

Bill #5747 Public Health Committee Hearing – February 26, 2007

Submitted by: Jennifer Reid

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My name is Jennifer Reid. I'm a Lyme patient, a Lyme parent and co-chair of the Ridgefield Lyme Disease Task Force. I am here today in support of Bill #5747.

Our family's battle with Lyme began almost 10 years ago – despite the fact that as a Girl Scout leader, I had been trained in Lyme prevention. What I now know is that when you live in Connecticut, those simple measures are not enough.

It was only after my family became sick that I started to understand the truth about this illness. It is not always simple to diagnose or easy to cure. Everyone has a neighbor or friend who has suffered with disabling symptoms since contracting Lyme disease. Medical literature tells us that “some people continue to have problems” after 30 days of Lyme treatment. Most of us testifying here today fall in to the “some people” category. That's why we know more needs to be done to understand the damage this disease is doing to our state – particularly to our children.

All five members of my family have had Lyme disease. No one developed a bull's eye rash, all were lucky enough to have positive testing. Unfortunately for my oldest daughter and me it took the doctors a year to consider doing a Lyme test despite the fact that we presented with what I now know are fairly common symptoms.

When we rushed my second daughter to the emergency room a few years later with a stiff neck, high fever and facial numbness, I felt confident suggesting that this might be Lyme. She had just returned from a trip to Martha's Vineyard where tick-borne diseases are common. But, a negative spinal tap was considered definitive and she was sent home with a week's worth of antibiotics for sinusitis.

As Katy began her senior year of high school, we watched as she lost her short term memory, slept 12-15 hours a day and developed a host of medical problems she had never before experienced. Eventually her testing came

back positive, antibiotics were prescribed and the long-term struggle of fighting undiagnosed Lyme began. What might have been cured with a simple course of oral antibiotics turned in to a far more dangerous and expensive regime of IV care.

When Katy and I learned about the Lyme Disease Hearing in January 2004, we felt it was important to testify. Katy was still recovering from surgery—but she wanted Commissioner Galvin and Attorney General Blumenthal to know what it was like to be a young person in this state with severe Lyme disease. We looked forward to the report Commissioner Galvin promised to issue. We are still waiting.

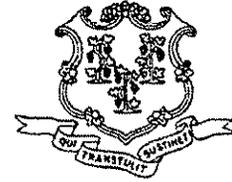
Katy promised that if she recovered from this illness, she would leave Connecticut to continue her studies. She didn't want to live in a state that had so little regard for its children. I promised to continue questioning our state's complacent attitude towards an illness that we all know has horrific effects on many Connecticut residents.

I question how we can allow our department of health to care so little about this disease that it doesn't even keep accurate records. Connecticut has received millions of dollars in federal funds to develop a model Lyme prevention program for the nation and yet we continue to have the highest incidence in the country.

Perhaps the truth in this issue is – if you can't really solve the problem – you simply adjust the numbers to look like you are. Tell concerned citizens you can't afford to count numbers, say labs on-line are going to report even though NO labs are on-line, stop checking all ticks to see how infected they are and just do some of them. Cut back on record keeping in every way possible so that when you publish a federal report on Lyme prevention in 2010 from the most infected state in the nation – they don't just laugh at you. Connecticut residents deserve the truth about Lyme disease – and that starts with understanding just how serious a problem this multi system illness really is.

Perhaps -- as Frederick Cohen wrote in Newsday recently-- The Worst Bioterrorist May be Nature Itself -- and our health department simply hasn't a clue how to deal with it.

# News



**FOR IMMEDIATE RELEASE**  
June 7, 2004

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## **DPH AWARDED GRANT FOR LYME DISEASE RESEARCH**

**Hartford** – The Connecticut Department of Public Health (DPH) announced today that it was awarded a grant from the federal Centers for Disease Control and Prevention (CDC) for research into the prevention of Lyme disease in Connecticut.

"We are pleased to be the recipients of this funding. These funds will support three community intervention projects; these are collaborative efforts with the Ledge Light Health District, Torrington Area District Health, and the Westport-Weston Health District. We expect that the lessons learned from this research will benefit all of our communities that are endemic for Lyme disease," stated DPH Commissioner J. Robert Galvin, M.D., M.P.H.

"In Connecticut, Lyme disease is a long term public health problem that will require the sustained efforts of both individuals and communities to control. While we do not have the means to eradicate this disease, we are working to identify those prevention measures that individuals and communities can implement to most successfully reduce the risk of acquiring Lyme disease," stated Commissioner Galvin.

The CDC awarded 10 grants to applicants across the nation totaling more than \$3.5 million for research designed to improve understanding of Lyme disease, and to examine methods for the diagnosis and prevention of this disease. Connecticut's grant will support research projects to evaluate the effectiveness of using various integrated measures to reduce the risk of Lyme disease when prevention recommendations are followed. Provided funding remains available, the DPH expects to receive approximately \$3 million over the next four years including \$685,000 during the first year.

The proposed projects build on the existing Connecticut Lyme Disease Program, a multi-agency collaborative effort beginning its thirteenth year. The program involves the DPH, the Connecticut Agricultural Experiment Station, the Connecticut Emerging Infections Program at the Yale University School of Medicine, the Ledge Light Health District, the Torrington Area Health District, and the Westport-Weston Health District. The goal of the program's activities is to reduce the number of people who contract Lyme disease and other diseases, such as ehrlichiosis and babesiosis, which are transmitted by ticks.

"It is with great enthusiasm that Ledge Light Health District continues in partnership with the Connecticut Department of Health and the CDC to prevent Lyme Disease. An integrated and comprehensive approach to tick reduction and community awareness is critical to reversing the increasing prevalence rates in southeastern Connecticut of all tick-borne disease," stated Francis L. Crowley, Director of Ledge Light Health District. "Although our outreach efforts target people of all ages, we recognize that more children in our district become infected with Lyme disease than any other single infectious disease, and that seniors are at particular risk for all tick-borne disease. With a growing focus on the serious consequences of Lyme disease we are pleased to continue existing activities, expand our efforts to surrounding communities, and look forward to sharing valuable prevention strategies with our colleagues across the state," stated Mr. Crowley.

"The numbers of new cases of Lyme disease continue to rise and now we are observing other infectious tick-borne diseases also on the increase," stated James Rokos, Director of Health for the Torrington Area Health District. "We are very excited to part of the state effort to reduce the tick population and share that information with other local health departments," said Mr. Rokos.

"We are please to be a recipient of the Lyme disease grant," said Judy Nelson, Westport Weston Health District's Director of Health. "The Westport Weston Health District has been working hard over the last five years on Target Lyme Disease in Westport and Weston. We are looking forward to the opportunity to continue with this research and to reduce the number of Lyme disease cases in our community."

The new funds will be used by the Connecticut Lyme Disease Program to support activities that assess the usefulness of currently available measures to reduce the risk of Lyme disease in endemic areas of the United States. The activities will be conducted in the three health districts with ongoing federally funded community prevention projects and will include assessment of recommended personal protective measures to avoid tick bites, and methods for controlling ticks on residential properties such as landscape modifications, pesticide use, and control of ticks on mice and deer.

Lyme disease is a bacterial infection spread through the bite of an infected tick. It is the most prevalent tick or mosquito transmitted infectious disease in the United States. Infected ticks are present and pose a threat to people in every county of Connecticut. The emergence of Lyme disease as an important public concern in Connecticut is due to the reforestation of former farmland and greater risk of tick bites among people who live increasingly in suburban and rural areas near woodlands.

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# Danbury Hospital Survey

## October 1999

### Survey Shows Health Concerns Of Area Residents

DANBURY - Questions about Lyme disease, hepatitis and diabetes are the top three health concerns of residents in the Greater Danbury area, according to a survey released by Danbury Hospital.

The hospital's "Call-A-Nurse" program, a free telephone hotline service offered to the community to answer its health questions, reports that in the past five years, questions about Lyme disease ranked number one among callers. The program released its survey in conjunction with its fifth anniversary.

Callers often ask what the symptoms of the disease are, as well as how to tell if a tick carried the virus. "We often talk to callers about Lyme disease, especially during the spring and summer," said Lois Benis, manager of Care Management. "It's especially important now as more local residents are worried about the fear of getting encephalitis from insect bites," she adds.

The "Call-A-Nurse" program is a toll-free hotline (800/486-3508) answered by registered nurses at Danbury Hospital. The line is open from 8 am to

4:30 pm weekdays. Callers can talk to a registered nurse in English, Spanish or Portuguese about their health questions. In addition, the nurses can provide information about physician specialists in the community.

Hepatitis and diabetes questions were also reported more often than anything else, according to Ms Benis. Callers wanted to know if they were at risk for contracting hepatitis, as well as why their infant had to be immunized against hepatitis B. Calls about diabetes ranged from how to tell if you had the disease to what type of diet to eat. Calls about asthma, cholesterol and insect bites were also popular.

The top 25 health concerns of residents in the Greater Danbury area, ranked in order, include Lyme disease, hepatitis, diabetes, asthma, low cholesterol diet, insect bites, constipation, back pain, Alzheimer's disease, breastfeeding, infant sleep patterns, fever, flu, cold symptoms, sore throat, chickenpox, head lice, earache, diverticulitis, migraines, tetanus, osteoporosis, osteoarthritis, herpes, and warts.

Connecticut residents are correct to be concerned.

#### UTSA Opens New Bioterrorism Lab

A new research lab for bioterrorism opened Monday at the University of Texas at San Antonio. SAN ANTONIO (AP) -

The \$10.6 million Margaret Batts Tobin Laboratory Building will provide a 22,000-square-foot facility to study such diseases as anthrax, tularemia, cholera, **lyme disease**, desert valley fever and other parasitic and fungal diseases.

**The Centers for Disease Control and Prevention identified these diseases as potential bioterrorism agents.** Fifteen university researchers make up the newly established South Texas Center for Emerging Infectious Diseases.

Earlier this year, the researchers were awarded \$9 million in federal funding for bioterrorism research conducted in a smaller lab on campus.

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[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list\\_uids=16995409&query\\_ni=1&itool=pubmed\\_docsum](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=16995409&query_ni=1&itool=pubmed_docsum)

1: J.Parasitol. 2006 Aug;92(4):869-70.

### Transfer of *Borrelia burgdorferi* s.s. infection via blood transfusion in a murine model.

Rabitsch EB,  
Hesman L,  
Dotan MC,  
Arkes CM,  
Trigler AG.

Centers for Disease Control and Prevention, Division of Vector-Borne Infectious Diseases, Bacterial Zoonoses Branch, Foothills Campus, Fort Collins, Colorado 80522, USA.

Without antibiotic treatment, the Lyme-disease-causing bacterium, *Borrelia burgdorferi* can be cultured from the peripheral blood of human patients nearly 6 wk post-tick bite. To determine if Lyme disease spirochetes can be transmitted from a spirochetemic donor mouse to a naive recipient during blood transfusion, blood taken from immunocompetent infected mice was transfused into either immunodeficient (SCID) mice, inbred immunocompetent animals (C3H/HeJ), or outbred mice. Nine of 19 (47.7%) immunodeficient mice, 7 of 15 (46.8%) inbred immunocompetent mice, and 6 of 10 (60.0%) outbred mice became infected with *B. burgdorferi* after transfusion. Our results indicate that it is possible to acquire *B. burgdorferi* infection via transfused blood in a mouse model of Lyme borreliosis.