

Babesia remains a clinical diagnosis for some patients

Sunday, December 02, 2018

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In turn, investigators from ISDH and the Centers for Disease Control and Prevention (CDC) examined specimens from 14 of the patients diagnosed with Lyme disease and *B. microti*. They tested for *Babesia* infection by Giemsa-stained blood smears, PCR (polymerase chain reaction), and indirect fluorescent antibody (IFA) for total immunoglobulin to *B. microti*.

The only clinical manifestation consistent with Lyme disease included unspecified rashes in 3 patients. Anemia and fever, [symptoms associated with Babesia](#), were identified in 2 patients.

As a result, investigators concluded that none of the patients “fulfill the national surveillance case definition for non–transfusion-associated babesiosis,” [writes Brown from ISDH](#). [1]

Two of the 12 patients had a *B. microti* IFA titer of 1:64 but this is considered “insufficient evidence” by the CDC for a *Babesia* diagnosis. All other testing was negative. None of the patients who initially tested positive for *B. microti* serology were confirmed as positive.

The CDC and ISDH concluded that their “laboratory-based investigation does not suggest a cluster of Lyme disease or babesiosis cases among these patients.”

Why negative test results?

Indiana doctor warns state health department of a cluster of *Babesia* cases among his patients.

There are several possible reasons investigators could not find laboratory confirmation of *B. microti*.

First, they looked at lab results long after the onset of symptoms, when Giemsa-stained blood smears and PCR would typically be negative.

“Patient specimens were collected a median of 172 days (range = 22 - 348 days) after reported illness onset date,” writes Brown.

Secondly, investigators looked at serologic specimens after patients had already received on average 3 antimicrobial agents (range = 1 - 6).

Treatment and a delay in testing may have altered the laboratory results.

Investigators did not fully examine the factors that led the doctor to make a clinical diagnosis of *Babesia*. “ISDH did not conduct patient interviews or chart reviews; demographic and clinical data were obtained from the CDC specimen submission form,” states Brown.

Doctors are advised to make a clinical diagnosis of *Babesia*, Brown concludes. “Lyme disease and babesiosis should be considered in the differential diagnosis for patients with clinically compatible illness and potential exposure to *I. scapularis* ticks in areas where the pathogens are present.”

Related Articles:

[Case report: Various clinical presentations of Babesia](#)

[Sweats may be a sign of Babesia](#)

[Citizen scientists help uncover growing risk of Babesia](#)

References:

1. Brown JA, Allman R, Herwaldt BL, et al. Notes from the Field: Reference Laboratory Investigation of Patients with Clinically Diagnosed Lyme Disease and Babesiosis - Indiana, 2016. MMWR Morb Mortal Wkly Rep. 2018;67(41):1160-1161.

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