

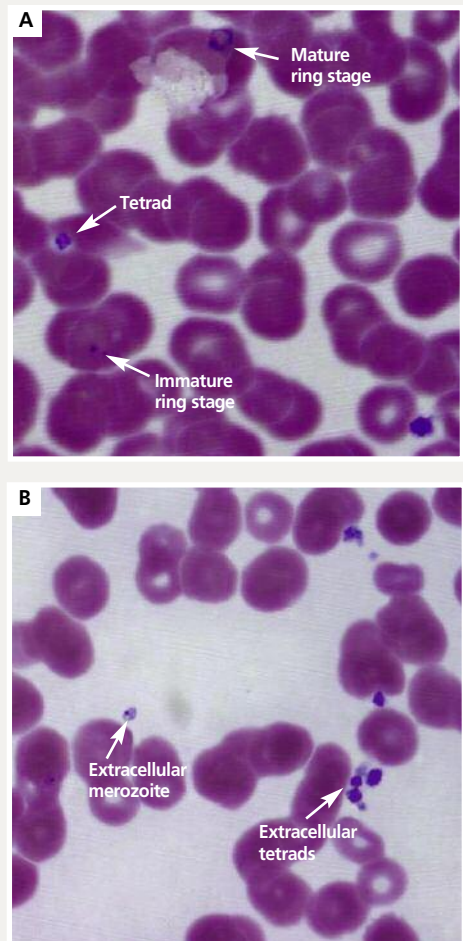
Babesiosis in Westchester County, New York

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A previously healthy 68-year-old man presented with fever, fatigue, dizziness, myalgia, and upper torso arthralgia, all of 6 weeks duration. He had not recently travelled outside the United States. He lived in a wooded rural area in Westchester County, New York, and indicated that he periodically removed ticks off of himself. Physical examination revealed a temperature of 38.3°C, scleral icterus, slightly tender abdomen, and no rashes. Laboratory tests revealed leukopenia, elevated monocyte levels, abnormally low hemoglobin and hematocrit levels, and thrombocytopenia. Giemsa-stained thin blood smears revealed low levels of intraerythrocytic (panel A) and extracellular (panel B) forms consistent with *Babesia*, a protozoan parasite of blood. Subsequent polymerase chain reaction testing of a blood sample confirmed a diagnosis of babesiosis caused by *Babesia microti*. The patient was treated with a 7-day course of atovaquone (750 mg 2 times daily) and azithromycin (250 mg daily). His symptoms resolved within 1 week, and he remained asymptomatic at a follow-up visit 1 month later. Although babesiosis is rare, even in geographic areas where Lyme disease or anaplasmosis is endemic,^{1,2} these findings emphasize the importance of suspecting babesiosis in an anemic, febrile patient who may have had recent exposure to deer ticks.

References

1. Kogut SJ, Thill CD, Prusinski MA, et al. *Babesia microti*, upstate New York. *Emerg Infect Dis.* 2005;11(3):476-478.
2. Joseph JT, Roy SS, Shams N. Babesiosis in Lower Hudson Valley, New York, USA. *Emerg Infect Dis.* 2011;17(5):843-847.



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