

marked immunosuppression due to splenectomy, HIV/AIDS, malignancy, and/or immunosuppressive therapy (including rituximab for B cell lymphomas). In such patients, antimicrobial therapy should be administered for at least 6 weeks, including 2 weeks after parasites are no longer observed on blood smear. High-dose azithromycin (600–1000 mg/d) plus atovaquone have been successfully used in immunocompromised patients. Resistance to atovaquone plus azithromycin has occurred in a few cases. In patients who are unresponsive to atovaquone plus azithromycin or who do not tolerate clindamycin plus quinine, alternative regimens have been used (Table 249-1).

Partial or complete RBC exchange transfusion is recommended in patients with high-grade parasitemia (>10%), severe anemia (hemoglobin, <10 g/dL), or pulmonary, hepatic, or renal compromise. Parasitemia and hematocrit should be monitored daily until symptoms recede and the parasitemia level is <5%.

#### OTHER *BABESIA* INFECTIONS

The regimen for *B. duncani* infections typically consists of intravenous clindamycin (600 mg tid/qid or 1200 mg bid) plus oral quinine (600–650 mg tid) for 7–10 days. A regimen often used for *B. divergens*-like infections is intravenous clindamycin (600 mg tid/qid, 900 mg tid, or 1200 mg bid) plus oral quinine or quinidine (650 mg tid).



In Europe, *B. divergens* infection is considered a medical emergency. The recommended treatment is immediate complete blood exchange transfusion and therapy with intravenous clindamycin plus either oral quinine or intravenous quinidine. Some cases have been cured with exchange transfusion and clindamycin monotherapy. Anemia may persist for >1 month and require additional transfusion.

#### PREVENTION

No vaccine is available for human use. There is no role for antibiotic prophylaxis. Individuals who reside in endemic areas, especially those at risk for severe babesiosis, should wear clothing that covers the lower part of the body, apply tick repellents (such as DEET) to clothing, and limit outdoor activities where ticks may abound from May through October. The skin should be thoroughly examined after outdoor activities, and ticks should be removed with tweezers. Individuals with a history of symptomatic babesiosis or with positive *Babesia* serology are indefinitely deferred from donating blood.