

2021 Virtual Conference Medical Scholarship Application

Lyme & Other Tick-Borne Diseases: Research for a Cure

For complete conference details [click here](#)

If you DO NOT meet the below eligibility requirements, PLEASE DO NOT APPLY FOR A SCHOLARSHIP

Scholarship Information for Conference

Who is eligible to apply

Categories: Medical student; resident; post-doctoral candidate; fellow; nurse practitioner candidate; doctor or nurse practitioner new to practice, i.e., less than 5 years experience; veterinarian with equivalent status to the aforementioned; physician assistant whose sponsoring physician writes a letter of support on office letterhead; representative from a public health department. US residents only are eligible to apply.

What is the scholarship for

To enable participation in the LDA/Columbia CME Conference "Lyme Disease Association's 21st annual Lyme & Other Tick-Borne Diseases Scientific Conference" (October 2, 2021, Virtual)

Why is this scholarship being provided

Our goal is to disseminate knowledge to the above eligible categories so they can learn from leading scientists and clinicians about the progress in Lyme & tick-borne diseases. Such knowledge stimulates novel research ideas, forges collaborations, and enhances clinical care.

Deadline

LDA must receive the application from you by Sept. 24, 2021 to be considered for a scholarship. Applicants will be considered on a first come first serve basis until the funds are depleted.

How will the scholarships be awarded

Scholarships will be awarded at the sole discretion of the Lyme Disease Association, Inc. (LDA). If the information you provided is found subsequently to be untrue, you will be required to reimburse the LDA for the full cost of the scholarship award.

How will the scholarship will be administered

The LDA will notify you of its decision. If you are accepted, detailed instructions will be sent to you. Reimbursement policies will be sent to you at the time of acceptance.

Total of scholarship will not exceed the cost of the Non-CME registration. Scholarship will not pay for CME registration. You will be registering and incurring the registration fee yourself, if you are notified that you are approved for the scholarship. After the conference, accepted applicants who have registered will need to submit an LDA reimbursement form along with conference registration receipt, and attendance verification, to receive reimbursement for non-CME conference fee. If you only attend partial conference, you will receive a percent of maximum reimbursement amount.

[Back to Conference Summary page](#)

How to Apply

Submit the following documentation to certify your eligibility for this scholarship:

1. Verify identity:

- ID card from the institution/practice/health dept. in which you are attending/employed OR
- Letter on institution/practice/health dept. stationary signed by the department chair, dean, faculty mentor/member who knows you the best, doctor or director. His/her contact information should be included.

2. Personal W-9 (don't forget to sign and date it)

3. The online application form below and required documents you will upload must be received by Sept. 7, 2021 (12M ET). Questions email LDA@LymeDiseaseAssociation.org

2021 Virtual Conference Medical Scholarship Application

▪ Name*

First Last

▪ Address*

Street Address City State
/ Province / Region ZIP / Postal Code

▪ Email*

▪ Phone*

▪ Your enrolled institution/practice/health dept.*

- Category Eligibility*
 - Medical Student
 - Medical Resident
 - Medical Post-Doctoral Candidate
 - Medical Fellow
 - Nurse Practitioner Candidate
 - Doctor or nurse practitioner new to practice
 - Veterinarian with equivalent status to all the above categories
 - Physician assistant with sponsoring physician letter of support
 - Public health official
 - Other

- If "Other" checked above, provide details

- Reason for interest in conference*

- Personal W-9*

Max. file size: 32 MB.

- Institution/Practice/Health Dept. Identity*

Max. file size: 32 MB.

- CAPTCHA

Submit

THANK YOU!

This activity is supported by independent educational grants
from:

Steven & Alexandra Cohen Foundation

2019 Scientific Conference Jointly Provided by



**Lyme Disease
Association, Inc.**



COLUMBIA

VAGELOS COLLEGE OF
PHYSICIANS AND SURGEONS

Chronic Lyme Associated With Loss of Contrast Sensitivity

In a recent article published in *Translational Vision Science and Technology*, researchers found that contrast sensitivity impairment was associated with patients suffering from chronic lyme.



According to the Online Medical Dictionary, contrast sensitivity is defined as “The ability to detect sharp boundaries (stimuli) and to detect slight changes in luminance at regions without distinct contours.”

Investigators describe that contrast sensitivity has been found to be impaired in a variety of ocular conditions

including cataract and retinal degeneration, as well as in neurologic diseases, such as multiple sclerosis; and loss of contrast sensitivity may also indicate specific or nonspecific deficits in neurologic and/or cognitive function. In this article, it was also found that contrast sensitivity impairment was marginally associated with patients exhibiting neurologic abnormalities and cognitive impairment, but with no other ocular complaints. Investigators further state that these links may be a marker of illness severity, but that it is unclear if CS testing would be a useful gauge of improvement over time, suggesting a need for further studies.

[Read full article here](#)

[Read more LDA articles on chronic lyme symptoms here.](#)

Researchers: Submit Pilot Study Concepts to Columbia Clinical Trials Network



Deadline Aug. 1 The Lyme Disease Association Inc. is

notifying researchers that the Clinical Trials Network established with a grant from the Steven & Alexandra Cohen Foundation to Columbia University announces that the website is now accepting Pilot Study Concept submissions (July 1 to Aug 1).

The Clinical Trials Network welcomes research clinicians and investigators from academic institutions and foundations to submit proposals. The CTN Study Review Committee will review submissions for consideration for further development into a pilot study; each pilot study will be conducted at one of the CTN investigation sites. The CTN has funding to support 1-2 small pilot studies each year. Current CTN network affiliates include investigators from Columbia University Irving Medical Center in New York City, Johns Hopkins University Medical Center in Baltimore Maryland, and Children's National Hospital in Washington D.C. The CTN Study Review Committee includes the core CTN members, clinical research experts, and academic and community clinicians. Results of the CTN pilot studies – if favorable – will lead to consideration for larger Randomized Controlled Trials.

The deadline for the first round of submissions for treatment research ideas from the research scientists and clinicians is August 1, 2021. The submission period opens July 1.

We thank all clinicians and investigators in advance for participation in this process, as your proposal may lead to a transformative study.

To submit a Pilot Study Proposal:

- Go to **<https://www.lymectn.org/Pilot.aspx>**
- Create a user account
- Create a new application, and complete and submit the online application form

To find out more information about the Network, go to the Lyme Disease Association link below.

Read about the establishment of the Network

EM Treatment Guidelines/Need Tick Bite Reporting/Lyme Press Conf./Myocarditis After COVID Vax/Long Haul COVID Treatment Protocol/CDC's Final 2019 Nos./Columbia Trials Network/CFC Approves LDA as Nat'l Charity/Asian Longhorned Tick/IDSA Retracts Pub

Review of Evidence Supporting IDSA Guidelines EM Treatment in US



Elizabeth
Maloney, MD

The IDSA guidelines for Lyme disease contain 2 recommendations for antibiotic therapy for patients with erythema migrans (EM) rashes. The first recommendation identified which antibiotics were preferred and the second specified therapy duration.

In “Evidence-Based, Patient-Centered Treatment of Erythema Migrans in the United States,” *Antibiotics* 2021, author Elizabeth L. Maloney, MD, reviews the US trial evidence on EM rashes, problems of the IDSA recommendations considering that evidence, and provides evidence-based patient-centered strategies for managing patients with EM. “The EM rash is the hallmark finding of early disease,” along with other symptoms. “In light of the physical and financial costs, identifying and promoting highly effective therapeutic interventions for US patients with erythema migrans (EM) rashes that return them to their pre-infection health status should be a priority.”

The paper states “when promptly diagnosed and appropriately treated with antibiotics, early Lyme disease is curable.” Untreated and inadequately treated infections can progress to long-term sequelae. Patient-centered care—defined by the

National Academy of Medicine—"...is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patient-centered outcomes are outcomes that matter to patients, such as reductions in symptoms or improvements in quality of life." In recent times, patient-centered outcomes are becoming part of trial designs.

Dr. Maloney uses a Medline search with specified criteria to identify the trials conducted in the US for the named antibiotics recommended by IDSA Lyme guidelines. There were 25 results of which 8 met the search criteria, other 17 were EM trials in Europe, disseminated disease in Europe, European antibiotic retreatment, culture difficulty, and tick bite prophylaxis. The US trials were old, were small, and 2 had high non completion rates of 40%+ and two others had single arm with 20%+ non-completion, thus Dr. Maloney indicates these should not be included to determine treatment efficacy.

The paper goes on to examine the remaining US trials, several of which used disease centered endpoints, not patient centered endpoints, and all those trials used what is currently considered outdated statistical methodology, pointing out the weaknesses of the evidence used by IDSA. In the conclusion, Dr. Maloney highlights the need for more research.

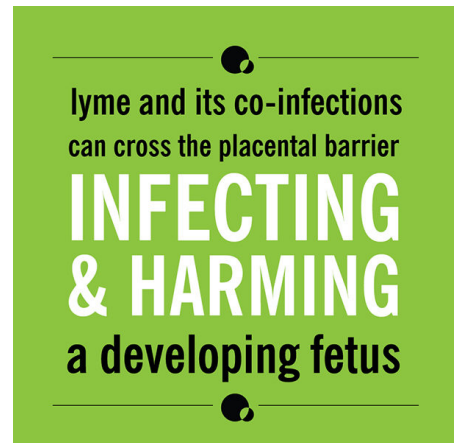
[Click here to read the entire study](#)

[Click here to read Johns Hopkins Lyme Research Center Challenges IDSA Guidelines & Addresses Lyme-COVID](#)

[Click here to see video of Bransfield & Smith Discuss IDSA Guidelines](#)

IDSA Retracts Publication that Contains Inaccurate Statement

According to a June 22 press release from the Patient-Centered Care Advocacy Group (PCCAG), in response to a complaint filed by PCCAG President Bruce Fries, the Infectious Diseases Society of America (IDSA) has removed the publication, "Ten Facts You Should Know About Lyme Disease," from its website.



The release indicates that the IDSA leadership removed this publication after they were informed that the document contained an inaccurate statement that "Lyme disease is caused by bacteria called *Borrelia burgdorferi* that is only transmitted to humans when they are bitten by an infected tick...It is well documented that Lyme disease can be transmitted from mother to fetus and lead to adverse birth outcomes. Transmission of *B. burgdorferi* from mother to fetus in humans has been documented with *Borrelia* spirochetes identified in fetal tissues/and or placenta by various methods including culture, immunohistochemistry with use of specific monoclonal antibodies, indirect immunofluorescence, PCR and microscopy." Both CDC and NIH acknowledge this mode of transmission.

Bruce Fries also serves as an advisor for research and public policy for Mothers Against Lyme, a recently formed advocacy group, and PCCAG is an LDAnet partner organization.

Read full press release here.

Lyme disease is a currently a trending clinical topic on

Medscape, [click here to read](#).

LDA Partner Organizations



LDANet

Groups under the LDANet umbrella

Working together for a common cause

Lyme Disease Association, Inc. (National)	LDA@LymeDiseaseAssociation.org
Chapters: Part of LDA	
LDA Rhode Island Chapter (RI)	jumerol@yahoo.com
Affiliates: Separate 501 (c)(3) org. affiliated with the LDA	
LymeDisease.org <i>formerly, CALDA (CA)</i>	www.lymedisease.org
Colorado Tick-Borne Disease Awareness Association	www.coloradoticks.org
Florida Lyme Advocacy, Inc (FL)	Lorbell1@aol.com
Lyme Assoc. of Greater Kansas City, Inc. (KS-MO)	www.lymefight.info

Mid-Shore LDA, Inc. (MD)	www.marylandlyme.org
Minnesota Lyme Association (MN)	www.mnlyme.com
Lyme Disease Network of New Jersey, Inc. (NJ)	www.lymenet.org
LymeBasics.org <i>formerly</i> LDA of Southeastern Pennsylvania, Inc. (PA)	www.lymepa.org www.lymebasics.org
Oregon Lyme Disease Network (OR)	lyme@junipermeadow.com
Midcoast Lyme Disease Support & Education (ME)	www.mldse.org, info@mldse.org
Texas Lyme Disease Association, Inc. (TX)	www.txlda.org
Lyme Society Inc. (NY)	rsabatino@lymesocietyinc.org
Supporters: non 501 (c)(3) groups that lend their support to the LDA	
Alaska Lyme Support (AK)	jcn4jc@aol.com
Blast Prevention Program (CT)	blastlyme@ridgefieldct.org
Litchfield County Lyme Network (CT)	Lancaster60@aol.com
Lyme Connection (Formally Ridgefield LD Task Force)	RLDTF@Comcast.net
Mid-Missouri Tick Illness Coalition (MO)	laurice_stevens@hotmail.com
Montana Lyme Support (MT)	jcn4jc@aol.com
Brookfield, Wolfeboro NH Lyme Support (NH)	dugasp@verizon.net
NJ Lyme Resource (NJ)	www.NewJerseyLyme.org
New York Lyme Support Program (NY)	ellenluba@yahoo.com
Greenville Lyme Advocacy Group (SC)	kathleenliporace@yahoo.com
Military Lyme (CO)	jcn4jc@aol.com
Lyme Disease Support Group Southwestern VT (VT)	asholzmntogether.net
Jersey Shore Lyme Disease Support Group (NJ)	Witchyone09@aol.com
Ticked Off (MA)	dcastlemom@who.com
Las Vegas Lyme Disease Association (NV)	rr1937@gmail.com
LymeAction PA (PA)	JuliaFWagner@aol.com
Kentucky Lyme Disease Awareness (KY)	Kentuckylyme@yahoo.com
NJ Tick Talk (NJ)	njticktalk@yahoo.com
Lyme Support Sacramento (CA)	saclyme@gmail.com

Fairfield Lyme Resource (CT)	fairfieldlymeresource@hotmail.com
Massachusetts Lyme Legislative Task Force	sstatlende@aol.com
Greater St. Louis-Masters Support Group	cgchanci@prodigy.net
Lee-Ann Gordon, Montgomery County Regional Leader/PALRN (PA)	lyme.tbd.awareness@gmail.com
Patient Centered Care Advocacy Group (MD)	Brucefries@gmail.com
Austin Lyme Support Group (TX)	t8522@aol.com
Vermont Lyme (VT)	beccazelis@gmail.com
Tick Squad, Sussex Co. NJ	goldfinger423@yahoo.com

Current Lyme Reporting in Non-Endemic States Needs Tick-Bite Reporting

Data from a survey of respondents with self-reported tick bite encounters who concurrently reported a clinical or serological Lyme disease (LD) diagnosis from non-endemic states for Lyme disease was published in the journal *Healthcare*, June 21, 2021.



Focusing on Texas, which due to large size, diverse climate, and ecological conditions, reflects environments that promote ticks, the scientists compared data from the self-reported LD patients with county-level confirmed cases of LD from the Centers for Disease Control & Prevention (CDC), and from serological canine reports. CDC has characterized states as low-incidence or non-endemic for Lyme, including Texas.

The findings indicated that “tick bite reports accurately

overlapped with the geographic patterns of those patients previously known to be CDC-positive for serological LD and with canine-positive tests for *Borrelia burgdorferi*, anaplasmosis, and ehrlichiosis, as well as within neighboring counties and ecological regions. LD patient-reported tick bite encounters, corrected for population density, also accurately aligned with official CDC county hot-spots.”

Human LD cases that meet CDC surveillance criteria are compiled and reported. However, no agency or organization tracks LD cases from patients who do not meet CDC criteria. The CDC publishes LD cases by county, but the data is not always captured by county of exposure. Some cases may have been acquired during travel and not locally acquired in the county of diagnosis.

Some patients diagnosed with LD will have co-infections from other tick-borne diseases (TBDs) – “...the CDC and many states do not provide human TBD data at the county level for use in research or analysis.” The lack of this data available, coupled with a difficult-to-diagnose disease such as LD underscore the importance of using patient self-reported disease and official counts of disease as “epidemiological tools when disease can be linked to an event, such as a tick bite,” even though these methods are not widely used methods of surveillance.

“Tick-Borne Surveillance Patterns in Perceived Non-Endemic Geographic Areas: Human Tick Encounters and Disease Outcomes” by Sarah P. Maxwell, Connie L. McNeely, Kevin Thomas, and Chris Brooks indicates the following, “A finding of self-reported LD cases (via clinical or serological diagnosis), supported by known tick bites in CDC-positive ecological regions (eco-regions), provides an indicator that patient-reported LD and CDC-confirmed cases are strongly tied. This study uses county level, human, canine, and ecological data, providing an investigative snapshot of geographic overlap in Texas.”

Read full article here

More information on Diagnosis by Geography here (LDA website)

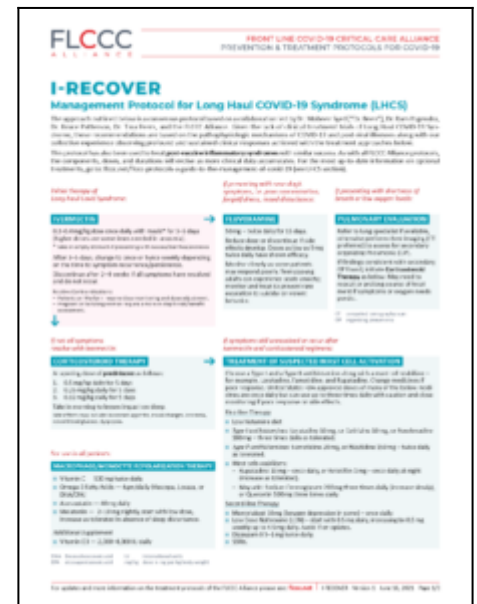
Read CDC Lyme Surveillance Criteria here

Understanding the Persistent Symptoms in Lyme Disease – John Aucott, MD, Johns Hopkins Medicine

To avoid persistent symptoms in Lyme disease it is crucial to recognize the Lyme disease rash, when present, and diagnose and treat early and adequately. Persistent symptoms can be multi-system and debilitating, and include severe fatigue, musculoskeletal pain, cardiac complications, neurologic symptoms, and cognitive problems.

FLCCC Announces Treatment Protocol for Long Haul COVID-19

A new protocol for patients suffering from Long Haul COVID-19 Syndrome (LHCS) has been developed in a collaboration led by Dr. Mobeen Syed (“Dr. Been”), Dr. Ram Yogendra, Dr. Bruce Patterson, Dr. Tina Peers, and the Front Line COVID-19 Critical Care Alliance (FLCCC). The protocol, I-RECOVER, is based on the group’s experiences using certain therapies with a focus on the drug ivermectin. The group observed “consistent, sustained, and often profound” clinical responses with the I-RECOVER protocol. The protocol has also been used to treat post-vaccine inflammatory syndromes with similar success.



LHCS consists of often debilitating symptoms such as malaise, headaches, generalized fatigue, sleep difficulties, smell disorder, decreased appetite, painful joints, dyspnea, chest pain and cognitive dysfunction. LHCS does not only occur after severe COVID-19 cases – it often affects mild-to-moderate cases and younger adults. LHCS symptoms after COVID-19 infection or vaccination can occur from 10% up to 80% of the time. (LHCS from vaccination is likely due to monocyte activation by the spike protein from the vaccine).

Studies of treatment options for LHCS are few, and there are no pharmacologic treatments offered. Due to the large numbers of patients suffering with LHCS around the world, the I-RECOVER protocol was developed.

LHCS is very similar to the chronic inflammatory response syndrome (CIRS)/myalgic encephalomyelitis/chronic fatigue syndrome and mast cell activation syndrome. Delayed treatment with ivermectin when early symptoms occur, will most likely cause a high viral load, which would increase the risk and severity of LHCS.

As with all FLCCC Alliance protocols, the I-RECOVER may change as scientific and clinical data evolves.

[Click here for FLCCC article and I-RECOVER protocol](#)