



<sup>a</sup>CSF testing is not recommended to diagnose Lyme neuroborreliosis. If CSF testing is pursued, antibody index testing is recommended. In individuals with an elevated antibody index, monocytic or lymphocytic pleocytosis in CSF points to active CNS infection.

<sup>b</sup>Tier 2 of the standard 2-tiered testing approach involves use of immunoblot testing to confirm a positive or equivocal immunoassay result.

<sup>c</sup>If testing >30 days from symptom onset, IgM results should be disregarded. Repeat testing may be indicated to confirm positive or equivocal tier-1 testing if the date of symptom onset is uncertain.

## References

1. Lantos PM, Rumbaugh J, Bockenstedt LK, et al. [Clinical practice guidelines by the Infectious Diseases Society of America \(IDSA\), American Academy of Neurology \(AAN\), and American College of Rheumatology \(ACR\): 2020 guidelines for the prevention, diagnosis and treatment of Lyme disease.](#) *Clin Infect Dis.* 2021;72(1):1-8.
2. Centers for Disease Control and Prevention. [Clinical care and treatment of neurologic Lyme disease.](#) Updated May 2024; accessed Jun 2024.
3. Centers for Disease Control and Prevention. [Updated CDC recommendation for serologic diagnosis of Lyme disease.](#) Last reviewed Aug 2019; accessed May 2023.
4. Association of Public Health Laboratories. [Suggested reporting language interpretation and guidance regarding Lyme disease serologic test results.](#) Updated May 2021; accessed May 2023.