

ROB GALBRAITH, Calgary Herald
JEFFREY ZUB: Angry with Alberta doctors

By Mark Lowey
Calgary Herald

A bug no bigger than a sesame seed stole the best of their lives.

Five Calgary men say they had it all — good health, successful careers, active hobbies. Then they crossed paths with the tiny tick that transmits potentially crippling Lyme disease, or with some other organism that causes a similar illness.

Bob Stewart says that encounter robbed him of his job, his friends, even his love of horseback riding.

"The effects of this disease are hideous," says Stewart. He left a 33-year career in the oilpatch as a computer systems designer because of his ongoing battle with debilitating Lyme disease.

"I had a lot going for me. I got wiped away in one little insect bite," says Stewart, 54.

Hilton Hack, 52, could no longer continue as vice-president of a large data-processing firm.

Hack believes he contracted Lyme disease in the early 1980s, possibly from a tick in British Columbia.

He became so tired, confused and wracked with pain in his joints, work became impossible. "I couldn't hold a cup without feeling I would drop it."

"I had times when I would sit down on the step and bawl, because I didn't know whether I'd be able to carry on," he says.

The growing body of literature on Lyme includes the tragic story of one Canadian who spent 12 years in a psychiatric hospital. His psychological problems finally were traced to untreated Lyme disease, which in rare chronic cases ravages the brain and central nervous system.

The Calgary men all say insult was added to their injury, by local doctors who dismissed Lyme as a possible diagnosis.

In Alberta, the medical establishment's position is that Lyme disease doesn't occur here. Ticks known to carry the corkscrew-shaped *Borrelia burgdorferi* bacterium which causes the disease have never turned up in the province.

"We don't have any ticks in Alberta that are known to be transmitters of Lyme disease," Alberta Health spokesperson John Sproule said in June, after Lyme-carrying deer ticks were found next door in B.C.

The greatest numbers of two Lyme-carrying tick species, *Ixodes dammini* and *Ixodes pacificus*, occur respectively in the northeastern and midwestern U.S. and in Ontario, and on the American and Canadian west coasts.

But the Pacific tick, likely hitching a ride on migratory birds, has been discovered as far inland as Missouri. The eastern tick, *Ixodes dammini*, has shown up in at least 40 American states.

Yet in Alberta this year, the Provincial Laboratory has no confirmed cases of Lyme.

"I believe we have no Lyme disease acquired in Alberta," Calgary infectious diseases specialist Dr. John Gill says in a fax sent to the Herald.

He noted that a recent U.S. retrospective study found 57 per cent of 788 people originally thought to have Lyme disease didn't have it, and never did have it, according to accepted criteria for diagnosis.

Lyme disease "may be over-diagnosed by the zealous," Gill wrote. But this view is challenged by the five Calgary men, and by Albertans elsewhere, who say doctors are turning their backs on a serious health problem.

Bob Stewart, who believes a tick bit him at a horse show in Tennessee in 1987, saw 15 local doctors over 16 months, before Lyme was diagnosed. "It was so entrenched that I may or may not get better."

"Peter" was working at his federal government job in Calgary, when he felt "like someone had opened a tap in each leg and was draining my blood away." He collapsed unconscious on the floor.

Prior to that episode, Peter, who didn't want his last name used, noticed on his arm a circular-shaped, red-colored rash. It appeared shortly after he'd visited the U.S. west coast — home of the Pacific Lyme tick — in the summer of 1988.

He says local doctors kept telling him he was fine after medical tests found nothing wrong.

But his attacks continued. One was so bad, he scribbled out his will on a scrap of paper.

Peter, in his 50s, says he thought his life was over during an airline flight, when his heart stopped briefly.

Doctors' suspicions that he had syphilis, malaria or kidney cancer all proved incorrect.

Peter says he suffered "two years of hell," before his own research led him to Calgary physician Dr. Kenneth MacLean.

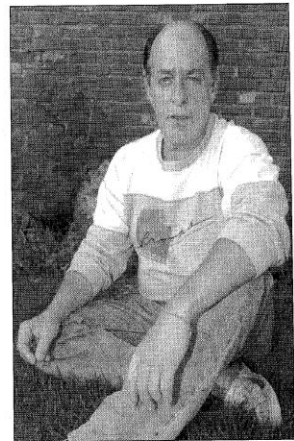
MacLean treats patients who have clinically diagnosed Lyme disease or Lyme-like illness with large dosages of antibiotics.

All patients report improvement, but their symptoms return whenever they stop taking the medication.

MacLean says he's currently treating four Albertans, including

Tick, Tick, Tick

When people cross paths with a tiny tick that transmits Lyme disease, they can become victims of a biological time bomb that robs them of health, careers, hobbies; all under a cloak of conflicting medical evidence



DEB THORNE-LATTA, Calgary Herald
RON FERRIS: Bitten in his Calgary yard

It resembled ringworm, except it matched perfectly the rash or lesion characteristic of Lyme disease. "It was like a red target, like a red ring with a white centre. And the centre part was really tender," recalls Zub, 47.

The "bull's eye" rash, which can take any shape, typically shows up in about 60 per cent of people infected with Lyme. It appears usually three to 30 days after the tick bite.

Zub started having symptoms associated with Lyme infection, but also linked to several other illnesses including multiple sclerosis. These non-specific, often flu-like symptoms make Lyme notoriously difficult to diagnose.

They include splitting headaches, swollen glands, blurred vision, vomiting, fever and chills, pains in the chest and the joints, stiff neck and hands, profound fatigue, heart palpitations, and mood changes including anxiety, confusion and depression.

Zub also suffered temporary paralysis in one side of his face. Copies of his blood tests show he was borderline for having Lyme-causing *B. burgdorferi* bacteria in his body.

But his three sets of blood tests — two by the Provincial Laboratory in Alberta and one by an American lab — all show conflicting figures.

Lyme diagnostic tests in Canada and the U.S. aren't standardized. They're difficult to conduct, tricky to interpret and often produce widely varying results.

Also, the tests won't detect Lyme if the body's immune system hasn't had time to produce antibodies.

Zub, originally from Ontario where Lyme is well documented, is angry at the medical field for not recognizing it as a problem in Alberta.

"I'd like to get them (doctors) off their duffs and find these ticks and test them . . . I think they'd get a rude awakening," he says.

Karen Poole also had trouble persuading doctors to consider a Lyme diagnosis, even though the distinctive "red-target" rash lingered on her arm for a year.

"I had to tell the doctors that I was (bitten) outside of Alberta, before I would even get looked into for treatment," says Poole, who lives in a rural subdivision near Edmonton.

She believes she was bitten in the summer of 1986, by a tick from the many deer living in woods near her home. Deer are also known hosts of the Lyme-transmitting tick.

Poole, like other Albertans suffering from the illness, has to continually take antibiotics and anti-inflammatory drugs. "There's so much pain that I just can't relax my muscles," she says.

Most Lyme literature suggests the disease — especially in later stages — is never cured, but merely controlled with antibiotics, says Calgaryian **Ron Ferris**.

For the last seven years, the 48-year-old former driving instructor has been waging a one-man campaign to alert the public to the dangers of Lyme disease.

Ferris has been unable to return to work, since he was bitten by an insect in the front yard of his Lakeview home in southwest Calgary in June 1986.

He soon got the red-ringed rash, followed by other Lyme symptoms including frightening irregular heart rhythms.

Local doctors said Lyme was out of the question, even when Ferris started having epileptic-like seizures. A physician in San Francisco finally diagnosed a bacterial infection producing symptoms identical to Lyme disease.

U.S. laboratory tests confirmed Ferris's blood contained antibodies against the *Borrelia hermsii* bacterium, the closest relative to the Lyme-causing *burgdorferi* species.

Ferris points out that the provincial government has done only one tick study, in 1990. Some 200 ticks were collected, but 188 were wood ticks which have never been shown to transmit Lyme.

"It's like looking for plague in a flea that doesn't carry plague. It's a flawed study."

Even if diagnostic tests were reliable, Ferris adds, research indicates the bacterium causing Lyme keeps mutating, making it impossible for laboratories to detect all strains in the wild.

No one in Alberta who experiences the telltale red-ringed rash or other Lyme-like symptoms should be dismissed as a crank by doctors, he says.

"I feel very sorry for people who have this illness and who are told they're obsessed . . . your health just gets worse and worse."

Another in the U.S. recently lost her son, born with the disease, to Lyme. A 10-year-old American girl also died from complications due to untreated Lyme.

A former B.C. resident who had the disease killed herself earlier this year, Ferris says.

"It doesn't have to happen if it gets diagnosed really quickly."



DEB THORNE-LATTA, Calgary Herald
BOB STEWART: Says disease cost him his career, friends, even love of horseback riding



Family Physicians Group, Missouri photo
BULL'S-EYE RASH: Circular patch evident on lower right leg

one from Crownstee Pass.

Most people contract Lyme while out-of-province, but a small number probably acquire the disease or a mimicking illness here, he says.

"Certainly we know that there are Lyme-like organisms which have been here for a long time," such as tickborne relapsing fever. "There may well be others that we have no way of detecting with our laboratory methods, that are similar kinds of illnesses or variants of Lyme disease," MacLean notes.

Local AGT employee **Jeffrey Zub** had never heard of Lyme. Then one day the burly cable splicer used his bare hands to remove a nest of mice from a rural telephone junction box at Water Valley west of Calgary.

Mice are known hosts of the tick which transmits Lyme-causing bacteria.

Shortly after his encounter with the mouse nest in the spring of 1989, Zub got a large red rash on his right leg. His doctor documented the reddish patch during an examination.

TICK-BITE PRECAUTIONS, RESPONSES

HOW TO PROTECT YOURSELF FROM TICK BITES:

- Stay close to the centre of hiking paths or boardwalks, and don't brush against tall grass, shrubbery or other vegetation.
- Wear clothing with long sleeves and tuck pants into socks. Wear light-colored clothing so ticks can be seen easily before they bite. Wear fully closed boots or shoes.

- Frequently check companions, children and pets for ticks. Remove attached ticks carefully and immediately.
- Use a personal tick repellent such as Permethrin (on clothing only) or DEET when outdoors. Follow instructions on the label.

At the first sign of a possible Lyme rash, see your doctor immediately. If the doctor has any doubts, see an infectious diseases specialist.

WHAT TO DO IF SOMEONE IS BITTEN BY A TICK:

- Use a pair of very fine-jawed tweezers. Grasp the tick firmly as close to the person's skin as possible and pull gently away from the skin until the tick lets go. Don't touch the tick with your bare fingers.

- Don't try to remove the tick with a lit match, cigarette, alcohol, vaseline or other irritants. This only increases the chance of infection.

- After the tick is removed, wash your hands and the tick bite with soap and water. Apply an antiseptic such as rubbing alcohol to the bite.

- Put the tick into a small jar with some rubbing alcohol and take it to your doctor.

FOR MORE INFORMATION:
Lyme Disease Foundation, Inc.; Box 462; Tolland, CT; 06084-0462. Phone: (203) 871-2900.

Lyme just one tick-spread disease

Lyme disease got its name when the illness was identified during an outbreak in 1975 in Old Lyme, Connecticut.

The disease is a bacterial infection, usually not fatal, although deaths have been reported. Left untreated, chronic Lyme can cause severe nerve damage, crippling arthritis and paralysis.

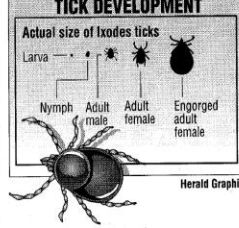
The risk of contracting Lyme disease from a tick bite is small, even in an area where ticks are numerous and may be heavily infected — especially if the tick is removed soon after attachment.

Lyme disease is caused by a spirochete, a corkscrew-shaped bacterium. An infected tick transmits this micro-organism while drawing a blood meal from its host.

An infected tick would have to be in contact with a person for at least 24 hours for infection to occur.

An infected nymphal or young tick (most commonly feeds in mid-summer)

TICK DEVELOPMENT



Herald Graphic

is more dangerous than the adult (most active in the spring and fall), because the pinhead-sized nymph is so small. Most people never realize they've been bitten.

Ticks are known to carry at least six different diseases, including Rocky

Mountain spotted fever, Colorado tick fever and relapsing fever.

Ticks have been found on 50 different bird species and more than 30 mammals, including livestock and pets.

Lyme disease has become in the last two decades the most common tickborne disease in the United States. It is a worldwide disorder, present on every continent except Antarctica.

In Canada, Lyme disease is most prevalent in southwestern Ontario, although cases have been documented in all provinces except Saskatchewan, Nova Scotia and Prince Edward Island.

More than 40,000 cases of Lyme were reported to the U.S. Centers for Disease Control from 1982 through 1991.

The overall incidence in the U.S. last year was 3.9 cases per 100,000 population. But some counties in California, Massachusetts and New York exceeded 200 cases per 100,000.