

Kate Brown, Governor



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Date	March 30, 2015
TO:	The Honorable Laurie Monnes Anderson, Chair Senate Committee on Health Care
FROM:	Ann R. Thomas, MD, MPH Acute and Communicable Disease Program Public Health Division Oregon Health Authority (971) 673-1111

SUBJECT: Senate Bill 916

Chair Monnes Anderson and members of the Senate Committee on Health Care, I am Ann Thomas, a public health physician with the Acute and Communicable Disease Program in the Public Health Division in the Oregon Health Authority. I am board certified in pediatrics and preventive medicine. I am here today to provide information on Senate Bill 916, which is related to the treatment of Lyme disease.

Lyme disease is caused by bacteria (*Borrelia burgdorferi*) that are transmitted to humans through the bite of an infected tick. Prevention for the disease includes the use of insect repellent in areas where ticks are common, removing ticks promptly and reducing tick habitat.

Lyme disease is relatively rare in Oregon. While there were 36,307 case of Lyme disease in the United States in 2013, there were only 43 cases in Oregon. This translates to an incidence for Lyme disease of 8.6 per 100,000 nationally compared to 1.1 per 100,000 in Oregon.

Lyme disease is diagnosed based on physical symptoms including headaches, fever, fatigue and a skin rash, shaped like a bull's eye in addition to exposure to Lyme disease carrying ticks (blacklegged ticks). Non-specific symptoms like fatigue and joint pain are common, and Lyme disease is one of hundreds of diseases that can cause these symptoms. Diagnostic tests exist for Lyme disease, which test for antibodies made by white blood cells that are responding to the infection. However, it can take several weeks after infection for there to be enough antibodies to be detected, causing some patients in the early weeks of the disease to test negative. According to the Centers for Disease Control and Prevention (CDC), it is not March 30, 2015 Senate Committee on Health Care SB 916 Page 2 of 2

until 4 to 6 weeks post-infection that the test is likely to be positive. This does not mean that the test is bad, only that it needs to be used correctly.

Once diagnosed, Lyme disease can be successfully treated by use of antibiotics. If left untreated, the infection can spread to joints, the heart and nervous system. Patients treated with antibiotics in the early stages of the infection usually recover rapidly and completely. Most patients who are treated in later stages of the disease also respond well to antibiotics, although some may have suffered long-term damage to the nervous system or joints. Approximately 10 to 20% of patients experience fatigue, muscle aches, sleep disturbance, or difficulty thinking even after completing a recommended course of antibiotic treatment. These symptoms cannot be cured by longer courses of antibiotics, but the symptoms generally improve on their own, over time.

Senate Bill 916 would require Oregon Medical Board and State Board of Nursing to adopt rules regarding diagnosis and treatment of Lyme disease that are consistent with guidelines developed by the International Lyme and Associated Diseases Society. These guidelines assume a general lack of scientific and clinical knowledge about Lyme disease.

The guidelines developed by the International Lyme and Associated Diseases Society are not endorsed by the CDC and conflict with the evidence-based, scientifically supported guidelines developed by the Infectious Diseases Society of America (IDSA). The IDSA guidelines currently represent the best available synthesis of the medical literature on the diagnosis and treatment of Lyme disease. The IDSA, with input from CDC experts and other doctors, has developed and published Lyme disease treatment guidelines.

In addition to the possibility of promoting improper treatment of Lyme disease, the guidelines established by Senate Bill 916 could result in additional and inaccurate reports of Lyme disease that would require follow-up by state and local public health officials.

In conclusion, the guidelines that would be established by Senate Bill 916 do not represent the best evidence based treatment options available to treat Lyme disease. Validation of these guidelines as the accepted course of treatment could result in the use of unnecessary and potentially harmful therapies.

Thank you for the opportunity to testify today and I am happy to answer any questions you may have.