

### Will a Lyme Disease Test Produce an Accurate Result for a CVID Patient?

I have common variable immune deficiency (CVID), and I am treated with intravenous immune globulin (IVIG) every 28 days. Recently, I was bitten by a tick. I sent the tick to the state university for testing, which confirmed it was a deer tick and that it tested positive for Lyme disease. Can you tell me what steps I should take? My general practitioner is reluctant to treat me for Lyme disease until I have symptoms and a positive Lyme disease test. Will the Lyme disease test produce an accurate result for a patient with CVID? My doctor is unsure.

**Abbie:** I spoke with Roger Kobayashi, MD, an allergist-immunologist in Omaha, Neb., who said it is a complicated question to answer. However, he did provide some general principles to consider:

- 1) A tick carrying Lyme bacteria (*Borrelia*) can definitely transmit the disease. However, in most cases, transmission is time-dependent; the tick generally needs to be attached for one-and-a-half to two days. Removing the tick within one day reduces the chance of Lyme infection.
- 2) Patients with CVID have defects in producing functional antibodies, including those against *Borrelia*.
- 3) IVIG and subcutaneous IG may contain anti-*Borrelia* antibodies, which could provide some protection against infection.
- 4) Measuring antibody titers against *Borrelia* in someone receiving IG replacement therapy may not be accurate for two reasons: The antibodies detected may be passive (i.e., from the treatment, not the patient), and the patient might not be producing antibodies to *Borrelia*.
- 5) PCR testing for *Borrelia* may be used, but it is not very sensitive, and timing is critical.
- 6) The sooner a patient is treated, the greater the chance of avoiding disease and complications.
- 7) However, as with anything, nothing is guaranteed. Sometimes, even patients treated early can develop complications.

Treating Lyme disease involves simple, inexpensive and widely available antibiotics such as those in the penicillin and cephalosporin classes, or doxycycline. However, treating late-stage Lyme disease and its complications can be challenging.

Dr. Kobayashi recommends you contact your immunologist and consult with an infectious disease specialist. His inclination would be to treat early because the downside of treatment is minimal compared to the challenges of diagnosing Lyme disease, and there is risk of more severe complications in an immunocompromised patient, despite IG replacement therapy.

### I am IgA-Deficient and Switching to SCIG. Should I Be Prescribed a Low IgA Product?

My physician is considering changing me from intravenous immune globulin (IVIG) to subcutaneous IG (SCIG) treatment. I am concerned about IgA levels in the new medication. Should I be prescribed a low IgA formulation?

**Abbie:** According to Dr. Kobayashi, in most instances, SCIG has fewer side effects, is safer and just as efficacious as IVIG, and possibly better because of much lower fluctuations in IgG levels. In the vast majority of cases, any current IG products are safe to administer in IgA-deficient patients,<sup>1</sup> and SCIG products may be safer to use in these patients compared to IVIG products. Finally, the vast majority of immunologists believe that reactions in IgA-deficient patients were misinterpreted. Reactions are very rare, and the labels need to be updated. Therefore, any major brand names for SCIG are safe and effective in patients with low or absent IgA levels.

1. Hakim, R. Can You Use IVIG For IgA Deficiency? Ameripharma, Nov. 17, 2023. Accessed at [ameripharmaspecialty.com/ivig/can-you-use-ivig-for-iga-deficiency](http://ameripharmaspecialty.com/ivig/can-you-use-ivig-for-iga-deficiency).

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