

Public Service Announcement: NOT Everything is COVID-19

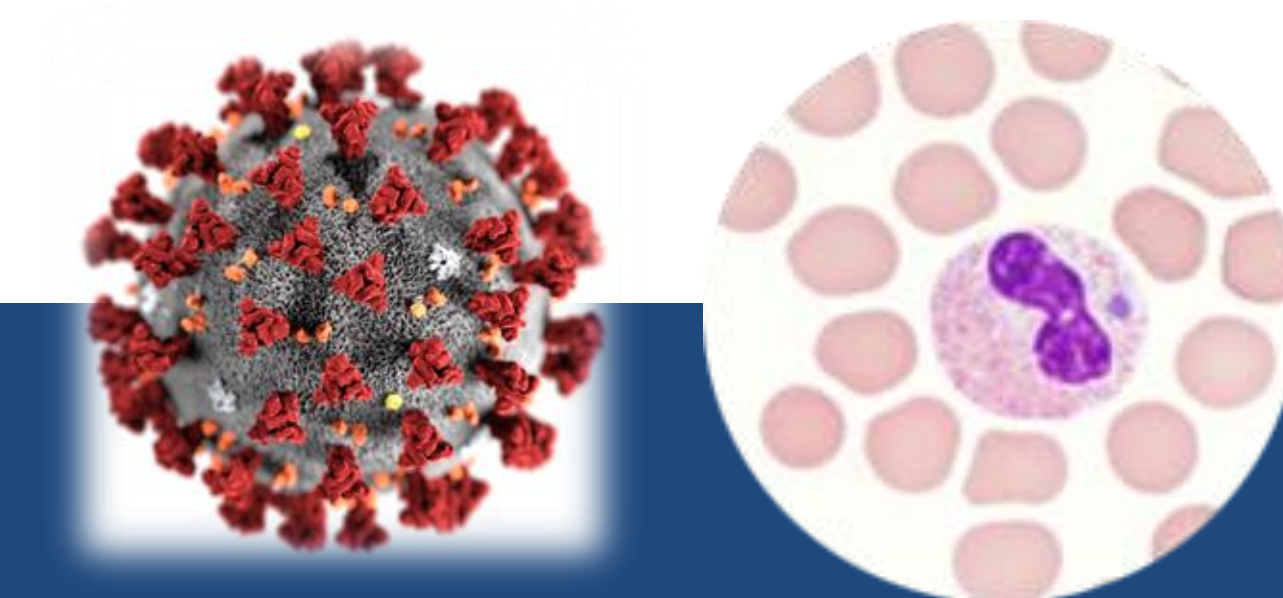
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Introduction

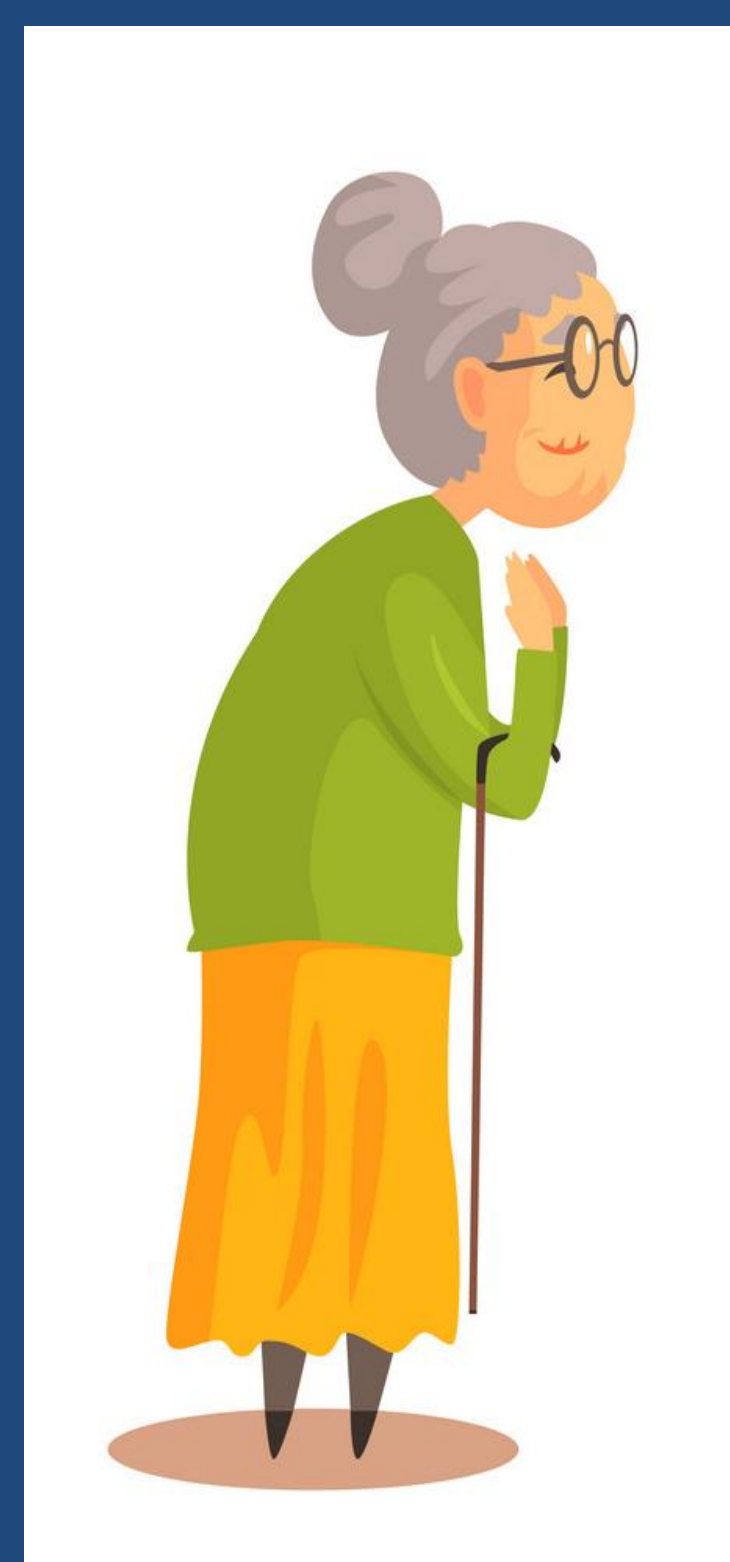
COVID-19 is a viral illness that has been associated with nonspecific symptoms such as fatigue and high fevers, and nonspecific lab findings including transaminitis, elevated inflammatory markers, and thrombocytopenia. During the summer in Connecticut, while in the COVID-19 pandemic, it can be difficult to distinguish COVID-19 infection from other infections that may present in this way, including tick-borne illnesses.

Objectives

To recognize the similarities between tick-borne infections and COVID-19, and to recognize and diagnose tick-borne illnesses during the COVID-19 pandemic.

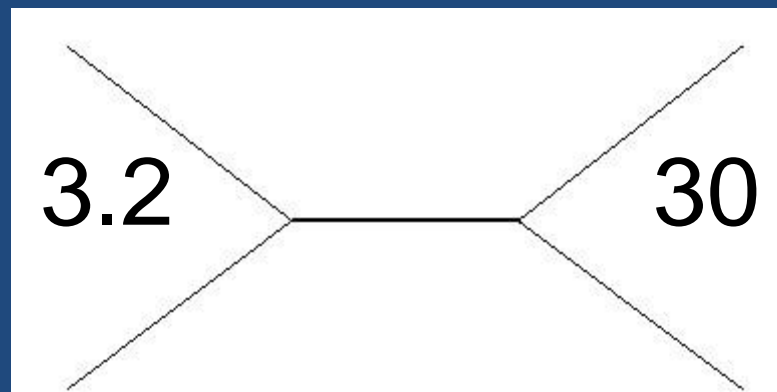


Case One



81-year-old woman with a history of hypertension presented with one day of fatigue and poor appetite

On **examination**, she was febrile to 103.5F.

Labs: 

AST 114 IntUnit/L, ALT 88 IntUnit/L, LDH 1447 IntUnit/L, ferritin 1140ng/mL, and D-dimer 722 ng/mL.

COVID-19 testing was negative. Given that she is an avid gardener, suspicion for tick-borne illness was high.

- Live in CT and presented in early July 2020
- Had outdoor exposures
- Had high fevers
- Tested negative for COVID-19
- Tested for tick borne illnesses
- Smears were positive for Anaplasmosis infection
- Started on doxycycline and improved

Case Two



33-year-old man with a history of congenital bronchiectasis presented with high fever, fatigue, and worsening cough.

Lab showed thrombocytopenia to 58 thousand/mm³, CRP>270 mg/L, LDH 768 IntUnit/L, D-dimer 3088 ng/mL, ferritin 2490 ng/mL.

COVID-19 infection was considered, especially because he endorsed an increase in cough. However, his COVID-19 test was negative and his fevers continued.

More history was obtained, and it was discovered that he sits outside on the porch most days, in a heavily wooded area.

Discussion

In patients with fevers and lab findings significant for thrombocytopenia, transaminitis, elevated D-dimer, ferritin, LDH, CRP, it is very easy to understand why physicians would have a high suspicion of COVID-19 infection during the current pandemic. However, it is important to continue to think critically regarding other infections that can present in this way, including tick-borne illnesses especially in high risk locations such as Connecticut and in individuals that engage in outdoor activities. We should continue to take thorough histories regarding exposure risk, and keep our differential diagnoses broad, not allowing high suspicion for COVID-19 infection to obscure our clinical reasoning.

