

# The Lyme Disease Situation in Minnesota

1282 cases of Lyme Disease (LD) were reported to the Minnesota Department of Health in 2008, a 450% increase in 10 years, ranking Minnesota 8th in terms of total cases in the United States.<sup>1</sup> This does not include statistics for co-infections such as babesiosis, anaplasmosis, and ehrlichiosis.

Nationally, surveillance figures are thought to be underreported by a factor of 10,<sup>2</sup> meaning that as many as 12,820 people in Minnesota could have been infected in 2008. Additionally, the CDC Surveillance Case criteria, which are defined as a physician-observed characteristic Lyme rash or specific joint, neurologic or cardiac abnormalities with a positive ELISA serum test followed by a positive Western Blot test,<sup>3</sup> are very strict; thus, the number of reported cases represents only the tip of the Lyme disease iceberg.

According to the Centers for Disease Control and Prevention, 5 to 9 year olds are the highest age group affected.<sup>4</sup>

For those who meet the criteria, the Infectious Disease Society of America (IDSA) recommends a short course (2 to 4 weeks) of antibiotic treatment.<sup>5</sup>

## Complications

There are problems with the criteria. Physicians and patients have been trained to look for the “bull’s-eye” rash, but this classic form of the rash is seen by less than 20% of those infected,<sup>6 7</sup> and the recommended ELISA and Western blot blood tests are known to be insensitive, falsely reporting a ‘negative’ result for a significant number of infected people.<sup>8</sup>

The IDSA guidelines do not recommend treatment for people with negative results so those with falsely negative results will be untreated and get sicker. They may have a variety of symptoms simultaneously, including fatigue, severe headaches, severe arthritis, cognitive problems, generalized pain and heart problems. As these symptoms often worsen, many patients are no longer able to go to school or work; some are confined to a painful existence at home. The cost to society is tremendous.<sup>9 10</sup>

The IDSA panel’s process for creating the restrictive 2006 Lyme disease guidelines was investigated by the Attorney General’s office of the State of Connecticut because the guidelines were being used to deny care. His office found that the guidelines were created through a very flawed process.<sup>11</sup>

The good news is that people can be helped by physicians who use their clinical judgment to assess the patient’s history and symptoms to make a diagnosis; such physicians often utilize longer courses of antibiotics.<sup>12</sup>

However, health insurance companies, citing the restrictive IDSA guidelines, may deny coverage for extended antibiotic treatment.<sup>13</sup> They have also been known to bring complaints regarding this type of treatment to state medical boards, threatening physicians’ medical licenses, even though the patients are improving.<sup>14</sup>

## Support for Physician and Patient Rights

Connecticut<sup>15</sup>, Rhode Island<sup>16</sup>, and California<sup>17</sup> have enacted legislation to protect the rights of physicians to treat LD patients based on their clinical judgment, allowing patients to receive the care that they need.

***We need your support and help to ensure that Minnesota State Bill S F Number 1631 passes during the next legislative session. This bill allows doctors and patients the right to fight Lyme as they think best. Please contact your legislator today.***

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## References

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