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Reply to Lin

To the Editor—We thank Dr. Lin [1] for his careful review and comment regarding our article [2], and we appreciate the opportunity to respond. We agree that our wording was imprecise in the discussion of interpretation of the results of the ORs calculated in the multivariate analysis, and we agree that it is implausible that human Mycobacterium bovis tuberculosis (TB) is more likely than Mycobacterium tuberculosis TB given that human tuberculosis (TB) is more likely than Mycobacterium bovis. Regarding our article [2], we agree that it is implausible that our wording was imprecise in the discussion of interpretation of the results of the ORs calculated in the multivariate analysis, and we agree that it is implausible that human Mycobacterium bovis tuberculosis (TB) is more likely than Mycobacterium tuberculosis TB given that human tuberculosis (TB) is more likely than Mycobacterium bovis. Moreover, the referent groups are clearly indicated in table 2. Our intention was to encourage US clinicians to consider M. bovis TB in their differential diagnosis, especially when patients have certain demographic and clinical characteristics. We are confident that the data reported in the tables and in the remainder of the document provide the evidence supporting this intention.

We are grateful for this opportunity to underscore the importance of precision when communicating interpretations of the results of multivariate analysis [3, 4], of paying particular attention to distinguishing between the ORs and odds, and of indicating whether they are adjusted and what factors were controlled for when presenting the ORs.

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Lyme Disease and the Politics of Public Advocacy

To the Editor—The recent summary of negotiations between the Infectious Diseases Society of America and the Attorney General of Connecticut Richard Blumenthal suggested that the motivation for the Attorney General’s actions was provided by Lyme disease advocates [1]. Groups such as the New Jersey Lyme Disease Association and Connecticut’s Time for Lyme have acknowledged their involvement [2], but Blumenthal’s long record of legal and political activism on behalf of patients with Lyme disease suggests a significant degree of self-motivation.

Since at least 1999, the Attorney General has participated in Lyme disease rallies and conferences in Connecticut. In February 1999, he held a hearing on insurance coverage for long-term intravenous treatment of Lyme disease and drafted a bill to mandate such coverage [3]. The next month, he sent a letter to the Legislation Insurance and Real Estate Committee that urged members to nullify the requirement for a second opinion in cases of “chronic” Lyme disease [4]. In 2000, Blumenthal was the keynote speaker at a Connecticut meeting about Lyme disease, and he and his wife were the co-chairs of a 2001 benefit sponsored by the Greenwich Lyme Disease Task Force. Later, he gave testimony by telephone to a New York State Assembly Health Committee hearing on Lyme disease [5]. In January 2004, he organized another Connecticut hearing to “eliminate the common use of excessively restrictive federal reporting criteria and correct the underreporting of new Lyme cases in the state” [6, p.6].

In 2005, Blumenthal presented achievement awards to a former Lyme disease activist and to a pediatrician, Charles Ray Jones [7]. Subsequently, Jones was summoned before the Connecticut Medical Examining Board for his treatment of children with suspected Lyme disease. In public statements about the case, Blumenthal said, “I’m very concerned there may be a perception, rightly or wrongly, that care for Lyme disease is discouraged by the charges against Jones” [8].

Since the announcement of the Infectious Diseases Society of America investigation, Blumenthal has continued to speak at Lyme disease advocacy events, including a country club event for the National Research Fund for Tick-Borne Diseases (http://www.nrftd.org) and a patient conference in New Haven. He has been listed as an advisor for the advocacy group Time For Lyme. In 2007, he also appeared in a DVD docudrama about chronic Lyme disease.
disease that a reviewer described as ma-
manipulative, partisan, and heavy-handed [9].

"Is there a perception that I am ad-
advocating a position? Yes," Blumenthal ac-
knowledged. But he insisted the percep-
tion is incorrect" [10]. However, a brief
review of his active associations with Lyme
disease advocacy groups suggests that the
Attorney General’s investigation was
driven more by personal belief than by
legal necessity or credibility.

Blumenthal’s actions rightly have
alarmed many scientists and physicians
who are concerned about the political sub-
version of peer-reviewed science and evi-
dence-based medicine. Moreover, his legal
assault on treatment guidelines has height-
ened public confusion and patient angst
about this common infection.

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