



It looked like a tall order: assemble a diverse group to discuss a controversial subject in order to make recommendations about research priorities to Congress. This was the mandate of the Tick-Borne Diseases Working Group, established by the 21<sup>st</sup> Century Cures Act. But they—we—have done it, civilly, with a remarkable degree of unanimity. There were of course differences of opinion, especially involving three areas: vaccines, diagnosis, and treatment. The Working Group’s draft report to Congress now includes minority responses regarding each of those topics.

The provision for minority reports was an important rule for advocates. Some of us have had the experience of being the token patient on a government committee, where we were usually talked over or overruled. Having the option of including minority reports ensures that all members have an opportunity to state their case and their views won’t be buried under the majority avalanche. In fact, providing a minority response has the opposite effect, of highlighting the minority opinion. It singles it out and gives the reader something to think about.

## Lyme Disease Vaccines

The vaccine subcommittee surprised many of us by presenting a unanimous opinion to the Working Group, which stated that human vaccines against Lyme disease should be a “top priority focus.” The majority of the Working Group agreed with that assessment. However, a minority response entered into the draft report said in part, “The dissenting minority stresses that all concerns related to the prior vaccine failure need to be understood and addressed before moving ahead to a new vaccine.”

## Lyme Disease Diagnosis

The second minority response has to do with diagnosing Lyme disease. The minority opinion says, in part, that the panel’s majority recommendation “does not address the immediate problem facing patients who are unable to get diagnosed using the current two-tiered Lyme disease testing system.” It calls for requiring laboratories to report out all bands in the current Lyme disease western blot test, including those that were previously excluded. This would give physicians “a valuable tool to help diagnose patients and facilitate treatment, perhaps preventing the development of chronic disease.”

## Lyme Disease Treatment

The third minority response has to do with treatment. It is a rather vague statement reflecting the discomfort of the Infectious Diseases Society of America in being cast as a minority opinion. We all know that IDSA does not approve of extended antibiotic treatment, no matter how severe or persistent the symptoms. Most people recognize that persistence is an issue. No one really knows what to do about it, but many feel doctors should have an open hand in deciding—in conjunction with their patients—the best treatment moving forward according to the individual. The IDSA guidelines circumscribe patient choice. It is not really clear what this minority report is asking for beside open minds, but we can’t disagree with that.

Editor’s note: Any medical information included is based on a personal experience. For questions or concerns regarding health, please consult a doctor or medical professional.