CD57+/CD3- Lymphocyte Testing for Chronic Lyme Disease Discontinued

WHAT’S NEW?
Effective Wednesday, July 25, 2012, PeaceHealth Laboratories will no longer perform testing for CD57+/CD3- lymphocyte subsets (Unit Code 29154 CD57+/CD3- Cell Count, Blood) to diagnose or monitor patients with chronic Lyme disease. This decision is based on review of medical literature combined with current testing and diagnostic recommendations.

BACKGROUND
Potential risks of misdiagnosis based on CD57+/CD3- lymphocyte testing includes inappropriate treatment with antibiotics. In some cases this may result in serious adverse events. Some studies have shown that the great majority of patients diagnosed and managed with non-validated approaches have no evidence of current or past Lyme borreliosis.²

Results obtained in the original article by Stricker,³ on which CD57+/CD3- testing is based, were not confirmed in a more recent study. The new study found no difference in NK cell levels when patients post-Lyme disease were compared with healthy controls or with patients who had recovered from Lyme disease after treatment.⁴

Based on this data, and in consultation with PeaceHealth Infectious Disease Medical Director, Bob Pelz, MD, PeaceHealth Laboratories will discontinue this testing.

A summary of validated testing is available from the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov.¹ The site includes a summary of tests for which clinical usefulness has not been adequately established. Lymphocyte CD57 quantitation is included in this list.

RECOMMENDATION
The current CDC recommendation for prior Lyme exposure is to first screen using a sensitive ELISA test for antibodies against Borrelia burgdorferi (Unit Code 81670) and then confirm, if positive, with a Western Blot analysis.

QUESTIONS?
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REFERENCES


