



Photo Courtesy of Dr. Ed Masters

Who Gets Lyme Disease in Georgia?

(You may be surprised.)

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Over the past few years, Georgia LDA has received hundreds of reports from Georgians suffering with Lyme and tick-borne diseases. While a few cases were contracted from other regions, the majority of patients have indicated they contracted these illnesses right here in our own state.

We've heard from...

...three Georgia politicians with family members or personal friends afflicted by Lyme.

...two Georgia physicians with Lyme disease (one case included heart complications).

...14 Georgia nurses (11 have chronic Lyme disease themselves while three report infected family members).

...a school teacher who was infected three times in a year and a half (including tick bites, rashes at bite site after each incident, a swollen knee, fatigue, fevers, muscle aches, vision and heart problems, and antibody test results that support Bb infection including a "CDC positive" following the last tick bite).

... pharmacists, inventors, physical therapists, three college professors (two professors have contracted Lyme *twice* in the South), scientists, and attorneys (two attorneys report multiple infected family members).

We've also heard claims from park rangers, a naturalist, school teachers, a bee keeper, librarians, counselors, corporate executives, business owners, computer programmers, landscapers, a soil scientist, farmers, students, housewives, and many parents of children with Lyme disease.

Several patients report multiple Lyme-infected family members. One family of three report they all contracted Lyme in their Georgia back yard over a few years. They then discovered the *previous* homeowners also have a family member suffering with Lyme disease and another has a different tick-borne disease.

Always, the saddest stories involve children. Parents tell us their kids suffering with Lyme disease may no longer play or participate in sporting and extracurricular activities. Many cannot attend school and feel isolated and depressed. When a child is misdiagnosed and not treated quickly and adequately, there can be devastating consequences. As President of Arkansas Children's Hospital Research Institute Dr. Richard Jacobs pointed out during the 2010 Institute of Medicine's Lyme and Tick-Borne Disease Workshop, children may face dealing with these issues for 50 to 70 years.

Many new tick-borne diseases have emerged over the last few decades. Several of these are known to occur in the Southeastern United States:

Babesia: *Babesia microti*; *Babesia duncani* (newly identified in Southeast by Focus Labs study)

Borreliosis: *Borrelia burgdorferi* (Lyme Disease); *B. lonestari* (relapsing fever type spirochete, possible but as of yet, unproven human pathogen); *B. turicatae* (Tick-Borne Relapsing Fever - TBRF) (**Note:** Most "Lyme-like illness" does not appear to be "mild" warranting further study and adequate early diagnosis/treatment.)

Ehrlichiosis: *Ehrlichia chaffeensis* (Human Monocytic Ehrlichiosis (HME)) and *E. ewingii*/others; *Anaplasma phagocytophilum* (Human Granulocytic Ehrlichiosis (HGE))

Tularemia: *Francisella tularensis*

Q Fever: *Coxiella burnetii*

Rickettsiosis: *Rickettsia rickettsii* (Rocky Mountain Spotted Fever); *other Rickettsia spp.*

Most commonly, the tick-borne diseases reported to GALDA from Georgia patients are Lyme disease; Babesiosis; Bartonella (also spread by other vectors); and Ehrlichiosis. Curiously, many patients report testing positive for Rocky Mountain Spotted Fever. Because RMSF cases are usually acute, we believe these patients may be infected with another emerging rickettsial pathogen that could be cross reacting with the RMSF test. *R. montana*, *R. amblyommii*, *R. cooleyi*, *R. parkeri* are organisms in the Rickettsia family that have all been identified in the South.

There is a clear and desperate need to better educate medical professionals to recognize, diagnose, and treat these emerging tick-borne pathogens. Unfortunately, complaints abound about healthcare providers having limited knowledge of the tests, the symptoms associated with the various tick-borne diseases, the emerging and conflicting science, and the latest treatment protocols. Probably because many of these organisms are newly described and the scientific and medical communities are often polarized about the evidence, virtually **all** patients express their extreme frustration at the terrible difficulties they face finding physicians who are familiar with the body of tick-borne disease scientific and medical literature.

Our public health officials must strongly encourage physicians to consistently educate themselves using the **entire** body of current scientific evidence (*all* of it is important - we cannot afford to dismiss ideas that are substantiated by research evidence due to our biased *opinions* about what can and cannot be). Medical providers should be alerted to be on the lookout for tick-borne infections in *all areas of the country*. Healthcare professionals must keep an open mind regarding these and must assist in gathering clinical data because there are so many unknowns. Patients must realize we do not yet have all the answers and help to encourage our medical community to become further educated using the actual peer-reviewed, published scientific literature available (not only what may be found in one or two particular journals).

For more information, watch the Institute of Medicine's Lyme Disease Workshop videos – highly recommended are presentations by Steve Barthold, Sam Donta, and Ben Luft.

<http://www.tvworldwide.com/events/iom/101011/>