

LDA position statement on Department of Health Standard Letter

Letter from Ivan Lewis MP, Under Secretary of State at the Department of Health, dated 20th June 2006, but almost identical to other letters received by those enquiring about Lyme Disease.

“I would like to assure [*the letter writer*] that the Government takes the incidence of Lyme disease very seriously. It is accepted by the Department of Health and the Health Protection Agency (HPA) that Lyme disease is the most common vector-borne human infection in England and Wales. For this reason, we have had in place a surveillance system to detect Lyme disease across England and Wales since 1986. This surveillance was expanded in 1996 and has been very successful in providing us with a more complete clinical picture as well as increasing our knowledge of the spread of this disease across the UK.

[*The letter writer*] may be interested to know that there are highly sensitive tests that can be used for the detection of Lyme Disease and these tests are available and accessible to the whole of the NHS. These tests will detect even low levels of antibodies that are present in the blood of patients that have been exposed to infection with *Borrelia burgdorferi* (*B.burgdorferi*), the causative agent of Lyme Disease. These test will identify whether somebody has been infected, even if they are not showing any signs or symptoms of the disease.

Interestingly, in people who have certain conditions such as glandular fever, rheumatoid arthritis and other autoimmune conditions, these sensitive tests will also show a positive result (false positive) even if the person has not been infected with *B. burgdorferi*. In these cases, where there is no history of exposure to ticks/tick bites, further supplementary tests are done to confirm or discount *B. burgdorferi* infection. Thus, it is more likely that Lyme disease will be flagged up in those with underlying conditions than it is that the condition would be missed. That is, false positive results are more likely than false negative results.

There are a number of unorthodox tests promoted by laboratories and clinicians in Europe and North America. The Lyme urinary antigen test (LUAT), which purports to detect *B. burgdorferi* antigens in urine from patients with suspected Lyme borreliosis is very unreliable, with a high incidence of false positive results. A rapid culture method (RIBb) uses special medium and fluorescent microscopy to identify *B. burgdorferi* in blood. This special medium on which the test is based has been assessed by the American National Institutes for Health, which showed that it was not useful and could not support the growth of *B. burgdorferi*.

It is known that Lyme disease can lead to other conditions and complications: neuroborreliosis is the most common; Lyme arthritis is rare in UK acquired infection; Post-Lyme syndrome, which resembles chronic fatigue syndrome, or fibromyalgia also occurs in a small proportion of patients. However, these same symptoms can be triggered by other infections and non-infectious conditions.

I should also add that there is no vaccine available for Lyme disease. A vaccine was available in the USA but was withdrawn in 2002; it was unlikely to have been effective against European borrelial species, and currently treatment is with antibiotics.”