

Key clinical aspects

1. Incubation takes approximately **3 to 8 weeks** (range 10-210 days). It begins insidiously with:
2. Irregular **intermittent febrile** attacks with shivering
3. Rapidly worsening **anaemia** with tachycardia, pallor and (sub)icterus
4. Severe **headache** with bone and joint pain. This may persist after the fever has ended
5. Enlargement of the **liver and spleen**, slightly painful on palpation
6. Generalised painful **swollen lymph nodes**
7. Myocarditis, pulmonary oedema and anasarca (generalised oedema)
8. **Haemorrhagic diathesis** as a result of the endothelial lesions: petechiae and tendency to thrombosis. Necrotic foci are found in the liver, spleen and bone marrow.
9. **Neutrophilia**
10. Spontaneous abortion, foetal death or transplacental transmission can occur.
11. **Neurobartonellosis** due to involvement of the CNS takes the form of meningo-encephalitis with or without convulsions and with high mortality. Myelitis also occurs with spastic or flaccid paraplegia with sequelae which can be permanent. There is pleiocytosis of the CSF. More focal and transient lesions of the spinal cord or of the cranial nerves are seen at the verruga stage.