

## Re: CDC funds Lyme disease research

**Source:** <http://sci.tech-archive.net/Archive/sci.med.diseases.lyme/2004-06/1230.html>

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**From:** A\_Weisman (a\_weisman\_at\_yahoo.com)

**Date:** 06/29/04

Date: 29 Jun 2004 12:15:02 -0700

>From: Tdbullseye (tdbullseye@aol.com)

>Subject: Re: CDC funds Lyme disease research

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Newsgroups: sci.med.diseases.lyme

Date: 2004-06-29 07:28:20 PST

>Here is some Fish info which was cited\ by A\_Weisman, and which I find

>offensive and dangerous:

<<Nadelman, R.B., Nowakowski, J., Fish, D., Falco, R., Freeman, K.,

>McKenna, D., et. al. Single dose doxycycline prophylaxis after Ixodes

>scapularis tick bites: a randomized double-blinded placebo-controlled

>study. New England Journal of Medicine 345:79-84, 2001.>>

Ann-Oh, I understand your concerns about this article and study. I share many of the concerns.

My point was that Durland Fish himself made a series of public statements indicating HIS concern about the study and the results:

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Search Result 5

From: Art Doherty (doherty@utech.net)

Subject: Antibiotic Treatment of Tick Bites Prevents Only 20 Percent of Lyme Disease Cases, Says Yale Researcher, Yale News Release, 14 Jun 01

View: Complete Thread (2 articles)

Original Format

Newsgroups: sci.med.diseases.lyme

Date: 2001-06-15 07:50:35 PST

YALE News Release

CONTACT: Karen N. Peart 203-432-1326 #404

Re: CDC funds Lyme disease research

For Immediate Release: June 14, 2001

## Antibiotic Treatment of Tick Bites Prevents Only 20 Percent of Lyme Disease Cases, Says Yale Researcher

New Haven, Conn. — Even if every patient who noticed they had a tick bite received prompt antibiotic treatment and if it were 100 percent effective in preventing Lyme disease, it would only prevent 20 percent of the total Lyme disease cases, Yale researcher Durland Fish said.

Fish, an author on the New England Journal of Medicine's (NEJM) newly released article on the antibiotic doxycycline's preventative effect on

Lyme disease, said the study was based only on patients who had seen and removed a deer tick. "Most patients contracting Lyme disease never see the tick that caused infection," Fish said. "The nymphal stage of the deer tick is about the size of a poppy seed and even though it takes three to four days for it to feed before removing itself, most people will not notice it. This is because the tick also secretes an anesthetic while it is feeding, as well as infectious bacteria."

One published study showed that only about 20 percent of patients with Lyme disease recalled a tick bite. "This is an amazing, but true, fact of tick biology," said Fish, associate professor in the Department of Epidemiology and Public Health at Yale School of Medicine. "The key difference in this issue is between tick bites that are recognized by the patients and those which are not. Most are not."

Unrecognized tick bites in humans cannot be studied, but animal studies done by Fish, show that more than 80 percent of infected ticks will cause Lyme disease in mice after 72 hours of feeding, the maximum feeding time for nymphs. This rate, coupled with a 25 percent natural rate of infection of deer ticks in the Northeast, yields a 20 percent chance of infection from a nymphal deer tick, proving that Lyme disease is easy to catch.

"People who live in Lyme disease areas should take the risk of tick bites seriously and do all they can to prevent them, keeping in mind the 20 percent chance of infection if they miss a tick, instead of the 3 percent chance if they find one," Fish said. "Bites from deer ticks are extremely common in the Northeast."

One Centers for Disease Control study co-authored by Fish estimates that one in five Westchester County residents are bitten by deer ticks

each  
year, an annual average of 179,000 tick bites.

The NEJM study also reported that over 18 percent of the tick-bite patients received a second tick bite within the 90-day study period and over 6 percent of the patients had multiple ticks attached when they were initially observed. "With such a high frequency of contact between ticks and people, prevention methods other than treating tick-bites with antibiotics are badly needed," Fish said.

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Questions, comments, suggestions? Send them to <mailto:opa@yale.edu>.

Antibiotic Treatment of Tick Bites Prevents Only 20 Percent of Lyme Disease Cases, Says Yale Researcher, Yale News Release, 14 Jun 01  
<http://www.yale.edu/opa/newsr/01-06-14-02.all.html>

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Noted Lyme Conservative Dr. Durland Fish Speaks Out!  
<http://www.angelfire.com/punk/lymedisease/SCfish.html>

Noted Lyme Conservative Dr. Durland Fish Speaks Out!

EDITORIAL COMMENT: The East Coast did not realize the story got so much coverage here, too.  
BW0528 JUN 13,2001

Lyme Disease Risk in Northeast Is Real, Says Expert  
Business Editors & Health/Medical Writers BIOWIRE2K  
LARCHMONT, N.Y.--(BW HealthWire)--June 13, 2001--"The June 13 New York Times article stating that Lyme disease is very difficult to catch, even from a deer tick in a Lyme-infested area, is misleading and a potentially dangerous message to the public," said Durland Fish, Ph.D., an associate professor in the Department of Epidemiology and Public Health at Yale School of Medicine.  
Dr. Fish is editor in chief of the peer-reviewed journal Vector Borne and Zoonotic Diseases, published by Mary Ann Liebert, Inc., and a co-author of one of two original articles(a) to be published with a review article and an editorial on Lyme disease in The New England Journal of Medicine, on which the Times story was based.  
"The study on tick bite treatment to prevent Lyme disease was based only on patients who had seen and removed a deer tick," explains Dr. Fish. "The vast majority of patients who contract Lyme disease never see the tick that infected them. The nymphal stage of the deer tick is about the size of a poppy seed, and even though it takes three to four days for it to feed before removing itself, most people will not

notice it because it is so small and because the tick also secretes an anesthetic while feeding, as well as infectious bacteria. One published study showed that only about 20 percent of patients with Lyme disease recalled noticing a tick bite. Most tick bites are not recognized by patients."

Unrecognized tick bites of humans cannot of course be studied, explained Dr. Fish. He pointed out that animal studies he himself has done show that more than 80 percent of infected ticks will cause Lyme disease in mice after 72 hours of feeding, the maximum feeding time for nymphs.

This rate, coupled with a 25 percent natural rate of infection for deer ticks in the Northeast, yields a 20 percent chance of infection from a nymphal deer tick, proving that Lyme disease is easy to catch — and sharply contrasting with the 3 percent chance quoted in the Times article, Dr. Fish emphasizes.

"People who live in Lyme disease areas should take the risk of tick bites seriously and do all they can to prevent them, keeping in mind the 20 percent chance of infection if they miss a tick, rather than the 3 percent chance if they find one," cautioned Dr. Fish.

Bites from deer ticks are extremely common in the Northeast. A Centers for Disease Control study co-authored by Dr. Fish estimated that one in five Westchester County residents are bitten by deer ticks every year, an average of 179,000 tick bites annually for the area. The Nadelman study\* also reported that more than 18 percent of the tick bite patients examined received a second tick bite within the 90-day study period, and more than 6 percent of patients had multiple ticks attached when initially observed.

"Such a high frequency of contact between ticks and people indicates that prevention methods other than treating tick-bites with antibiotics are badly needed," commented Dr. Fish.

Vector Borne and Zoonotic Diseases publishes original research papers on an increasingly widespread group of infectious diseases that pose serious threats to public health in the U.S. and worldwide, including bartonellosis, dengue, Ebola, ehrlichiosis, hantavirus, Lyme disease, malaria, and West Nile virus, examining geography, seasonality, and other risk factors that influence diagnosis, management, and prevention of these unique diseases.

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(a) "Prophylaxis with Single-Dose Doxycycline for the Prevention of Lyme Disease after an Ixodes scapularis Tick Bite," by Robert B. Nadelman, M.D., Durland Fish, Ph.D., et al. The full text of the article is available at [www.nejm.org](http://www.nejm.org).

CONTACT: Mary Ann Liebert, Inc., Larchmont Paula Masi, 914/834-3100, ext. 615 Fax 914/834-1388 [pmasi@liebertpub.com](mailto:pmasi@liebertpub.com) [www.liebertpub.com](http://www.liebertpub.com) Lyme Disease Risk in Northeast Is Real, Says Expert, BWire, 13 Jun 01

[http://ny-web1.businesswire.com/cgi-bin/f\\_headline.cgi?day1/211640528&ticker=or Lyme Disease Risk in Northeast Is Real, Says Expert, excite.com](http://ny-web1.businesswire.com/cgi-bin/f_headline.cgi?day1/211640528&ticker=or+Lyme+Disease+Risk+in+Northeast+Is+Real,+Says+Expert,+excite.com), 13 Jun 01 <http://news.excite.com/printstory/news/bw/010613/ny-mary-ann-liebert>

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I also think it is important for you to consider Fish's role in the study. He is a Ph.d NOT an md and the treatment recommendations almost certainly didn't come from him. That wasn't the expertise he added to the study.

Also: the discovery of a new borellia by Fish may turn out to be quite significant as I mentioned.

And though Greatcod thinks that this study won't help, his criticisms thus far are very general. This study could contribute to preventive measures and to a better understanding of the illness.

Not every research accomplishment or study is aimed at developing a better test. And while greatcod calls for more education of doctors, he fails to recognize that the problem is that doctors are being "educated" in a way that he doesn't like or agree with but a way that IS consistent with the prevailing mainstream view of Lyme.

For the record, I don't agree with those views. BUT I do recognize that the majority of doctors agree with them and the "llmd" view is not well documented and is a small minority view.

When Lymeland calls for "more education" we need to realize that what we're asking for if granted will result in the dissemination of information that we don't agree with especially if funded by the government CDC NIH and public health.

What greatcod and Lymies really mean isn't more "education." It is that they want doctors to be forced to agree with the llmds. But the llmds are so few in number, their views aren't well documented and they don't have the credentials or affiliations to be persuasive. For the record, I think the llmd view is more right than wrong and more right than the "mainstream" view. Of course there is a great deal of differences amongst and between "llmds" in their approaches and too many of the llmds are on the fringes of medical practice in many ways.

So what greatcod wants to happen, isn't going to happen in the way he wants. So I say he should be careful in asking for it.

And I was trying to point out how strange it seems to ask for something like "more research" and then complain when it happens. And to cry "bias" without being able to show that research proposals that you agree with were submitted and not funded, is absurd.

The GAO investigation showed absolutely no evidence of what Lyme patients said would be discovered. It might have been an inadequate investigation but Lyme patients and advocates haven't showed us how it was. Disagreeing with it but not being able to show where it missed something significant isn't very persuasive.

Also the cry for a good test misses much of what the controversy is about. Even if there is a good test that proves infection, the mainstream view is that a few weeks of antibiotics and almost never IV is needed and that more treatment hasn't been shown to help. Even if there was a good test to prove ongoing infection following initial infection, they still don't believe in more treatment.

*>How many people had the single dose of doxycycline "discovered" and advocated  
>by Fish and his cohorts when they presented with tick-bite and/or erythema  
>migrans rash, and today are suffering severely and are convinced that it can't  
>be Lyme disease because this wonderful Fish discovery allowed them to cure Lyme  
>disease immediately?*

Good points and I agree. But I don't agree that Fish advocated this. I think the study was based on limited circumstances (known tickbite and rash and treatment given within three days which almost never happens in real life) and it provides no rationale for such treatment in any other circumstance beyond what was involved in the study. The study had other problems too.

And many doctors have misused the study and believe that even in infection that hasn't been discovered promptly that two doses of doxy are enough now.

Very dangerous.

In fact inadequate treatment could cause real problems including aborting the antibody response and creating resistant infection. This would make later diagnosis and treatment more difficult.

But I just don't think the treatment recommendations from the study came for Fish. And I did see him come out publicly and caution people not to draw too much from the study and to avoid misuse of the information.

*>How many of them will never be properly diagnosed and treated for Lyme? How  
>many will live painful lives and die painful deaths? Do you know?*

No I don't and these are valid concerns.

*>How many doctors and researchers, Public health officials, county and state*

*>health departments will pooh–pooh any further need to think about educating*

*>doctors, treating patients, once Fish has used our money to create a map*

I don't think the creation of the map will cause or exacerbate this type of problem which already exists.

I would hope it would be used to help target preventive measures at high risk areas.

Physicians shouldn't misuse the information. For example, residence in a high risk area isn't the only exposure. Many travel to, recreate in, vacation in, work in areas where they don't reside.

The information from the study may have other uses I mentioned in my earlier post.

*>which may be only CDC results, based on extremely inaccurate and strict*

*>epidemiologic info*

I don't know the details about whether the study involves only epidemiologic data or tick surveys but you may have a valid criticism here.

*>and based on under–diagnosis and under–reporting by physicians who don't give a*

*>flying fig, don't want to waste the time doing the paper work, and are never*

*>encouraged to report,*

The fact that mandatory reports aren't made is a problem. But I don't think it is fair to say that doctors and labs who are required to report, don't do so.

I would guess that some of the llmids don't report for fear of bringing scrutiny to their practices since many take the low profile approach? So it may be that llmids contribute to this problem too. "Mainstream" doctors may underdiagnose. But "llmids" may in fact overdiagnose and use dubious grounds to base their diagnosis. Such as the Bowen test.

*>let alone are ever under any enforcement by anyone state or national to report*

*>cases of any infections,*

Well this could cut both ways, like against the llmids.

*>or will be based on info supplied by States who have no money and no interest*

*>to do the field work required to find out the real picture of Lyme disease in*

*>their area*

I don't know. could be a valid criticism.

*>and finally that said map has to be the final word since the CDC funded it?*

Well who's to blame for that?

*>The CDC map given on their site as to risk of Lyme disease shows Ohio almost*

*>bare of risk and Indiana with lots of risk, even though there have been over 80*

*>cases reported in Ohio in each of the last 5 years and only about 20 – 21 cases*

*>reported from Indiana over each of the last 5 years.*

I believe the CDC map is outdated. And there are real problems with their epidemiologic approaches I agree.

Are IImds or ILADS and LDF and LDA funding studies of their own and providing data that contradicts this?

*> AND, the CDC allows the press to report their surveillance numbers as gospel*

*>and final figures, while hiding in fine print on their material that the*

*>disease is under–diagnosed and under–reported and that the actual numbers could*

*>be 6 to 10 times the reported numbers.*

I disagree with how you've stated this. The press reports what the press reports the CDC doesn't control the press. If you mean the CDC should provide more accurate information or give caveats such as the 23,000 cases are only 10% or less of actual cases that would meet CDC SURVEILLANCE guidelines and those guidelines result in underreporting of the actual incidence of disease since many actual cases won't meet the strict criteria, and that CDC should give a more realistic estimate of the actual incidence of Lyme disease, I agree wholeheartedly. And CDC should employ better epidemiological approaches to get to the actual incidence of Lyme, create categories of "probable" and "possible" cases along with "definite" and "Cdc surveillance criteria qualified definite cases" I agree.

*>They even have this disclaimer:*

*><http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5231a7.htm>*

>"*Lyme disease surveillance case definition: State and local public health*  
>*officials rely on health-care providers, laboratories, and other public health*  
>*personnel to report the occurrence of notifiable diseases to state and local*  
>*health departments. Without such data, trends cannot be accurately monitored,*  
>*unusual occurrences of diseases might not be detected, and the effectiveness of*  
>*intervention activities cannot be easily evaluated. In the United States,*  
>*requirements for reporting diseases are mandated by state laws or regulations,*  
>*and the list of reportable diseases in each state differs."*

And the press should use that information. CDC should make it clearer but part of the problem is lazy and stupid reporters too. And Lyme advocates not getting this information out clearly, putting out papers about the actual incidence of disease.

I've seen Karen Forschner and Pat Smith and many others quoted citing the CDC case figures without providing their own explanations dozens and dozens of times.

So in part this is a failure of Lyme patient advocacy compounding poor work by the CDC.

>*Sorry, I am not convinced Fish or the CDC are good investments for our*  
>*hard-earned taxes.*

>*Ann - OH*

I'm not convinced it isn't. I agree with and have expanded on some of the points you make. But there is more to the story.

And greatcod's complaints just don't mean too much to me. Yes there are other research goals to be pursued but that doesn't make these goals bad. And he misses much of the point and the implications of what he thinks he wants.

Thanks ann, I invariably appreciate your comments and information.