October 18, 2006

Dear Dr. Wilson;

I am very concerned with the lack of adequate Lyme and associated vector borne disease (Lyme in short) diagnostic and treatment guidelines applicable to BC. I believe this lack of adequate guidelines led to a missed diagnosis of Lyme in my own case in the year 2000 by Dr. G (Infectious Disease and Internal Medicine, Victoria) subsequently, and fortunately for me, I was diagnosed with Lyme and successfully treated by Dr. E. Murakami. Many of my symptoms that I originally reported to Dr. G in 2000 are gone. My health has now returned along with significantly improved quality of life.

Dr. G. appeared to dismiss the chance my symptoms might be caused by Lyme disease, based on four factors:

1. I could not recall having been bitten by a tick in the recent past, nor having had a typical Lyme disease bull's eye rash

2. Screening tests for Lyme-related diseases, performed by the CDC Lab in Vancouver, were negative.

3. Dr. G believed I did not exhibit any of the major physical findings of secondary or tertiary Lyme disease; and

4. He believed the prevalence of confirmed Lyme disease within BC was very small.

Further to this, Dr. G. thought my symptoms were most consistent with Fibromyalgia, irritable bowel syndrome and chronic sleep disorder.

While this analysis may seem reasonable, in light of the subsequent success Dr. Murakami had with my treatment for Lyme disease (long term oral antibiotics), it would appear Dr. G's criteria were inadequate. Presumably, whatever guidelines he was using at the time were not sufficiently helpful or clear.

Unfortunately, as recently as February 23, 2003, in an article published in the Victoria Times Colonist Dr. G. was quoted as saying that "he has yet to see a confirmed case of Lyme that was acquired in this province, although he has seen people who have contracted the disease elsewhere." In addition, he was quoted as saying that "Yet there isn't a week or a month that goes by that I don't get a query about Lyme or see someone with a constellation of diseases, chronic symptoms of fatigue, foggy brain... who think they have it. It is very prevalent on the east coast, not here."
Dr. G's last statement "It is very prevalent of the east coast, not here." is consistent with his factor #4 in my own case. I believe his assumption was based on the CDC’s reliance on the ELISA test for Lyme disease screening. However, most of the errors in diagnosis for Lyme disease noted in the professional literature and in various Internet resources have resulted from just such an inappropriate reliance on the ELISA screening test. According to my understanding, this test is now considered unreliable by most researchers and physicians specializing in Lyme disease throughout the world. The general consensus seems to be that Lyme disease must be diagnosed clinically.

While I'm not in a position to comment on the reliability of Dr. G's Factor # 3 evaluation (the relevance of my symptoms to a late stage Lyme disease model) and his apparent exclusion of my symptoms as not indicating Lyme, I can say unequivocally that Dr. Murakami's clinical diagnosis of Lyme as the cause of my symptoms, together with his cautious but unwavering use of combinations of antibiotics for extended periods, (consistent with the latest findings for Lyme) resulted in the successful outcomes I've reported above. With my improved health, I am able once again to be more productive professionally as a scientist in the office writing research papers and in the fields where I hike, backpack, sample and carry rock specimens.

It would seem clear that I must have had an infection because the only treatment that worked for me was long term antibiotics. Unfortunately, as far as I know, there is still no definitive lab test for Lyme disease, but the constellation of symptoms I experienced, and their development and eventual recession in response to antibiotics, were fully consistent with what other patients and treatment guidelines have reported for Lyme. That's why Lyme must be diagnosed clinically. Up-to-date diagnostic and treatment guidelines would reflect this. Further more, while I am aware of the concern around antibiotic resistance, up-to-date guidelines would also reflect the need for a protracted antibiotic treatment regimen, especially for late stage Lyme.

Therefore, I encourage the College to develop up-to-date diagnostic and treatment guidelines for Lyme disease and associated vector-borne diseases in British Columbia, and to develop educational programs for BC physicians, to ensure more cases are not missed and that treatment with antibiotics is continued for a long enough period to eradicate the bacteria. Furthermore, I encourage the College to consult with Dr. Murakami to learn more about his successful approaches to Lyme and associated vector borne diseases, his clinical diagnostic methods and his treatment protocols.

Please respond soon by clarifying these issues for me and what actions the College plans to take to improve Lyme awareness, diagnosis and treatment in BC. I feel that these issues on Lyme need urgent attention.

Yours Sincerely,

Marjorie J