Misdiagnosis of Babesiosis as Malaria, Equatorial Guinea, 2014

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Background: We report a case of babesiosis, caused by Babesia microti, in a missionary who worked in Equatorial Guinea but also visited rural Spain. The initial diagnosis, based on clinical features and microscopy, was malaria. The patient’s recovery was delayed until she received appropriate treatment for babesiosis.

Case description: Babesia parasites are naturally transmitted by ixodid ticks; the parasites invade erythrocytes, causing babesiosis in animals and humans. The disease can be clinically silent or can progress to a fulminant malaria-like disease. Of the 4 characterized Babesia species involved, B. microti is the one that mostly infects humans and is found worldwide; most cases occur in the United States (1). Babesiosis in humans in Africa has rarely been reported.

Discussion: In March 2014, a 43-year-old woman with fever, chills, fatigue, and general malaise was admitted to the General Hospital of Douala, Douala, Cameroon. Giemsa-stained blood smears showed intraerythrocytic parasites, leading to a diagnosis of malaria. The patient, who had previously had malaria, was given dyhydroartemisin plus primaquine, improved slightly, and was discharged. A few days later, she was admitted to the Hospital La Paz in Bata, Equatorial Guinea, with similar symptoms. Over an 8-month period, she received 6 consecutive diagnoses of malaria; treatment with quinine, artesunate, atovaquone/proguanil, or artesunate/lumefantrine led to no clear improvement. Because all antimarial therapies had failed, the patient’s case was reevaluated.

Conclusion: In such regions, where infrastructure and resources are limited, molecular and serologic diagnostic methods are usually lacking, and diagnoses of febrile diseases are based on symptoms, physical findings at examination, and microscopy. These limitations, and the similarities between malaria and babesiosis, are sufficient to explain why this patient’s babesiosis was initially misdiagnosed as malaria. Because of this misdiagnosis, the patient was treated for malaria 6 times over 8 months. An accurate diagnosis and appropriate treatment for babesiosis was necessary to end this sequence of mistakes. Increased awareness of the possibility of babesiosis, together with appropriate diagnosis, may result in the discovery of more cases of babesiosis in malaria-endemic areas.

Lassa Fever Outbreak in Bauchi State, Nigeria
January to April 2019


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2 Nigeria Field Epidemiology and Laboratory Training Program, Abuja, Nigeria
3 Nigeria Centre For Disease Control, NNL, Abuja, Nigeria
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6 Federal Ministry of Environment, Abuja, Nigeria
7 Nigeria Centre For Disease Control, Logistics, Abuja, Nigeria

Background: Lassa fever (LF) is an acute viral hemorrhagic fever with dire public health consequences. Bauchi State outbreak of LF in 2019 with 5 LGAs having confirmed cases. We investigated to identify cases and the contacts so as to interrupt the transmission of LF.

Methods and materials: We conducted a retrospective analysis of the state surveillance data, hospital records and outbreak response activities. The Nigeria Centre for Disease Control case definition for LF was used for categorization of cases into suspect, confirmed and probable cases from 1st of January, 2019 till 13th April, 2019. Descriptive epidemiology of the outbreak was done using the sociodemographic, clinical, laboratory and exposure data collected on each case. Results were presented as percentages.

Results: 149 suspected cases was noted with 47 confirmed cases from 5 LGAs.14 were males (30%) and 33 were females (70%) with a mean age of 28.7 among the confirmed cases. The incidence of the disease was highest in the 26–30 and 46–50 age group. Disaggregated CFR showed