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Infectious Diseases Society of America

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July 3, 2007

The Honorable Nancy B. Sullivan  
Chairwoman  
Joint Standing Committee on Insurance and Financial Services  
Maine State Legislature  
20 Westwood Drive  
Biddeford, ME 04005

(Letter sent to all Maine Joint Standing Committee Members)

Dear Senator Sullivan:

I write on behalf of the Infectious Diseases Society of America (IDSA) regarding the formal announcement by the Joint Standing Committee on Insurance and Financial Services to hold hearings on Lyme disease. IDSA commends the Maine State Legislature for its desire to better understand Lyme disease. Our primary concern is to ensure the best quality in patient care and to protect the public's health and safety. To this end, we believe it is critically important that the Maine State Legislature be fully apprised of the widespread consensus within the medical and scientific community about the appropriate treatment of Lyme disease, as well as the medical community's concerns about unproven, potentially harmful treatments that are advocated by a small group of physicians.

IDSA represents more than 8,000 physicians and scientists and is widely recognized as the pre-eminent authority on infectious diseases (ID) in the United States. The Society's members focus on the epidemiology, diagnosis, investigation, prevention and treatment of infectious diseases in the U.S. and abroad. Our members care for patients of all ages with serious infections, including Lyme disease. In 2006, IDSA published revised practice guidelines for the clinical assessment, treatment, and prevention of Lyme disease. The development of guidelines requires the review of scientific and medical literature. IDSA's guidelines were developed by a 14-member panel of infectious diseases clinicians and researchers, including physicians with many years of clinical experience treating patients with Lyme disease. Nearly 400 references of papers and studies are cited in the IDSA guidelines and many, many more were reviewed that did not meet rigorous scientific standards.

As you may know, Lyme disease is a tick-transmitted infection that can cause non-specific symptoms such as muscle and joint pain, fevers, chills, and fatigue. Some patients may continue to experience these symptoms even after a course of antibiotic therapy has killed the Lyme disease bacterium. A small group of physicians have diagnosed such patients as having "chronic" Lyme disease and

advocate treating them with repeated or prolonged courses of oral or intravenous antibiotics. Such diagnoses and treatments are not supported by the IDSA practice guidelines, nor are they supported by new Lyme disease guidelines published by the American Academy of Neurology, nor by the vast majority of experts in the field.

There are no convincing published scientific data that support the existence of chronic Lyme disease. Carefully designed and conducted studies of Lyme disease treatments have failed to demonstrate benefit from prolonged antibiotic therapy. Rather, these studies have demonstrated that there is no difference in the measured improvement between patients receiving placebo and patients treated with antibiotics.

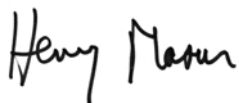
Furthermore, long-term antibiotic therapy may be dangerous, leading to potentially fatal infections in the bloodstream as a result of intravenous treatment. Also, although the bacteria that causes Lyme disease does not acquire resistance to antibiotics, long-term antibiotic exposure can lead to drug-resistance among other microorganisms, creating “superbugs” that cannot be treated with currently available drugs. In summary, far from improving the patient’s quality of life, prolonged antibiotic therapy may actually increase the patient’s suffering.

IDSA supports the Joint Standing Committee on Insurance and Financial Services’ efforts to hold public hearings on Lyme disease. We believe that such hearings could play an important role in educating Maine legislators about the controversy surrounding the treatment of this debilitating condition. However, in order to ensure that legislators get a science-based assessment of appropriate treatments for Lyme disease, **I strongly urge you to invite board-certified ID physicians who represent a balanced perspective on Lyme disease to testify before the Joint Standing Committee.**

For more information on Lyme disease and the recommendations by the vast majority of experts in the field, please visit websites for IDSA ([www.idsociety.org](http://www.idsociety.org)), the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), the National Institute of Allergy and Infectious Diseases ([www.niaid.gov](http://www.niaid.gov)), the American Academy of Neurology ([www.aan.com](http://www.aan.com)) or the American College of Physicians ([www.acponline.org](http://www.acponline.org)).

I hope you will contact Robert Guidos at IDSA if you have questions or would like the names of board-certified ID physicians who may be willing to testify before the Joint Standing Committee. Mr. Guidos may be reached at (703) 299-0200 or via e-mail at [rguidos@idsociety.org](mailto:rguidos@idsociety.org).

Best Regards,



Henry Masur, MD, FIDSA  
IDSA President

Enclosures:

IDSA’s Practice Guidelines for the Treatment of Lyme Disease

IDSA’s Press Release on Practice Guidelines for the Treatment of Lyme Disease, October 2, 2006

David Whelan. "Lyme Inc. Ticks aren't the only parasites living off patients in borreliosis-prone areas." *Forbes*, March 12, 2007.

Jason Feifer. "Combat Zone. There's No Neutral Ground in War Of Information About Lyme Disease." *Washington Post*, May 15, 2007; HE01.

Jamie Talan. "A Rift Over Lyme Disease. Experts are split over diagnosis and treatment of the tick-borne illness." *Newsday*, May 22, 2007.