

Duncan Munro is sceptical about the high incidence of MS in British Columbia and the low incidence of Lyme Disease.

The Langley man caught Lyme Disease in 1990, while living in Mission. He had the tick removed by his doctor, and soon got the classic bull's eye rash, and flu-like symptom. Aware of the disease, he had blood tests, but the results were reported as negative. His doctor told him

to ignore the symptoms, because Lyme Disease was not present in B.C., says Munro.

Within a week of getting the bull's eye rash, he developed extreme joint pain. He developed severe flu-like symptoms, shooting pains in his hands and feet, and burning sensations, like a wasp sting, under his skin. Over the years, chronically tired, with extreme joint pain and bouts of blurred vision, he missed weeks of work. His balance was affected. Once, he fell off a chair at work. On another occasion he became so ill he had to get his brother to come and drive him home.

After reading a story in the Langley Times re-



cently about multiple sclerosis, Munro called the paper.

"The symptoms you are describing are virtually identical to mine," he said.

"What concerns me is that there must be hundreds of other people in the Lower Mainland who have never been diagnosed, or treated (for Lyme disease)."

He is also concerned people are being misdiagnosed.

A leading UBC and B.C. Centre for Disease Control

(BCCDC) scientist disagrees.

In the U.S., says Munro, the infection rate for Lyme Disease is 7.9 per 100,000 population, in northern Europe, it is 12 to 15 per 100,000.

However in Canada, it is 0.115 per 100,000.

All the New England states have a very high incidence of Lyme disease, he said.

"Yet right across the border, in Canada, they say it hardly exists, or is so rare that most doctors will never see it in their lifetime."

The disease is carried by ticks, which can be dropped by birds, to isolated woodlots, where the ticks infect mice.

People walking in the woods can pick up a

tick and become infected.

The tick's saliva carries an anesthetic, which makes it difficult for a person to feel a bite.

Recently, Munro obtained his 1990 blood test results. Today, they would be considered "equivocal" (indicating some evidence of an immune response, not enough for a positive diagnosis). But combined with his history of Lyme symptoms, it should have been enough for a doctor to begin antibiotic treatment, Munro says.

He said B.C. doctors still don't take Lyme Disease seriously, unless blood tests are conclusive.

He calls Lyme disease the "great imitator" it shares symptoms common to MS, lupus, ALS (Lou Gehrigs) and rheumatoid arthritis.

Lyme Disease was discovered in fact after two mothers in Old Lyme, Connecticut, refused to accept a diagnosis of rheumatoid arthritis in their children, two of 50 youngsters so diagnosed, within a very small geographic area. That was in 1975. Their persistence led to a state-funded investigation, and the discovery in 1985, of Lyme Disease.

Munro says it is impossible that in more than 30 years since 1975, a disease spread via migratory birds has such a low incidence here compared to the U.S.

Dr. Muhammad Morshed is head of BCCDC's Zoonotic Diseases and Emerging Pathogens laboratory services, and clinical associate professor, Pathology & Laboratory Medicine, UBC.

B.C. doctors are well aware of Lyme Disease, through publications including the Canadian Public Health Laboratory Network, and the Infectious Diseases Society of America, Morshed says.

He agrees with the U.S. and Canadian Lyme incidence rates quoted by Munro, but notes the high numbers are not U.S. wide, but concentrated in New England states. His research since 1990 includes the molecular characterization of *Borrelia burgdorferi*, the organism which causes Lyme Disease. He has studied the disease in both B.C. and Ontario. Zoonotic diseases are caused by infectious agents which can be transmitted between, or are shared by, animals and humans. But Morshed said there

is no evidence Lyme can be spread in any way other than a tick bite.

His group of researchers have collected ticks throughout B.C., by "dragging" areas, taking ticks directly off mice, or ticks turned over to medical doctors.

"We have very good statistics."

*Borrelia burgdorferi* has been found in ticks collected from many areas of B.C.

Health authorities now believe that Lyme Disease carrying ticks may be present throughout the province.

To date there have been more than 60 confirmed cases of Lyme Disease in B.C. Of these, 20 patients had no record of travel outside of the province, and are considered to have contracted the disease in B.C.

Morshed likens the low incidence of Lyme Disease here -- compared to the U.S. states like Maine and Connecticut -- to West Nile's proliferation.

West Nile is another of his areas of expertise. Prevalent throughout North America, and found in both Alberta and Washington State, West Nile has yet to make an appearance in B.C., despite the climate and the species of mosquitoes required for it.

Lyme Disease may be limited in B.C. by a wide range of factors, from micro climates to various flora and fauna, he said.

Limited or not, Dr. Morshed agrees with Munro, ticks must be taken very seriously.

"Lyme is not a fun disease," Morshed said.

"What I would like to say is that the public should not panic, but should be vigilant," he said.

Ticks can carry not only Lyme Disease, but also relapsing fever, tularemia, Rocky Mountain Spotted Fever (RMSF), Q fever and Ehrlichiosis. All of these diseases are rare in British Columbia. Certain ticks may cause temporary paralysis. Ticks may also carry other diseases.

The longer Lyme Disease is left untreated, the harder it is to treat, and sufferers may live with the affects the rest of their lives, he said.

Morshed says that if a tick is found on the skin after just a few hours, and is removed carefully, the

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person should experience no health problems.

But if a tick is on the skin longer, imbedded, or on the body overnight, medical treatment should be undertaken, particularly if the symptoms associated with Lyme are present.

He particularly recommends blood work for anyone whose tick bite was followed by the red bull's eye on the skin, joint pain or flu-like symptoms.

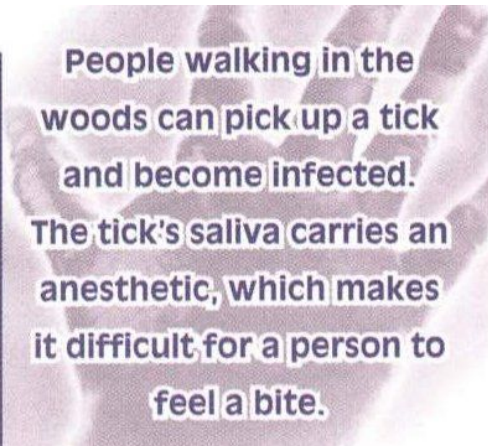
If caught early, the disease is very susceptible to antibiotics, he said.

Munro was fit, and an avid weightlifter and jogger before the tick bite. Over the past 15 years he has experienced a wide-range of health problems. These included sudden sharp headaches, flu-like illness for several days every few months, chronic exhaustion, loss of upper body muscle tone, poor short term memory and problems with false memories, and sudden, deep bouts of depression. He also experienced recurring infections or swollen lymph nodes and constant problems with rosacea and in-grown facial hair, arthritic pain, and lower back pain.

Many of these problems have been partially resolved since he began treatment with antibiotics in 2005. But he still has good days and bad days. He fears that because of the length of time he was untreated, he may never recover fully. He has created a very articulate website about Lyme Disease: [www.sfu.ca/~dmunro](http://www.sfu.ca/~dmunro).

More information is also available at the Centre for Disease Control website at [www.cdc.gov](http://www.cdc.gov). Click on "Diseases and Conditions," then use the A-Z Index to find Lyme Disease.

~ Al Irwin, *Healthy Living Reporter*



**People walking in the woods can pick up a tick and become infected. The tick's saliva carries an anesthetic, which makes it difficult for a person to feel a bite.**

According to the B.C. Centre for Disease Control, most tick bites do not result in Lyme Disease, but 60 cases of the disease have been diagnosed in the province.

The organism which causes Lyme Disease (*Borrelia burgdorferi*) has been found in ticks collected from many areas of B.C. and health authorities now believe that Lyme Disease carrying ticks may be present throughout the province. While there is only a very small chance of contacting Lyme Disease, it can be very serious.

Ticks live in tall grass and wooded areas. They are easiest to spot when they are actually sucking blood. The feeding tick's mouth will be under the skin, but the back parts will be sticking out. Engorged, they will be full of blood and blue-grey in colour.

General symptoms of fever headache, muscle and joint pains, fatigue or weakness of the muscles of the face a skin rash, especially one that looks like a "bull's eye" are symptoms of Lyme Disease.

In some cases paralysis may occur. The paralysis usually starts in the feet and legs and

gradually works its way up to the upper body, arms and head. The CDC recommends that if you have any of these symptoms within days or weeks after being bitten by a tick, report them to your family doctor immediately. Tell your doctor when and where you were bitten by a tick.

You will need antibiotics to prevent complications of the disease.

It is most important to ensure that all the tick is removed, including the mouth parts that are buried in your skin. Also, do not squeeze the body of the tick when you are removing it. This can force its stomach contents into the wound and increase the chance of infection.

You can remove the tick yourself, have a friend do it, or see a doctor. Do not put grease, gasoline, or some other substance on the tick. This will only increase the chance of an infection, as will holding something hot against the tick. You should only remove the tick yourself, or get a friend or family member to remove it, if the tick is not buried very deep into your skin, CDC advises. If the tick has been on your skin for less than two hours, it has probably not had a chance to burrow into your skin. If the tick is just on the surface or only biting on to the outside skin layer, you can remove it but if it is buried deep in the skin, see your doctor.

#### **TO REMOVE A TICK**

If possible, wear latex gloves when handling an engorged tick.

Use tweezers or forceps and hold the tick gently as close to the skin as possible. Don't touch the tick with your hands.

Without squeezing the tick, steadily lift it straight off the skin. Avoid jerking it out.

Make sure all of the tick is removed.

Clean the bite area with soap and water then disinfect with antiseptic cream. Wash hands with soap and water.

If possible, save the tick in a container with a tight fitting top. If the tick is alive, dampen a small cotton ball and put it into the tick container to keep the tick alive. (A live tick is necessary for culturing the spirochete which causes Lyme Disease.) See: [www.cdc.gov](http://www.cdc.gov) for further instructions or ask your physician.

#### **TO PROTECT AGAINST TICK AND INSECT BITES:**

- When walking in tall grass or woods, walk on cleared trails wherever possible;
- Wear light coloured clothing, tuck your top into your pants and tuck your pants into your boots or socks.
- Put insect repellent containing five per cent Permethrin onto clothing and insect repellent containing DEET on all uncovered skin;
- Re-apply as frequently as directed on the containers.
- Check clothing and scalp (covered or not) when leaving an area where ticks may live. Check in folds of skin. Have someone help you check hard-to-see areas. When a tick is located, remove it immediately. Check the whole body! Don't stop when you find one tick. There may be more. Make sure the lighting is good so that you will not miss seeing the ticks;
- Regularly check household pets which go into tall grass and wooded areas.

For more information see: [www.bccdc.org/topic.php?item=83](http://www.bccdc.org/topic.php?item=83)