

Re: More on Klempner's deceptiveness

Source: <http://sci.tech--archive.net/Archive/sci.med.diseases.lyme/2005-04/msg00872.html>

- *From:* "a_weisman@xxxxxxxx" <a_weisman@xxxxxxxx>
 - *Date:* 13 Apr 2005 11:01:46 -0700
-

derdrittemann2...@xxxxxxxx wrote:

> a_weisman@xxxxxxxx wrote:

>>>

>> "This is really frustrating. I don't think that this should be so

>> difficult for someone as intelligent as you to get".

>

>

> To your knowledge, are Western Blots USUALLY interpreted according to

> the same criteria (2 of 3 IgM...5 of 10 IgG) as per the CDC

> surveillance CRITERIA?

The CDC surveillance criteria provide as follows for for laboratory confirmation:

EXCERPT (full text below):

Laboratory criteria for diagnosis:

Isolation of *Borrelia burgdorferi* from a clinical specimen or
Demonstration of diagnostic immunoglobulin M or immunoglobulin G
antibodies to *B. burgdorferi* in serum or cerebrospinal fluid (CSF). A
two-test approach using a sensitive enzyme immunoassay or
immunofluorescence antibody followed by Western blot is recommended
(7).

Footnote 7:

CDC. Recommendations for test performance and interpretation from the
Second National Conference on Serologic Diagnosis of Lyme Disease. MMWR
1995;44:590-1.

So the answer is YES, they are ALWAYS interpreted that way. (*except
for Igenex and ILADS).

However, the Dearborn criteria ARE for serodiagnosis. They are NOT for
"research and surveillance." They are USED as part of the surveillance

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case definition criteria for laboratory confirmation.

NOTE: TO meet the CDC surveillance case definition and to thus be a "CDC positive case" (meaning that your case would be one of the 15, 0r 20 or last year I think it was 22,000 cases reported annually, you need:

EM Rash (as defined by CDC, meaning physician diagnosed and at least 5 by 5 cm)

OR

BOTH of the following:

At least ONE "late manifestation" (as they define them)

AND Laboratory confirmation (as defined by them)

Division of Public Health Surveillance and Informatics
http://www.cdc.gov/epo/dphsi/casedef/lyme_disease_current.htm

Lyme Disease (*Borrelia burgdorferi*)

1996 Case Definition

Clinical description

A systemic, tickborne disease with protean manifestations, including dermatologic, rheumatologic, neurologic, and cardiac abnormalities. The best clinical marker for the disease is the initial skin lesion (i.e., erythema migrans [EM]) that occurs in 60%–80% of patients.

Laboratory criteria for diagnosis

Isolation of *Borrelia burgdorferi* from a clinical specimen or Demonstration of diagnostic immunoglobulin M or immunoglobulin G antibodies to *B. burgdorferi* in serum or cerebrospinal fluid (CSF). A two–test approach using a sensitive enzyme immunoassay or immunofluorescence antibody followed by Western blot is recommended (7).

Case classification

Confirmed: a) a case with EM or b) a case with at least one late manifestation (as defined below) that is laboratory confirmed.

Comment

This surveillance case definition was developed for national reporting of Lyme disease; it is not intended to be used in clinical diagnosis.

Definition of terms used in the clinical description and case definition:

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Erythema migrans. For purposes of surveillance, EM is defined as a skin lesion that typically begins as a red macule or papule and expands over a period of days to weeks to form a large round lesion, often with partial central clearing. A single primary lesion must reach greater than or equal to 5 cm in size. Secondary lesions also may occur.

Annular erythematous lesions occurring within several hours of a tick bite represent hypersensitivity reactions and do not qualify as EM. For most patients, the expanding EM lesion is accompanied by other acute symptoms, particularly fatigue, fever, headache, mildly stiff neck, arthralgia, or myalgia. These symptoms are typically intermittent. The diagnosis of EM must be made by a physician. Laboratory confirmation is recommended for persons with no known exposure.

Late manifestations. Late manifestations include any of the following when an alternate explanation is not found:

Musculoskeletal system. Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints, sometimes followed by chronic arthritis in one or a few joints. Manifestations not considered as criteria for diagnosis include chronic progressive arthritis not preceded by brief attacks and chronic symmetrical polyarthritis.

Additionally, arthralgia, myalgia, or fibromyalgia syndromes alone are not criteria for musculoskeletal involvement.

Nervous system. Any of the following, alone or in combination: lymphocytic meningitis; cranial neuritis, particularly facial palsy (may be bilateral); radiculoneuropathy; or, rarely, encephalomyelitis. Encephalomyelitis must be confirmed by demonstration of antibody production against *B. burgdorferi* in the CSF, evidenced by a higher titer of antibody in CSF than in serum. Headache, fatigue, paresthesia, or mildly stiff neck alone are not criteria for neurologic involvement.

Cardiovascular system. Acute onset of high-grade (2nd-degree or 3rd-degree) atrioventricular conduction defects that resolve in days to weeks and are sometimes associated with myocarditis. Palpitations, bradycardia, bundle branch block, or myocarditis alone are not criteria for cardiovascular involvement.

Exposure. Exposure is defined as having been (less than or equal to 30 days before onset of EM) in wooded, brushy, or grassy areas (i.e., potential tick habitats) in a county in which Lyme disease is endemic. A history of tick bite is not required.

Disease endemic to county. A county in which Lyme disease is endemic is one in which at least two confirmed cases have been previously acquired or in which established populations of a known tick vector are infected with *B. burgdorferi*.

See also:

1995 Case Definition

http://www.cdc.gov/epo/dphsi/casedef/lyme_disease_1995.htm

Lyme Disease (*Borrelia burgdorferi*)

1995 Case Definition

Clinical description

A systemic, tick-borne disease with protean manifestations, including

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dermatologic, rheumatologic, neurologic, and cardiac abnormalities. The best clinical marker for the disease is the initial skin lesion, erythema migrans, that occurs among 60%–80% of patients.

Clinical case definition

Erythema migrans, or

At least one late manifestation, as defined below, and laboratory confirmation of infection

Laboratory criteria for diagnosis

Isolation of *Borrelia burgdorferi* from clinical specimen, or

Demonstration of diagnostic levels of IgM and IgG antibodies to the spirochete in serum or CSF, or

Significant change in IgM or IgG antibody response to *B. burgdorferi* in paired acute- and convalescent-phase serum samples

Case classification

Confirmed: a case that meets one of the clinical case definitions above

Comment

This surveillance case definition was developed for national reporting of Lyme disease; it is NOT appropriate for clinical diagnosis.

Definition of terms used in the clinical description and case definition:

A. Erythema migrans (EM)

For purposes of surveillance, EM is defined as a skin lesion that typically begins as a red macule or papule and expands over a period of days to weeks to form a large round lesion, often with partial central clearing. A solitary lesion must reach at least 5 cm in size. Secondary lesions may also occur. Annular erythematous lesions occurring within several hours of a tick bite represent hypersensitivity reactions and do not qualify as EM. For most patients, the expanding EM lesion is accompanied by other acute symptoms, particularly fatigue, fever, headache, mild stiff neck, arthralgia, or myalgia. These symptoms are typically intermittent. The diagnosis of EM must be made by a physician. Laboratory confirmation is recommended for persons with no known exposure.

B. Late manifestations

Late manifestations include any of the following when an alternate explanation is not found:

Musculoskeletal system

Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints, sometimes followed by chronic arthritis in one or a few joints. Manifestations not considered as criteria for diagnosis include chronic progressive arthritis not preceded by brief attacks and chronic symmetrical polyarthritis. Additionally, arthralgia, myalgia, or fibromyalgia syndromes alone are not criteria for musculoskeletal involvement.

Nervous system

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Any of the following, alone or in combination: Lymphocytic meningitis; cranial neuritis, particularly facial palsy (may be bilateral); radiculoneuropathy; or, rarely, encephalomyelitis. Encephalomyelitis must be confirmed by showing antibody production against *B. burgdorferi* in the cerebrospinal fluid (CSF), demonstrated by a higher titer of antibody in CSF than in serum. Headache, fatigue, paresthesia, or mild stiff neck alone are not criteria for neurologic involvement.

Cardiovascular system

Acute onset, high-grade (2nd or 3rd degree) atrioventricular conduction defects that resolve in days to weeks and are sometimes associated with myocarditis. Palpitations, bradycardia, bundle branch block, or myocarditis alone are not criteria for cardiovascular involvement.

C. Exposure

Exposure is defined as having been in wooded, brushy, or grassy areas (potential tick habitats) in a county in which Lyme disease is endemic no more than 30 days before onset of EM. A history of tick bite is NOT required.

D. Disease endemic to county

A county in which Lyme disease is endemic is one in which at least two definite cases have been previously acquired or in which a known tick vector has been shown to be infected with *B. burgdorferi*

E. Laboratory confirmation

As noted above, laboratory confirmation of infection with *B. burgdorferi* is established when a laboratory isolates the spirochete from tissue or body fluid, detects diagnostic levels of IgM or IgG antibodies to the spirochete in serum or CSF, or detects a significant change in antibody levels in paired acute- and convalescent-phase serum samples. States may determine the criteria for laboratory confirmation and diagnostic levels of antibody. Syphilis and other known causes of biologic false-positive serologic test results should be excluded when laboratory confirmation has been based on serologic testing alone.

See also:

1996 Case Definition

• *Follow-Ups:*

◆ *Re: More on Klempner's deceptiveness*

◇ *From: derdrittemann2003*

• *References:*

◆ *More on Klempner's deceptiveness*

◇ *From: Greatcod*

◆ *Re: More on Klempner's deceptiveness*

Re: More on Klempner's deceptiveness

◇ *From:* derdrittemann2003

◆ **[Re: More on Klempner's deceptiveness](#)**

◇ *From:* Greatcod

◆ **[Re: More on Klempner's deceptiveness](#)**

◇ *From:* derdrittemann2003

◆ **[Re: More on Klempner's deceptiveness](#)**

◇ *From:* a_weisman@xxxxxxxxxx

◆ **[Re: More on Klempner's deceptiveness](#)**

◇ *From:* derdrittemann2003

◆ **[Re: More on Klempner's deceptiveness](#)**

◇ *From:* GregGerber

◆ **[Re: More on Klempner's deceptiveness](#)**

◇ *From:* derdrittemann2003

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