ArminLabs Testing – The Basics Holiday Inn Regents Park, 6th March 2018, London, UK

Armin Schwarzbach MD PhD

Specialist for Laboratory Medicine

ArminLabs

Laboratory for tick-borne diseases
Tel. 0049 821 2182879
info@arminlabs.com







The Basics - Agenda

- ▶ 1. Checklists
- ▶ 2. How to choose the relevant tests
- ▶ 3. Basic interpretations
- ▶ 4. Q&As



1. Checklists







Short Symptom Checklist for Lyme E

•	Actual and former symptoms: Please mark with a
1	Former or recent tick bite
2	Former or recent bull's eye rash
3	Summer flu after tick bite
4	Fatique/Malaise/Lethargy
5	Loss of physical/mental capacity, general weakness
6	Neck-pain, neck stiffness
7	Headache
8	Painful joints, swollen joints
9	General aches and pains, tendon problems
10	Muscle pain, muscle weakness
11	Fever, feverish feeling, shivering
12	Ears: intermittent red, swollen earlap
13	Heart problems, disturbance of cardiac rhythm
14	Cough, expectoration, breathlessness
15	Night sweat
16	Sleeplessness, waking up around
17	Tinnitus
18	Swollen lymph nodes
19	Numbness of the skin
20	"Burning" or "pins and needles" skin sensations, painful sole or for
21	Back pain, back stiffness
22	Muscle pain, muscle weakness
23	Shivering, chill
24	Blurred, foggy, cloudy, flickering, double vision
25	Aggressiveness, drowsiness, panic attacks, anxiety, mood swings
26	Concentration problems, short-term memory loss, forgetfulness
27	Skin partly thin, paper-like, transparent, dry

Coinfections-Checklist

	Actual and former symptoms Please mark with a cross	X	Score-Points (filled in by physician/naturopath)	Rankin
1	Stomach ache, gut problems		Ehrlichia:	
2	Anaemia		Babesia:	
3	Diarhoea intermittent		Rickettsia:	
4	Fever or feverish feeling		Bartonella:	
5	Lack of concentration, memory disturbance, forgetfulness		Chl.pneumoniae:	
6	Encephalitis/Inflammation of the brain (NMR)		Chl.trachomatis:	
7	Yellowish colour of the skin/eyes		Yersinia:	
8	Painful joints, swollen joints		Mycoplasma:	
9	General aches and pains, tendon problems		Coxsackie-Virus:	
10	Flu-like symptoms intermittent		EBV/CMV/HSV:	
11	Rash(es)			
12	Small red/purple spots of the skin			
13	Heart problems, disturbance of cardiac rhythm			
14	Cough, expectoration			
15	Headache			
16	Impaired liver function/ liver laboratory values			
17	Pneumonia, bronchitis			
18	Swollen lymph nodes			
19	Tonsilitis			
20	Enlargement of the spleen			
21	Fatigue / exhaustion, intermittent or chronic CFS			
22	Muscle pain, muscle weakness			
23	Shivering, chill			
24	Blurred, foggy, cloudy, flickering, double vision			
25	Nausea, vomiting			
26	Dark urine			
27	Itching or pain when urinating	T		

Please send the form to info@aonm.org or call our helpline on 03331 210 30

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- Where to find them
- How your patients fill them in

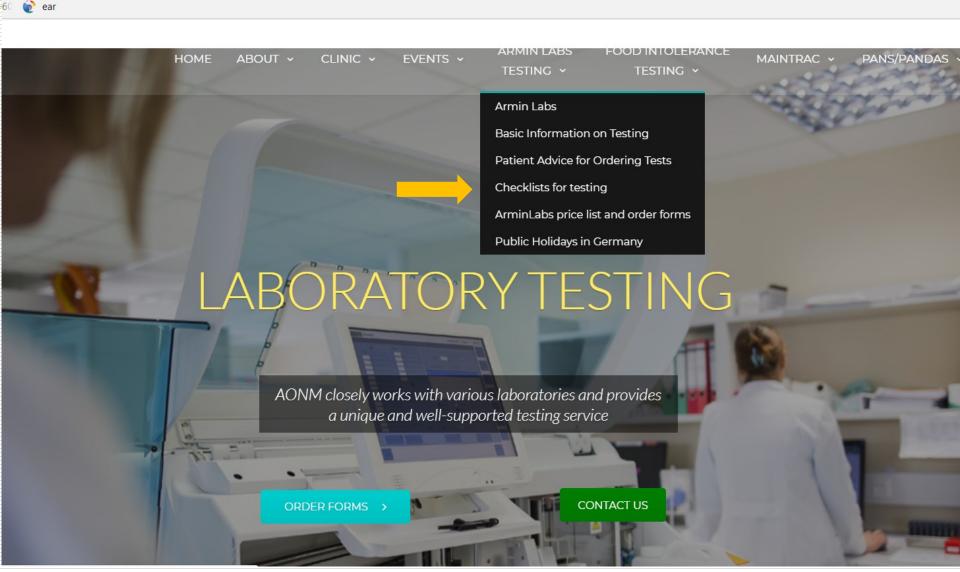


Where to find the checklists:

www.aonm.org - ArminLabs tab

https://aonm.org





Lyme symptom checklist





Short Symptom Checklist for Lyme Borreliosis

•	Actual and former symptoms: Please mark with a cross	X
1	Former or recent tick bite	
2	Former or recent bull 's eye rash	
3	Summer flu after tick bite	
4	Fatique/Malaise/Lethargy	
5	Loss of physical/mental capacity, general weakness	
6	Neck-pain, neck stiffness	
7	Headache	
8	Painful joints, swollen joints	
9	General aches and pains, tendon problems	
10	Muscle pain, muscle weakness	
11	Fever, feverish feeling, shivering	
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22	Muscle pain, muscle weakness	
23	Shivering, chill	
24	Blurred, foggy, cloudy, flickering, double vision	
25	Aggressiveness, drowsiness, panic attacks, anxiety, mood swings	
26	Concentration problems, short-term memory loss, forgetfulness	
27	Skin partly thin, paper-like, transparent, dry	



Coinfections checklist





Coinfections-Checklist

Name	, first name	Dat	e (DD/MM/YYYY)	
	Actual and former symptoms Please mark with a cross	X	Score-Points (filled in by physician/naturopath)	Ranking
1	Stomach ache, gut problems		Ehrlichia:	
2	Anaemia		Babesia:	
3	Diarhoea intermittent		Rickettsia:	
4	Fever or feverish feeling		Bartonella:	
5	Lack of concentration, memory disturbance, forgetfulness		Chl.pneumoniae:	
6	Encephalitis/Inflammation of the brain (NMR)		Chl.trachomatis:	
7	Yellowish colour of the skin/eyes		Yersinia:	
8	Painful joints, swollen joints		Mycoplasma:	
9	General aches and pains, tendon problems		Coxsackie-Virus:	
10	Flu-like symptoms intermittent		EBV/CMV/HSV:	
11	Rash(es)			
12	Small red/purple spots of the skin			
13	Heart problems, disturbance of cardiac rhythm			
14	Cough, expectoration			
15	Headache			
16	Impaired liver function/ liver laboratory values			
17	Pneumonia, bronchitis			
18	Swollen lymph nodes			
19	Tonsilitis			
20	Enlargement of the spleen			
21	Fatigue / exhaustion, intermittent or chronic CFS			
22	Muscle pain, muscle weakness			
23	Shivering, chill			
24	Blurred, foggy, cloudy, flickering, double vision			
25	Nausea, vomiting			
26	Dark urine			
27	Itching or pain when urinating			



6

Electronic version fills automatically

Coinfections-Checklist

Name	, first name	Dat	e (DD/MM/YYYY)	
	Actual and former symptoms Please mark with a cross	X	Score-Points (filled in by physician/naturopath)	Ranking
1	Stomach ache, gut problems	\times	Ehrlichia:	3
2	Anaemia		Babesia: 4	6
3	Diarhoea intermittent		Rickettsia:6	4
4	Fever or feverish feeling	\times	Bartonella:8	2
5	Lack of concentration, memory disturbance, forgetfulness	\times	Chl.pneumoniae:	1
6	Encephalitis/Inflammation of the brain (NMR)		Chl.trachomatis:5	5
7	Yellowish colour of the skin/eyes		Yersinia:5	5
8	Painful joints, swollen joints	\times	Mycoplasma:7.	3
9	General aches and pains, tendon problems	\times	Coxsackie-Virus:9.	1
10	Flu-like symptoms intermittent	\times	EBV/CMV/HSV:7	3
11	Rash(es)	\times		
12	Small red/purple spots of the skin			
13	Heart problems, disturbance of cardiac rhythm	\times		
14	Cough, expectoration			
15	Headache	\times		
16	Impaired liver function/ liver laboratory values			
17	Pneumonia, bronchitis			
18	Swollen lymph nodes	\times		
19	Tonsilitis			
20	Enlargement of the spleen			
21	Fatigue / exhaustion, intermittent or chronic CFS	$\overline{\times}$		
22	Muscle pain, muscle weakness	\boxtimes		
23	Shivering, chill			
24	Blurred, foggy, cloudy, flickering, double vision	\times		
25	Nausea, vomiting	$\overline{\times}$		
26	Dark urine			
27	Itching or pain when urinating			

Ranked in order of priority – draw for first place here: Chlamydia pneumoniae (CPN) and Coxsackie

Download from www.aonm.org



Bartonella striae



Source: https://www.lymedisease.org/cdc-identifies-new-species-of-bartonella/



Overview of the tests on the checklists

If you use our digital checklist, the steps 2-6 are automated in the PDF file. You can download it in several languages at www.arminlabs.com/en/forms.

Overview of the most appropriate laboratory tests (please mark with a cross on the Order-Form):

Borrelia burgdorferi: Borrelia IgG-/IgM-SeraSpot® + Borrelia C6 ELISA +

CD3-/CD57+ Cells + Borrelia EliSpot + Borrelia miyamotoi EliSpot

Ehrlichia & Anaplasma: Ehrlichia IgM-/IgG-antibodies + Anaplasma IgM-/IGg-antibodies

+ Ehrlichia & Anaplasma EliSpot

Babesia: Babesia IgG-/IgM-antibodies + Babesia microti EliSpot
 Rickettsia: Rickettsia IgG-antibodies + Rickettsia IgM-antibodies

Bartonella: Bartonella IgG-antibodies + Bartonella IgM-antibodies +

Bartonella henselae EliSpot

Chlamydia pneumoniae: Chlamydia pneumoniae IgG-/IgA-antibodies +

Chlamydia pneumoniae EliSpot

Chlamydia trachomatis: Chlamydia trachomatis IgG-/IgA-antibodies +

Chlamydia trachomatis EliSpot

Yersinia: Yersinia IgG-/IgA- antibodies + Yersinia EliSpot
 Mycoplasma: Mycoplasma pneumoniae IgG-/IgA-antibodies +

Mycoplasma pneumoniae EliSpot

Coxsackie-Virus: Coxsackie IgG-/IgA-antibodies

EBV: EBV IgG-/IgM-/EBNA-/Early-/Avidity-antibodies + EBV Elispot

CMV: CMV IgG-/IgM-antibodies + CMV EliSpot

HSV 1/2 IgG-/IgA-/IgM-antibodies + HSV 1/2 EliSpot

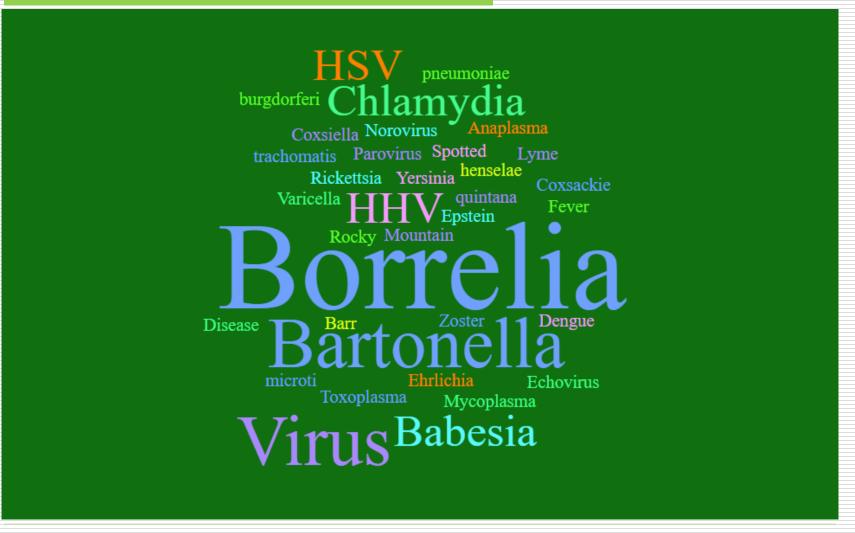
VZV: VZV EliSpot

ArminLabs GmbH - CEO: Armin Schwarzbach MD PhD

Contact in the UK: Academy of Nutritional Medicine (AONM), St. John's Innovation Centre, Cowley Road, Cambridge, CB4 0WS
Please feel free to contact us at laboratories@aonm.org or call 03331 210 305
page 1



2. How to choose the most relevant tests





No ranking on the Lyme checklist





Short Symptom Checklist for Lyme Borreliosis

Name, f	irst name Date:	
•	Actual and former symptoms: Please mark with a cross	X
1	Former or recent tick bite	\times
2	Former or recent bull's eye rash	\times
3	Summer flu after tick bite	
4	Fatique/Malaise/Lethargy	\times
5	Loss of physical/mental capacity, general weakness	×
6	Neck-pain, neck stiffness	\times
7	Headache	\times
8	Painful joints, swollen joints	
9	General aches and pains, tendon problems	
10	Muscle pain, muscle weakness	\times
11	Fever, feverish feeling, shivering	
12	Ears: intermittent red, swollen earlap	
13	Heart problems, disturbance of cardiac rhythm	\times
14	Cough, expectoration, breathlessness	
15	Night sweat	
16	Sleeplessness, waking up around	
17	Tinnitus	
18	Swollen lymph nodes	\times
19	Numbness of the skin	
20	"Burning" or "pins and needles" skin sensations, painful sole or foot	\times
21	Back pain, back stiffness	\times
22	Muscle pain, muscle weakness	
23	Shivering, chill	
24	Blurred, Foggy, cloudy, flickering, double vision	X

No ranking for the Lyme checklist as several responses are knockout criteria – former or recent tick bite, and having had an Erythema migrans (EM, or bull's eye) rash.



Borreliosis tests







1011	M TEST ORDER FORM					1	
Last and first name (patient) Female Male						Please send	the results to:
			1	BAR	CODE	myself ○ my	physician
			1			Name (physician):	· ·
Date	of birth (DD/MM/YYYY):/	/					
Stree	et, house no.:		Time of b	lood dra	aw: :	Street, house no.:	
Post-	-		Date (DD	/8.48.45-	1	Postcode:	City:
code	I		Phlebotomi				
			Material /			County:	Country:
Cour	nty Country:		ं Hepari	n /	் EDTA /	Tel. no:	
Tel. r	30·		○ Hepan	17	O LDIA/	Tel. no.	
I CI. I			ି Serum	/	0	Email:	
Emai	il:				<u>'</u>) Linear	
lease	mark the tests you are ordering with a cross:			1			
□1	Borrelia Elispot	CPDA		□29	CMV Elispot		CPDA
□2	CD3/CD57+ cells	Hep., EDTA		□30	CMV IgG/IgM antiboo		Serum
□3	Borrelia IgG/IgM ELISA	Serum		□31	VZV IgG/IgA /IgM an	tibodies	Serum
□4	Borrelia IgG/Ig Seraspot	Serum		□32	VZV DNA PCR		2 x EDTA
□5	Borrelia DNA PCR	2 x EDTA		□33	Coxsackie IgG /IgA a		Serum
□6	Ebdichia/Anaplasma Elispot	CPDA		□34	HHV 6 IgG/IgM antib	odies	Serum
□7	Ebdichia/Anaplasma IgM/IgG antibodies	Serum		□35	HHV 6 DNA PCR		2 x EDTA
□8	Ebdichia/Anaplasma DNA PCR	2 x EDTA		□36	HHV 8 IgG antibodie	S	Serum
□9	Bartonella IgG antibodies (henselae +	Serum		□37 HHV 8 DNA PCR			2 x EDTA
ЦЭ	guintana)	Serum		□38	CCP antibodies	Serum	
□10	Bartonella IgM antibodies (henselae +	Comm		□39	ANA		Serum
10	guintana)	Serum		□40	ds-DNS antibodies		Serum
□11	Bartonella DNA PCR	2 x EDTA		□41	ENA screening		Serum
12	Babesia IgG/IgM antibodies	Serum		□42	c- and p-ANCA		Serum
13	Babesia DNA PCR	2 x EDTA		□43	CRP		Serum
□14	Babesia DNA FISH	2 x EDTA		□44	Diarrhoea/Coeliac D	isease	Serum
□15	Chlamydia pneumoniae Elispot	CPDA			Organ profile: FBC, A	AST ALT GGT	
□16	Chlamydia pneumoniae IgG/IgA antibodie	s Serum		_45	LDH,CHE, total biliru		Cor EDTA
				□45	OIZ III I		Ser_EDTA.

When testing for **Borreliosis, the** recommendation is to do tests 1, 2, and 4 if possible.

> * Further information on the CD57+ test in Part 2 this evening



Basic diagnostic tests for chronic Lyme disease

- Borrelia IgM and IgG antibodies by Microarray (SeraSpot):
 Sensitivity 60%, specificity 99%
- 2. Borrelia Elispot = <u>current</u> Borrelia activity: Sensitivity 84%, specificity 82-100%
- CD3-/CD57+ cells = chronic Borrelia activity: Sensitivity 70%, specificity? (low in Chlamydia and other bacterial infections)

All 3 tests together: >90% sensitivity+99% specificity

Monitoring 4-6 weeks after end of therapies to verify whether the therapy has been successful or not:

Laboratory STAGING process recommended



Coinfections: combine ranking with the patient's clinical picture

Coinfections-Checklist

	Name	, first name	Dat	e (DD/MM/YYYY)			
		Actual and former symptoms Please mark with a cross	Х	Score-Poin (filled in by physician/nature	/	Ranking	
	1	Stomach ache, gut problems	\times	Ehrlichia:	2	6	
	2	Anaemia		Babesia:	2	5	
	3	Diarhoea intermittent		Rickettsia:	3	5	
	4	Fever or feverish feeling		Bartonella:	4	4	
	5	Lack of concentration, memory disturbance, forgetfulness		Chl.pneumoniae:	5	3	
	6	Encephalitis/Inflammation of the brain (NMR)		Chl.trachomatis: .	4	4	
	7	Yellowish colour of the skin/eyes	\times	Yersinia:	3	5	
	8	Painful joints, swollen joints		Mycoplasma:	3	5	
	9	General aches and pains, tendon problems	\times	Coxsackie-Virus: .	6	2	
	10	Flu-like symptoms intermittent		EBV/CMV/HSV:	7	1	
	11	Rash(es)	\times				
	12	Small red/purple spots of the skin					
	13	Heart problems, disturbance of cardiac rhythm	\times				
	14	Cough, expectoration					
	15	Headache					
	16	Impaired liver function/ liver laboratory values					
	17	Pneumonia, bronchitis					
	18	Swollen lymph nodes	\times				
	19	Tonsilitis	\times				
	20	Enlargement of the spleen					
	21	Fatigue / exhaustion, intermittent or chronic CFS	\times				
	22	Muscle pain, muscle weakness	X				
	23	Shivering, chill					
	24	Blurred, foggy, cloudy, flickering, double vision	$\overline{\times}$				
	25	Nausea, vomiting					
r	26	Dark urine					
K	27	Itching or pain when urinating					
_1				I			

Suggestion is – as a rule of thumb – to do the first three in terms of ranking. But always combine with the patient's clinical presentation.

Deciding amongst the herpes viruses

Coinfections-Checklist

Name	e, first name	Dat	e (DD/MM/YYYY)			E
	Actual and former symptoms Please mark with a cross	Х	Score-Poin (filled in by physician/nature	1	Ranking	
1	Stomach ache, gut problems	\times	Ehrlichia:	2	6	
2	Anaemia		Babesia:	3	5	Ē
3	Diarhoea intermittent		Rickettsia:		5	
4	Fever or feverish feeling		Bartonella:		4	Ē
5	Lack of concentration, memory disturbance, forgetfulness		Chl.pneumoniae:	5	3	
6	Encephalitis/Inflammation of the brain (NMR)		Chl.trachomatis:	4	4	
7	Yellowish colour of the skin/eyes	\times	Yersinia:	3	5	E
8	Painful joints, swollen joints		Mycoplasma:	3	5	
9	General aches and pains, tendon problems	\times	Coxsackie-Virus: .		2	Ē
10	Flu-like symptoms intermittent		EBV/CMV/HSV:	7	1	
11	Rash(es)	\times				
12	Small red/purple spots of the skin					E
13	Heart problems, disturbance of cardiac rhythm	\times				Ē
14	Cough, expectoration					Ē
15	Headache					Ē
16	Impaired liver function/ liver laboratory values					
17	Pneumonia, bronchitis					Ē
18	Swollen lymph nodes	\times				Ē
19	Tonsilitis	\times				Ē
20	Enlargement of the spleen					Ē
21	Fatigue / exhaustion, intermittent or chronic CFS	\times				
22	Muscle pain, muscle weakness	\times				Ē
23	Shivering, chill					
24	Blurred, foggy, cloudy, flickering, double vision	\times				Ē
25	Nausea, vomiting					
26	Dark urine					
27	Itching or pain when urinating					

No. 1 suggestion is the group of Herpes viruses. To decide which to do (EBV, CMV, HSV1/HSV2, VZV, HHV6), the clinical presentation and history are key. If there is e.g. a history of glandular fever, reactivation is always possible.

If in doubt, often best to choose the Elispot, as it does not use the B cells (antibodies), which can have issues of their own, but the T cells, and shows current cellular activity against the infection.

Can be helpful to select a balance of bacterial and viral infections (depending on the patient's presentation)

	H	Please	mark the tests you are ordering with a cross:	•				
		□1	Borrelia <u>Elispot</u>	CPDA	□29	CMV Elispot	CPDA	
		□2	CD3/CD57+ cells	Hep., EDTA	□30	CMV IgG/IgM antibodies	Serum	
		□3	Borrelia IgG/IgM ELISA	Serum	□31	VZV IgG/IgA /IgM antibodies	Serum	
		□4	Borrelia IgG/Ig Seraspot	Serum	□32	VZV DNA PCR	2 x EDTA	
		□5	Borrelia DNA PCR	2 x EDTA	□33	Coxsackie IgG /IgA antibodies	Serum	Viral
		□6	Ebdichia/Anaplasma Elispot	CPDA	□34	HHV 6 IgG/IgM antibodies	Serum	
		□7	Ehrlichia/Anaplasma IgM/IgG antibodies	Serum	□35	HHV 6 DNA PCR	2 x EDTA	
		□8	Ehrlichia/Anaplasma DNA PCR	2 x EDTA	□36	HHV 8 IgG antibodies	Serum	
		□9	Bartonella IgG antibodies (henselae +	Serum	□37	HHV 8 DNA PCR	2 x EDTA	
		ПЭ	guintana)	Seruiii	□38	CCP antibodies	Serum	
		□10	Bartonella IgM antibodies (henselae +	Serum	□39	ANA	Serum	
			guintana)	Serum	□40	ds-DNS antibodies	Serum	
Bact	orial	□11	Bartonella DNA PCR	2 x EDTA	□41	ENA screening	Serum	
Dacu	Cilai	□12	Babesia IgG/IgM antibodies	Serum	□42	c- and p-ANCA	Serum	
		□13	Babesia DNA PCR	2 x EDTA	□43	CRP	Serum	
		□14	Babesia DNA FISH	2 x EDTA	□44	Diarrhoea/Coeliac Disease	Serum	
		□15	Chlamydia pneumoniae Elispot	CPDA		Organ profile: FBC, AST, ALT, GGT,		
		□16	Chlamydia pneumoniae IgG/IgA antibodies	Serum	□45	LDH.CHE, total bilirubin, amylase, lipase, CK, creatinine, uric acid, sodium, potassium, alkaline phosphatase, TSH	Securil EDTA	
		□17	Chlamydia trachomatis Elispot	CPDA	143			
		□18	Chlamydia trachomatis IgG/IgA antibodies	Serum		potassium, aikaime phosphatase, 1011		
		□19	Mycoplasma pneumon, IgG/IgA antibodies	Serum	□46	Total protein, protein electrophoresis	Serum	
		□20	Toxoplasma IgG/IgM antibodies	Serum	□47	Lipid profile (cholesterol, triglycerides HDL, LDL)	Serum	
		□21	Yersinia <u>Elispot</u>	CPDA	□48	Thyroid hormones (TSH, fT3, fT4)	Serum	
		□22	Yersinia IgG/IgA antibodies	Serum	□49	Thyroid antibodies (TPO abs, TG Abs, TSH receptor Abs)	Serum	
		□23	Rickettsia IgG antibodies (conorii + mooseri)	Serum	□50	Heavy metals in urine (aluminium, cad-	Serum	
		□24	Rickettsia IgM antibodies (conorii + mooseri)	Serum	130	mium, lead, mercury, copper, creatinine)	Geruin	
		□25	Rickettsia DNA PCR	2 x EDTA	□51	Vitamin D	Serum	
Vira		□26	EBV Elispot (2 antigens: lytic + latent)	CPDA	□52	Vitamin B6	EDTA	
		□27	EBV IgG/IgM + anti-EBNA antibodies	Serum	□53	Vitamin B12	Serum	
		□28	HSV 1/2 IgG/IgA/IgM antibodies	Serum	□54	Folate	Serum	16
					□55	LipoDens Lipoproteins	Serum	

Currently the EliSpot is available for:

- Borrelia burgdorferi (3 subspecies: B.b. sensu stricto + B.b. garinii + B.b. afzelii)
- Borrelia myamotoi
- Bartonella henselae (new!)
- Babesia microti (new!)
- Chlamydia pneumoniae
- Chlamydia trachomatis
- Mycoplasma pneumoniae (new!)
- Ehrlichia
- Yersinia species
- Epstein Barr Virus (EBV)
- Cytomegalovirus (CMV)
- Herpes Simplex Virus 1 / 2
- Varicella Zoster Virus (VZV)



Almost any infection-related test possible

Please do ask: ArminLabs can perform almost any bacterial/viral test, even if not on the form: West Nile Virus, Tularemia, Babesia WA1AB, Rocky Mountain Spotted Fever, Q Fever, Typhus, Brucella, Echovirus, Norovirus

Armin is also very happy to discuss testing options and likelihood of infection, depending on the carrier – worth remembering that infections can be transmitted by any insect that regurgitates – not just ticks. Mites, mosquitoes, fleas, chiggers, horseflies ...



Preanalytics: Best workflow for best quality

- Shake all tubes carefully 5-10 times after taking blood
- Put all blood samples in an upright position for 30 minutes
- Store at room temperature. No sun, no refrigerator nor cooling of any tubes
- Protect all tubes in a special test kit for transportation/logistics







3. Interpretations: Borrelia EliSpot (1)

Borrelia burgdorferi Elispot			
Borrelia burgdorferi Full Antigen	+	8	SI
Borrelia b. OSP-Mix (OSPA/OSPC/DbpA)	+	6	SI
Borrelia burgdorferi LFA-1	+	6	SI

FINAL REPORT

Borrelia burgdorferi Elispot

Borrelia burgdorferi Full Antigen	+	32	SI
Borrelia b. OSP-Mix (OSPA/OSPC/DbpA)	+	29	SI
Borrelia burgdorferi LFA-1	(+)	2	SI

Comments:

The results of the EliSpot tests indicate current cellular activity against Borrelia burgdorferi. Explanation of antigens:

Borrelia burgdorferi Full Antigen: Borrelia b. B31-reference strain (Borrelia b sensu stricto) Borrelia burgorferi peptide mix: OspA from Borrelia b. sensu stricto, Borrelia afzelii, Borrelia garinii + OspC native + DbpA recombinant

Borrelia burgdorferi LFA-1 (Lymphocyte Function Antigen 1): Own body protein + Borrelia burgdorferi sensu stricto (shared epitope). Often associated with autoimmune diseases: collagenosis, Rheumatoid Arthritis, vasculitis. If positive or borderline positive look at: ANA, CCP* antibodies, ANCA. (Native: cultured antigens/

(Native: cultured antigens/ Recombinant: produced using genetic

technology)

>3 = positive

2-3 = weak positive

<2 = negative

* CCP = cyclic citrullinated peptide



Borrelia EliSpot (2)

	Analysis			Result	Units	Reference Range	Page: 1 of 1
Borrelia EliSpot *	Borrelia burgdorferi Elispot Borrelia burgdorferi Full Antigen Borrelia b. OSP-Mix (OSPA/OSPC/DbpA) Borrelia burgdorferi LFA-1	(+) (+)	3 2 0	SI SI SI		>3 = positive 2-3 = weak positive	e
1 Borrelia b. Full Antigen 0-1 = negative 2-3 = weak positive > 3 = positive	1 SI					<2 = negative	
<pre>1 Borrelia b. OSP-Mix 0-1 = negative 2-3 = weak positive > 3 = positive</pre>	1 SI	•		always combin	see this nation wi		
<pre>1 Borrelia burgdorferi LFA-1 0-1 = negative 2-3 = weak positive > 3 = positive</pre>	1 SI			very su cells m	uppresse nay not b s a rigor	ed, the T be able to	



Seraspot (supersedes the Western blot)

Borrelia burgdorferi antibodies SeraSpot (Microarray)

	roundy,	
Borrelia burgdorferi SeraSpot IgG	positive	negative
Borr. SeraSpot VIsE (B.b. afzelii)	negative	negative
Borr. SeraSpot p39 (B.b. afzelii)	positive	negative
Borr.SeraSpot p58 (B.b. garinii)	negative	negative
Borr.SeraSpot p100 (B.b. garinii)	negative	negative
Borr.SeraSpot OspC (B.b. afzelii)	negative	negative
Borr.SeraSpot OspC (B.b. garinii)	negative	negative
Borr.SeraSpot OspC (B.b. sensu stricto)	negative	negative
Borr.SeraSpot dbpA (B.b. afzelii)	positive	negative
Borr.SeraSpot dbpA (B.b. garinii)	positive	negative
Borr.SeraSpot dbpA (B.b. sensu stricto)	positive	negative
, , , , , , , , , , , , , , , , , , , ,		_
Borrelia burgdorferi SeraSpot IgM	positive	negative
		negative negative
Borrelia burgdorferi SeraSpot IgM	positive	_
Borrelia burgdorferi SeraSpot IgM Borr. SeraSpot VIsE (B.b. afzelii)	positive negative	negative
Borrelia burgdorferi SeraSpot IgM Borr. SeraSpot VIsE (B.b. afzelii) Borr. SeraSpot p39 (B.b. afzelii)	positive negative positive	negative negative
Borrelia burgdorferi SeraSpot IgM Borr. SeraSpot VIsE (B.b. afzelii) Borr. SeraSpot p39 (B.b. afzelii) Borr.SeraSpot p58 (B.b. garinii)	positive negative positive negative	negative negative negative
Borrelia burgdorferi SeraSpot IgM Borr. SeraSpot VIsE (B.b. afzelii) Borr. SeraSpot p39 (B.b. afzelii) Borr.SeraSpot p58 (B.b. garinii) Borr.SeraSpot p100 (B.b. garinii)	positive negative positive negative negative	negative negative negative negative
Borrelia burgdorferi SeraSpot IgM Borr. SeraSpot VIsE (B.b. afzelii) Borr. SeraSpot p39 (B.b. afzelii) Borr.SeraSpot p58 (B.b. garinii) Borr.SeraSpot p100 (B.b. garinii) Borr.SeraSpot OspC (B.b. afzelii)	positive negative positive negative negative positive	negative negative negative negative negative
Borrelia burgdorferi SeraSpot IgM Borr. SeraSpot VIsE (B.b. afzelii) Borr. SeraSpot p39 (B.b. afzelii) Borr.SeraSpot p58 (B.b. garinii) Borr.SeraSpot p100 (B.b. garinii) Borr.SeraSpot OspC (B.b. afzelii) Borr.SeraSpot OspC (B.b. garinii)	positive negative positive negative negative positive positive	negative negative negative negative negative negative
Borrelia burgdorferi SeraSpot IgM Borr. SeraSpot VIsE (B.b. afzelii) Borr. SeraSpot p39 (B.b. afzelii) Borr.SeraSpot p58 (B.b. garinii) Borr.SeraSpot p100 (B.b. garinii) Borr.SeraSpot OspC (B.b. afzelii) Borr.SeraSpot OspC (B.b. garinii)	positive negative positive negative negative positive positive positive	negative negative negative negative negative negative negative

Comment at the end:

"The specific Borrelia burgdorferi IgG/IgM antibodies by Seraspot (modern Borrelia Westernblot) indicate a humoral immune response against Borrelia burgdorferi.

Please refer to the results of the Borrelia EliSpot and the CD57-positive NK cells.

Take into consideration the clinical symptoms and the differential diagnosis (coinfections)."



Epstein Barr Virus EliSpot

Analysis		Result Units	Reference Range	Chart
EBV EliSpot (lytic+latent)				
<pre>1 EBV EliSpot (lytic) 0-1 = negative 2-3 = weak positive > 3 = positive</pre>	!	2 SI		
1 EBV EliSpot (latent) 0-1 = negative 2-3 = weak positive > 3 = positive	1	44 SI		
The results of the EliSpe activity against Epstein			lular	

Explanation of EBV antigens:

EBV-lytic antigen: sign of production of infectious EBV virions EBV-latent antigen: sign of EBV latency without production of infectious EBV virions at present



EBV antibodies – each has a very specific meaning

Epstein-Barr-Virus antibodies

EBV-VCA-IgG-antibodies	+	6.170	Ratio	< 0.8
EBV-CA-IgM-antibodies		0.110	Ratio	< 0.8
EBV-EBNA1-IgG-antibodies	+	3.880	Ratio	< 0.8

The specific EBV-Virus-IgG- and EBV-EBNA-antibodies are an indication for a humoral immune-response against Epstein-Barr-Virus.

Please look at the result of the actual T-cellular EBV-acitivity by EBV-EliSpot.



The higher the titer, the greater the dilution within which the infection is still identifiable

Coxsackie-virus antibodies				
Coxsackie-Virus-IgG Type A7 (IFT)	+	1:100	Titer	< 1:100
Coxsackie-Virus-IgG Type B1 (IFT)	+	1:320	Titer	< 1:100
Coxsackie-Virus-IgA Type A7 (IFT)	+	1:10	Titer	< 1:10

1:10

Titer

Coxsackie-Virus antibodies

Coxsackie-Virus-IgA Type B1 (IFT)

Carrandia Viana antiha diaa

Coxsackie-Virus-IgG Type A7 (IFT)	+	1:3200	Titer	< 1:100
Coxsackie-Virus-IgG Type B1 (IFT)	+	1:3200	Titer	< 1:100
Coxsackie-Virus-IgA Type A7 (IFT)	+	1:320	Titer	< 1:10
Coxsackie-Virus-IgA Type B1 (IFT)	+	1:320	Titer	< 1:10



< 1:10

IgG vs. IgA vs. IgM

HSV 1/2 IgG/IgA/IgM antibodies

6 HSV 1/2 IgG antibodies (ELISA) positive 4,092 Ratio

Ratio < 0.8 = negative Ratio 0.8 - 1.1 = weak

Ratio >= 1,1 = positive

6 HSV 1/2 IgA antibodies (ELISA) positive

2,172 Ratio

Ratio < 0,8 = negative

Ratio 0,8 - 1,1 = weak

Ratio >= 1,1 = positive

6 HSV 1/2 IgM antibodies (ELISA) negative

0,735 Ratio

Ratio < 0,8 = negative

Ratio 0.8 - 1.1 = weak

Ratio >= 1,1 = positive

IgG is conventionally interpreted as a sign of past infection IgA is immunoglobulin along the mucosal surfaces: a likely sign that the virus is still active.

IgM is conventionally interpreted as a sign of recent infection (within the last few weeks)



Very high IgG titers

Varicella Zoster Virus antibodies

Varicella Zoster Virus-IgG-antibodies	+	>5000.0	IE/l	< 80
Varicella Zoster Virus-IgA-antibodies	+	1.680	Ratio	< 0.8
Varicella Zoster Virus-IgM-antibodies		0.630	Ratio	< 0.8

A very high IgG titer is a pointer to possible reactivation, especially if more than five times the upper reference range (rule of thumb used by some ILADS doctors – no study substantiation of this to date)



Comparing Lyme Testing

Key terms:

ELISA – Enzyme-linked immunosorbent assay

EliSpot – Enzyme-linked immunosorbent spot

PCR - Polymerase Chain Reaction

Specificity - True negative rate Sensitivity - True positive rate

+

Borrelia Testing Method	Summary	Testing accuracy	Clinical application	Available from Armin Labs
ELISA C6	Tests part of B- cell immune response against Borrelia	Poor sensitivity Poor specificity	Alternative partly screening for Borrelia antibodies	Yes
ELISA IgG / IgM	Tests B-cell im- mune response against Borrelia	Poor sensitivity Poor specificity	Screening for Borrelia antibodies	Yes
Elispot	Tests T-cell activity against Borrelia	High sensitivity High specificity	Reflects current activity last 6-8 weeks	Yes
PCR	Assesses pre- sence of Borrelia DNA in blood	Poor sensitivity High specificity	Reflects current presence of Borrelia	Yes
Seraspot IgG/IgM	Tests B-cell immune response (modern Westernblot)	Poor sensitivity High specificity	Confirmation test for Borrelia antibodies (modern Westernblot)	Yes
<u>Tickplex</u> Basic	Tests B-cell immune res- ponse including "roundbodies"	High sensitivity High specificity	Screening for Borrelia anti- bodies including "roundbodies"	Yes
Western blot	Tests B-cell immune response	Poor sensitivity High specificity	Confirmation test for Borrelia antibodies	No, made obsolete by Seraspot (modern Western blot)
Borrelia culture	Assesses presence of Borrelia in blood	Poor sensitivity High specificity	Reflects current presence of Borrelia	No





ArminLads umdh

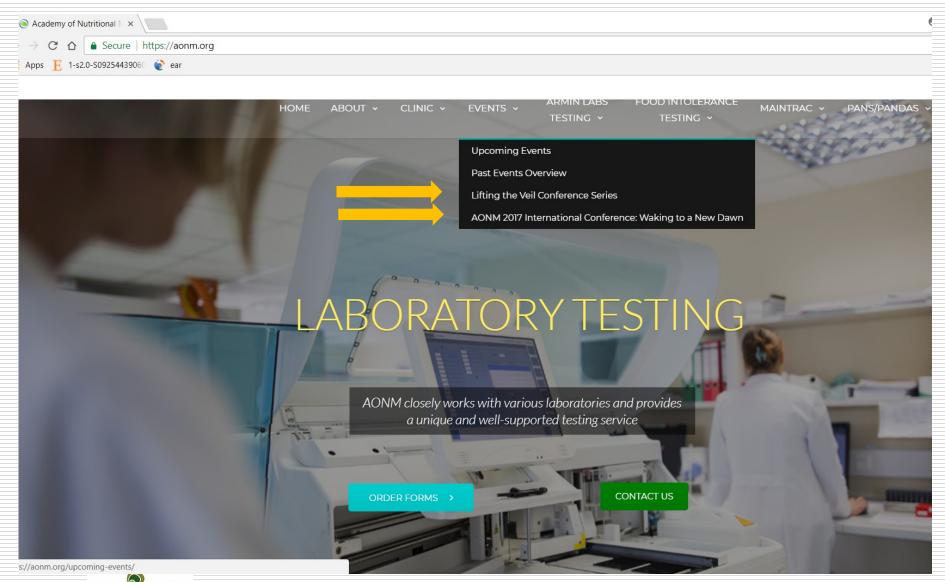
Zirbelstr. 58, 2nd floor 86154 Augsburg GERMANY

The ArminLabs Advantage

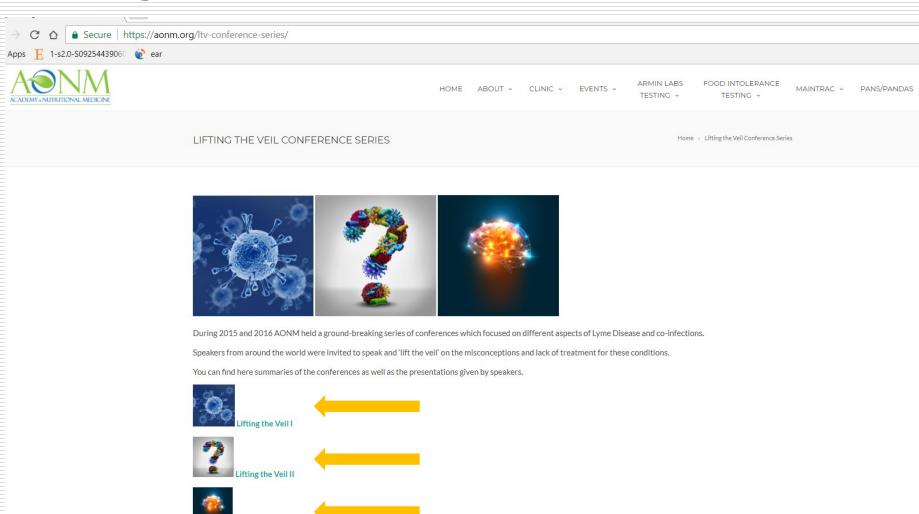
Armir	nLabs	Leading Competitors
✓	ArminLabs is internationally ISO DIN EN ISO 15189:2014 accredited in immunology, microbiology and virology on all test procedures	× Not internationally certified
✓	Uses externally certified and externally validated testing	 Uses internal validation Tests are not certified
✓	Clear and easy to read test result report	Requires experience for accurate interpretation and can be equivocal
√	Testing results are reported in 7 days of specimen arrival	Results can take up 6 weeks to be reported
✓	Always updating and improving testing methods in line with the latest testing technologies	Used outdated testing technology
√	Uses new microarray Seraspot technology which improves on western blot technology for Lyme testing	➤ Uses old western blot technology
✓	Offers EliSpot* testing to assess T-cell activity against Borrelia	✗ EliSpot not offered
✓	Tests for 3 most common worldwide strains of Borrelia (Borrelia burgdorferi sensu stricto + Borrelia burgdorferi afzelii + Borrelia burgdorferi garinii)	 Tests for only 1 US strain of Borrelia (Borrelia burgdorferi sensu stricto)
✓	Tests with modern recombinant and cultured Borrelia antigens	Tests with just cultured Borrelia antigens
√	Offers advanced viral testing* – including EBV, CMV, HSV, VZV, HHV6, Coxsackie	× No viral testing offered
✓	Offers testing for autoimmune disorders	Don't offer testing for autoimmune disorders
√	Lab tests paid in Euro (less expensive than US currency)	Lab tests paid in US Dollars (more expensive than payment in Euro)
√	Readily available clinical consultation with Dr Armin Schwarzbach MD PhD and regional medical advisors	Consultation available but no regional medical advisors
√	Modern EliSpot and antibody diagnostics for infections with yeasts, moulds and Campylobacter jejuni	No modern diagnostics for infections with yeasts, moulds and Campylobacter jejuni offered



For further information on testing: lots of downloadable presentations available on the AONM website



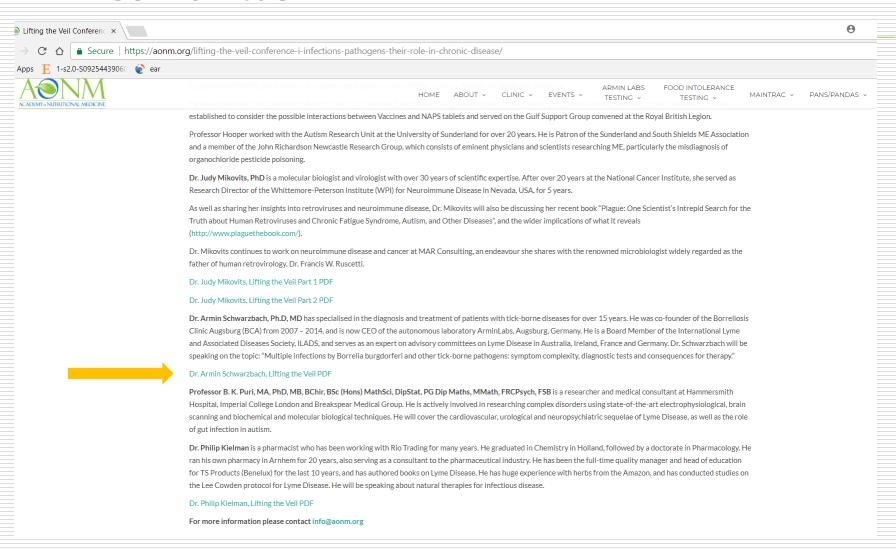
Presentations by Dr. Schwarzbach at each of the "Lifting the Veil" conferences, available as downloads





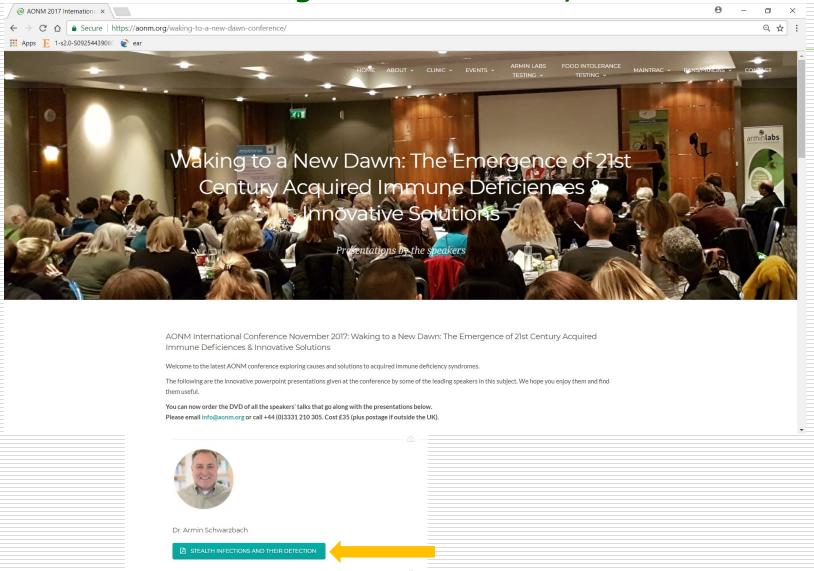
The powerpoint presentations are provided for free and videos of these conferences are available to buy from AONM. Please contact info@aonm.org or call 03331 210 305

Click on LTV I, II or III, and scroll down to Dr. Schwarzbach



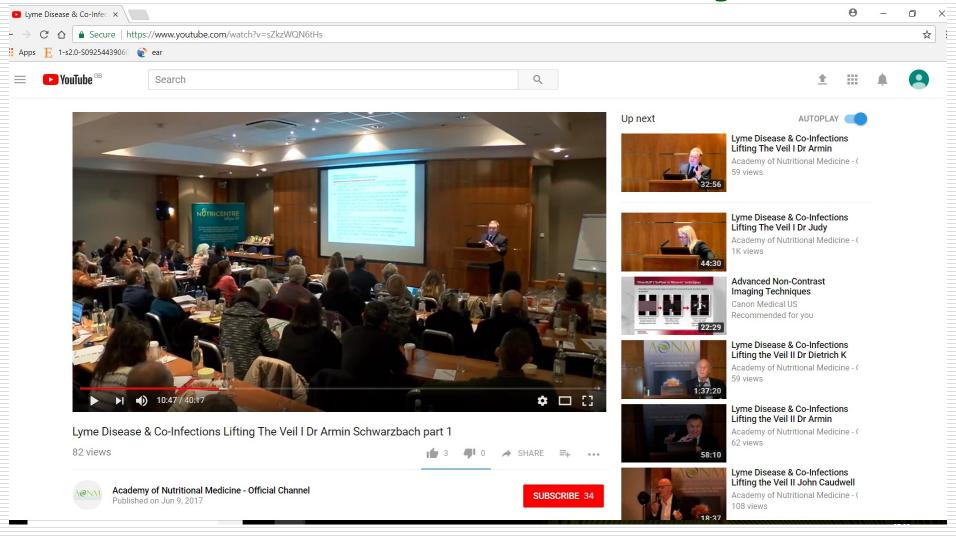


All presentations downloadable from AONM's 2017 Annual Conference "Waking to a New Dawn", too



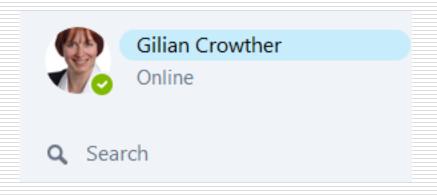


AONM also has its own YouTube channel where previous conference videos are available free of charge





Regular Skype Arminlabs training available every on Tuesdays, 6.30 pm, every fortnight



Please contact info@aonm.org with your Skype ID for the next dates



Evidence-based literature

Sigal LH et al, Cellular immune findings Lyme disease. Yale J Biol Med 1984, 57: 595-8 Sigal LH et al, Proliferative responses of mononuclear cells in Lyme disease. Reactivity to Borrelia burgdorferi antigens is greater in joint fluid than in blood. Arthritis Rheum 1986; 29: 761-9 Dattwyler RJ et al, Seronegative Lyme disease. Dissociation of specific T- and B-lymphocyte responses to Borrelia burgdorfer. N Engl J Med 1988; 319: 1441-6 Dressler F et al. The T-cell proliferative assay in the diagnosis of Lyme disease. Ann Intern Med 1991; 115: 533-9 Krause et al, T cellproliferation induced by Borrelia burgdorferi in patients with Lyme borreliosis. Autologous serum required for optimum stimulation. Arthritis Rheum 1991; 34: 393-402 Buechner SA et al, Lymphoproliferative responses to Borrelia burgdorferi in patients with erythema п migrans, acrodermatitis chronica atrophicans, lymphadenosis benigna cutis and morphea. Arch Dermatol 1995; 131 673-7 Breier F et al, Lymphoproliferative responses to Borrelia burgdorferi in circumscribed scleroderma. Brit J Dermatol 1996; 134: 285-91 Huppertz et al, Lymphoproliferative responses to Borrelia burgdorferi in the diagnosis of Lyme п arthritis in children and adolescents. Eur J Pediatr 1996; 155: 297-302 Valentine-Thon E et al, A novel lymphocyte transformation test for Lyme borreliosis. Diagn Microbiol Infect Dis 2007; 57: 27-34 Von Baehr V et al, Untersuchungen zur diagnostischen Wertigkeit des Lymphozytentransformationstestes bei Patienten mit Borreliose. J Lab Med 2007; 31(3): 149-158



Evidence-based literature

- "TB Elimination: Interferon-Gamma-Release Assays, www.cdc.gov/tb, May 2011
- □ Von Baehr, V.: The lymphocyte transformation test for the diagnosis of Lyme borreliosis, Clin Microbiol Infect. 2014 Oct 29
- Skogman et al.: Adaptive and Innate Immune Responsiveness to Borrelia burgdorferi sensu lato in Exposed Asymptomatic Children and Children with Previous Clinical Lyme Borreliosis, Clinical and Development Immunology, Vol. 2 012, Article ID294587, 10 pages
- Lehman PV et al.: Unique Strengths of ELISPOT for T Cell Diagnostics in: Kalyuzhny AE. Handbook of ELISPOT: Methods and Protocols, Methods in Molecular Biology, Vol. 792.2nd Ed: Springer; 2012: 3-23
- Chenggang Jin et al.: An enhanced ELISPOT assay for sensitive detection of antigen specific T cells responses to Borrelia burgdorferi, Cells 2013, 2, 607-620 doi 10.3390/cells2030607
- □ Von Baehr, V. et al: The Lymphocyte Transformation Test for Borrelia detects active Lyme Borreliosis and verifies effective antibiotic treatment, Open Neurol. J. 2012, 6: 104-112



Thank you very much for your attention!





For tests, please go to www.aonm.org
https://aonm.org/arminlabs

or call the AONM helpline on 0333 121 0305



