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April 5, 2011

The Honorable Jeb Bradley
Committee on Health and Human Services
New Hampshire State Senate
107 North Main Street, Room 302
Concord, NH 03301

Dear Senator Bradley:

I write on behalf of the Infectious Diseases Society of America (IDSAs) to urge you to oppose the enactment of New Hampshire House Bill 295, which sanctions medically questionable treatments for Lyme disease. In urging your opposition to this legislation and a similar bill (House Bill 1326) that was considered last year, 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 you 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 for so called "chronic" Lyme disease that are advocated by a small group of physicians.

IDSAs represents more than 9,300 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. IDSAs's 2006 practice guidelines for the clinical assessment, treatment, and prevention of Lyme disease are widely recognized and referenced by physicians across the country. A special Review Panel in 2010 unanimously supported all of the recommendations in the IDSAs guidelines, including the conclusion that long-term antibiotic treatment is unwarranted for Lyme disease and potentially dangerous.

Lyme disease is a tick-transmitted infection that can cause non-specific symptoms such as muscle and joint pain, fevers, chills, fatigue, and difficulties with concentration or memory loss. Some patients may continue to experience these symptoms even after the recommended 14 or 28 day course of antibiotic therapy has killed the Lyme disease bacterium.

A small group of physicians have diagnosed such patients as having "chronic" Lyme disease. Many of these so called "chronic" Lyme diagnoses are supported by laboratory tests that are not evidence based and are not regulated by the Food and Drug and Administration. Such diagnoses and treatments are not supported by the IDSAs practice guidelines, nor are they supported by Lyme disease guidelines published by the American Academy of Neurology, nor by publications from the

Centers for Disease Control and Prevention, the National Institutes of Health, the American College of Physicians, and the American Academy of Pediatrics, nor by the vast majority of experts in the field of ID medicine in this country and abroad. Even more troubling, physicians who diagnose “chronic” Lyme disease often advocate treating patients with repeated or prolonged courses of oral or intravenous antibiotics that have no proven value other than an anti-inflammatory response in some individuals, and may in fact do more harm than good.

Inappropriate use of antibiotics (especially given intravenously) has been shown to lead to deadly blood infections, serious drug reactions and *C. difficile* diarrhea, as well as the creation of antibiotic-resistant bacteria or “superbugs.” As noted in the Review Panel report on IDSA’s guidelines, “In the case of Lyme disease, there has yet to be a single high quality clinical study that demonstrates comparable benefit to prolonging antibiotic therapy beyond one month.” The report also noted that “the inherent risks of long-term antibiotic therapy were not justified by clinical benefit.”

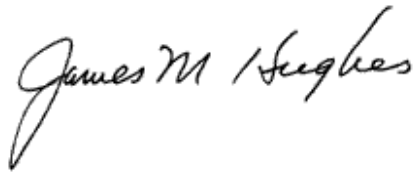
House Bill 295 would require the New Hampshire State Board of Medicine to specify on its website that “No licensee may be subject to disciplinary action solely for prescribing, administering, or dispensing long-term antibiotic therapy for a patient clinically diagnosed with Lyme disease, if diagnosis and treatment has been documented in the physician’s medical record for that patient.” In essence, the New Hampshire General Court is being asked to make a medical decision on the validity of certain Lyme disease treatments by determining that the actions of a small group of physicians, who financially benefit from prescribing and administering longer durations of antibiotics, are off limits. But even more troubling than what House Bill 295 attempts to do is the precedent that it would set—an affirmative vote on this bill sends the message that others who believe in the efficacy of unproven (and perhaps dangerous) medical treatments can count on the General Court to limit the Board of Medicine’s authority in order to sanction the practice of unsafe medicine.

While IDSA opposes House Bill 295 for the reasons stated above, the Society believes that legislative hearings, which are open to the public and scheduled with sufficient lead time so that qualified experts can provide testimony, could play an important role in educating New Hampshire legislators and citizens about appropriate treatments for Lyme disease. If the General Court requires further guidance, I would suggest the establishment of a special legislative commission—made up of physicians—that is charged with studying all aspects of how to prevent, properly diagnose, and appropriately treat Lyme disease in New Hampshire. Such a commission, whose members should include board-certified ID physicians, could provide a fair and balanced report back to the General Court.

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), the Centers for Disease Control and Prevention (www.cdc.gov), the National Institute of Allergy and Infectious Diseases (www.niaid.gov), the American Academy of Neurology (www.aan.com) or the American College of Physicians (www.acponline.org).

I hope you will contact Mark Leasure at IDSA if you have questions or would like the names of board-certified ID physicians who can provide further guidance on appropriate treatments for Lyme disease. Mr. Leasure may be reached at (703) 299-0200 or via e-mail at mleasure@idsociety.org.

Sincerely,

A handwritten signature in cursive script that reads "James M Hughes". The signature is written in black ink on a white background.

James Hughes, MD, FIDSA
President, IDSA

Enclosures:

IDSA's Practice Guidelines for the Treatment of Lyme Disease

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

Feder et al. A Critical Appraisal of "Chronic Lyme Disease." *New England Journal of Medicine*, October 2007.

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

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

John Kraemer and Lawrence Gostin. "Science, Politics, and Values: The Politicization of Professional Practice Guidelines." *Journal of the American Medical Association*, February 2009.

Lyme Disease Special Review Panel Press Release (April 2010).

Patricia Callahan and Trine Tsouderos. "A Dubious Diagnosis." *Chicago Tribune*, December 7, 2010. www.chicagotribune.com/health/ct-met-chronic-lyme-disease-20101207,0,5671843.story