



Memorandum

Date Tuesday 1/14/91

From FROM EIS OFFICER, MALARIA BRANCH

Subject MALARIOOTHERAPY FOR LYME DISEASE - TEXAS

To TO RECORD

Jim Cheek, MD, MPH (EIS Officer, Texas) reported a case of *P. vivax* induced for the purpose of treating chronic, refractory Lyme disease. The patient, _____, had a history of 5 years of symptoms of Lyme disease unresponsive to normal treatment. No definitive diagnosis of Lyme disease has been reported for this patient. He moved to _____ in early December. He contacted a Lyme disease support group in the Northeast U.S. (probably New Jersey). The name of a laboratory worker (probably Julie Rawlings) who works with the Texas State Department of Health was given to him. She reportedly discussed malariotherapy with him, after which he decided to try malariotherapy. He obtained a vial of *Plasmodium vivax* infected blood (source unknown, again probably New Jersey). He injected himself IM with this blood on December 23, 1990. He gave the blood to the laboratorian who subsequently confirmed *P. vivax* infection in the donor blood by blood smear (slide unavailable at this time). The remaining blood was then sent to CDC-Ft Collins (this blood is being sent to MB/DPD). The patient became symptomatic during the first week of January, 1991. A blood smear performed (probably performed by Julie Rawlings) on either 1/8 or 1/10 was found to be positive for *P. vivax* (slide again unavailable).

No information is available regarding the clinical status of the patient or whether the patient is being monitored by a physician or other health care provider.

Dr. Cheek will be following up on the patient and will attempt to obtain information about the source of the infected blood.

Dr. Spitalny, State Epidemiologist in New Jersey, will be investigating the relationship between this case and the two cases of malariotherapy reported earlier from New Jersey.

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ADDENDUM (1/25/91): Jim Cheek obtained a little more detail on the Texas case. The basic story remains the same although the patient denies being outside of the U.S. during the previous 2 years, and implies that the infected blood came from the North East U.S. (continues to refuse to say exactly where). The original report was that he injected himself IM; on further questioning, he describe an IV technique that he used on 2 occasions (12-20-90 and 12-23-90) prior to developing symptoms. The patient had approximately 10 paroxysms of fever up to 40.5°C and lasting 12 hours. The infected blood came with a treatment dose of chloroquine which he administered to himself (between 1-13 and 1-16-91) after refusing all attempts at having him seen by a medical professional. He says that he was told that the woman that donated the blood had been tested for HIV, syphilis and Hepatitis B.

P.B.B.