



Dear Colleagues:

I have good news to report. After nearly two years, ***a special independent Review Panel has unanimously agreed that no changes need be made to IDSA's 2006 Lyme disease guidelines***, which the panel determined were based on the best medical evidence available at the time and are supported by the evidence that has been published since.

In addition to concurring with the recommendations of the 2006 Lyme disease guidelines, the Review Panel was particularly strong in its conclusions regarding the use of long-term antibiotic treatment, noting that "in the case of Lyme disease, there has yet to be a single high quality clinical study that demonstrates comparable benefit to prolonging antibiotic therapy beyond one month." The Panel also concluded that "the repeatedly demonstrated risks of long-term antibiotic therapy were not justified by an acceptable benefit."

The special review was conducted following an agreement with Connecticut Attorney General Richard Blumenthal, who challenged the IDSA's review process for the 2006 Lyme disease guidelines, alleging that the authors had conflicts of interest and failed to consider divergent medical opinion. IDSA has always maintained those assertions were unfounded, but we undertook the review, confident that the guidelines and the process behind them would be vindicated. In May 2008, IDSA entered into an agreement with the Attorney General to voluntarily undertake a special review of the guidelines by an independent scientific panel. Members of the panel were certified to be free of any conflicts of interest by an independent ombudsman, Howard Brody, MD, PhD, an author and respected medical ethicist at the University of Texas Medical Branch. As hoped and expected, the Review Panel's [final report](#), published today, validates the 2006 Lyme disease guidelines.

The Review Panel concurred that all of the recommendations in the 2006 Lyme disease guidelines are medically and scientifically justified in light of the evidence and information provided, including the two recommendations that are most contentious: that there is no convincing biological evidence for the existence of chronic Lyme infection; and that long-term antibiotic treatment of "chronic Lyme disease" is unproven and unwarranted.

This review process, which took more than a year, included a special all-day hearing in Washington, D.C., where Panel members heard testimony from physicians, scientists, and patients representing a spectrum of views on Lyme disease. The Panel convened 16 times and reviewed information submitted by more than 150 individuals or organizations, ranging from letters and newspaper articles to patient medical records and meeting abstracts. Members of the Panel also reviewed the existing medical literature regarding Lyme disease and its treatment.

With the initial review and the extraordinary additional review of IDSA's 2006 Lyme disease guidelines now complete, physicians—as well as their patients—can take extra comfort in knowing that the guidelines reflect the best that medicine has to offer.

Sincerely,

A handwritten signature in black ink that reads "Richard J. Whitley". The signature is written in a cursive, slightly slanted style.

Richard J. Whitley, MD, FIDSA
President