

Part 7:
Profit motive narrowed Lyme definition, blood tests

Science writer Pamela Weintraub pointed out, for example, that the 1994 Dearborn committee, "compressed the time frame over which antibodies were expected to appear.

"In 1986, a comprehensive study conducted by Steere had documented antibodies to as many as eleven spirochetal proteins appearing in a sequential pattern over months or years. Yet now the Dearborn committee was asking to see five bands appear at once as early as just two months after the onset of the disease" ("Cure Unknown," p. 206)

"But the most divisive part of Steere's new 'Lyme standard'--and a source of feuding ever since," Weintraub stressed, "was the decision to remove two highly specific *B. burgdorferi* proteins, outer surface protein A (OspA) and outer surface protein B (OspB), from the test." (pp. 206-207)

Weintraub emphasized that these bands were specific for Lyme, "and were even candidates for making Lyme vaccines. According to the Dearborn committee, the reason for the cut was merely statistical." (p. 207)

Weintraub countered, "Critics insisted the bands were important evidence for late-stage patients like me, and suggested they'd been removed to clear the way for LYMERix, the controversial Lyme vaccine made from OspA." (p. 118)

Weintraub quoted Philip Baker, a former director of the National Institutes of Health (NIH) Lyme program at the time of the Dearborn meeting. Baker stated, "Antibodies against OspA would have presented problems in diagnosis when the LYMERix vaccine was being used. Since LYMERix was an OspA-based vaccine, all vaccinated people would have been OspA positive. Thus, one would not be able to distinguish a vaccinated from an infected individual based on that criteria." (p. 118)

Weintraub explained, "Yet the omission of the two markers on Western blot testing worked against some of the sickest patients, those infected longest before being diagnosed: OspA was barely expressed right after a tick bite, but its levels increased in the human body with time." (p. 207)

Therefore, Weintraub noted, "Without Osps A or B to serve as marker, many of the sickest patients no longer met any diagnostic standard. By excluding these patients from diagnosis, they were excluded from treatment, as well." (p. 207)

Next: IDSA credibility called into question