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Borrelia Miyamotoi Exposure in a Clinical Population

Dr. Delaney is a neuropsychiatrist at Columbia University Irving Medical Center who is co-investigator with Dr. Fallon on studies of adults and children with Lyme disease. She completed her NIH-sponsored research fellowship at Columbia University in 2017. Her clinical research has focused on immune and infectious contributions to psychiatric disease, especially psychosis in children and young adults. A member of our team for over three years, she has recently joined an initiative to establish a PANDAS/PANS clinical assessment, treatment, and research center with experts from the Columbia Departments of Neurology, Pathology, and Psychiatry. This PANS/PANDAS initiative will allow children and young adults with complex neuropsychiatric presentations to be evaluated for a variety of infectious and immune causes of neuropsychiatric disorders.

Conference Lecture Summary

The first recognized cases of *Borrelia Miyamotoi* disease (BMD) in North America were reported in the northeastern United States in 2013, but much about the clinical features of this

disease remains unknown. Our Second Opinion Evaluation Service at Columbia University Medical
Center evaluates patients with persistent symptoms who have a history of treatment for possible or definite Lyme disease. Since the summer of 2017, we assessed 52 patients for B. miyamoti antibodies (using an ELISA based on the recombinant glycerophosphodiester phosphodiesterase (rGlpQ) protein) through a specialty laboratory in Massachusetts. 14 of the 52 (27%) were positive for rGlpQ IgG antibodies. In a preliminary exploration to assess whether a history of infection with *B miyamatoi* alters the clinical profile among persistently ill patients, we compared
individuals representing subgroups: a) history of well-documented past Lyme disease (Lyme positive) and BM positive; b) Lyme positive but BM negative; and c) Lyme negative and BM negative. Results on standardized self-report assessments (somatic, behavioral, functioning) completed by all patients will be contrasted and reported. Additionally, results from comprehensive neurocognitive testing on a subset of
these patients will be reported.