neutrophil count (ANC) of 500/mm$^3$. Thin smear revealed 2.5% parasitemia. Mother was diagnosed with acute Lyme disease in the seventh month of pregnancy. Maternal serologies were positive for B. microti (Igm:1:100 and IgG:1:320). The infant received 1 PRBC transfusion and was treated with 10 days of doxycycline and azithromycin. Case 2 is a 4 week old female twin A admitted with 2 days of pallor, fatigue and poor feeding. She was treated with azithromycin and atovaquone for 10 days. The mother had an acute, self-limited febrile illness at 23 weeks gestation. At infant’s presentation, maternal serology revealed negative B. microti IgM and positive IgG (1:160). Placental tissue from both twins was positive for B. microti DNA by PCR. Twin B was asymptomatic, had negative B. microti blood PCR, a negative B. microti IgM, positive IgG at 1:30 fold to represent transplacental maternal antibody, and did not require treatment.

Results: Both infants were successfully treated without relapse.

Conclusion: Congenital babesiosis is rare and may cause profound hematologic disturbances. We report 2 cases exhibiting neutropenia in addition to anemia and thrombocytopenia, supporting recent assertions by Wormser et al. that this is a common finding. In addition, Case 2 presented with a severe hemolytic anemia significantly worse than previously reported. Finally, we demonstrated successful treatment in neonates without exchange transfusion, even with severe anemia.

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