimates, the *actual* number of Lyme disease cases may be as much as 6-12 times higher than what is reported!**

As the resources of our public health systems are stressed by flu and other major efforts, the ability to report cases of Lyme disease may be in jeopardy. But, the extent and magnitude of the Lyme disease problem ***must*** be known and the need for NIH and government supported research must be communicated.

Innovative ways to assess the burden of Lyme disease on our communities must be developed and funded so the true magnitude of the problem can be known.

FIGURE 2. Average rate* of Lyme disease, by county of residence† — United States, 1992–2006§



* Per 100,000 population.

† County of residence was available for 98.1% of cases reported during 1992–2006.

§ During 2003, Pennsylvania reported 4,722 confirmed cases and 1,008 suspected cases.

CHRONIC LYME CONTROVERSY

For Lyme disease, autumn is a paradoxical season: it marks the <u>end</u> of the peak of acute Lyme cases as well as the <u>beginning</u> for patients who have problems after receiving treatment for their recent cases of acute Lyme disease.

This phenomenon of persistent or recurrent symptoms **after** treatment of Lyme disease is at the very heart of the *Chronic Lyme Controversy* and these patients are described throughout the published Lyme disease literature.

So, what is the controversy about? At its heart are differing views of how widespread and significant the problem is. One view holds that it is not a common or serious problem and that post-treatment symptoms are mild and of limited duration. The other view is quite different, regarding post-treatment illness as a potentially severe and chronic disorder.

There is no FDA-approved approach to post-treatment Lyme symptoms at this time. Crucial questions relating to cause and ideal treatment still need to be addressed. Unfortunately, no tests are yet available to diagnose post-treatment Lyme syndrome, and the tests that are available are not useful for documenting cure with initial treatment.

These limitations make the diagnosis of post-treatment Lyme syndrome extremely difficult, often leaving physician and patient in doubt about the diagnosis.

What **is** known is that some patients do experience lingering health changes after receiving standard treatment for their Lyme disease. How many have been affected and how to help them are key unanswered questions that are under intense investigation and that LymeMD seeks to address.

The key to helping our patients with chronic symptoms of Lyme disease is to understand the origin of these symptoms. We believe that understanding the central role of our immune system in both fighting infection and causing inflammation holds the key to future treatment. This is what LymeMD's *SLICE* study is all about. There can be hope and a cure for our patients when we have the knowledge with which to fight.

Lyme MD

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Contributions are welcome and can be made directly on the website