Roseomonas sp. Isolated from Ticks, China

To the Editor: Roseomonas, which produces pink colonies, is a newly described genus of gram-negative bacteria (1). Human infections with Roseomonas spp. have been reported in the past decade, mostly in immunocompromised persons with underlying diseases such as acute leukemia, cancer, and rheumatoid arthritis (2–5). A healthy woman was reported to be infected by R. gilardii after being bitten by a spider (6), which indicated possible transmission by an arthropod.

As a part of an investigation of tick-borne diseases, we collected actively questing and feeding ticks in Xinjiang Autonomous Region, People’s Republic of China, in the summers of 2007 and 2008 (7). Ticks were washed in 75% ethanol, 30% hydrogen peroxide, and sterile distilled water. Five ticks of the same species, sex, and developmental stage were pooled and ground in 1 mL of saline. A 0.1-mL suspension was plated onto cysteine heart agar plates containing chocolate and 9% sheep blood (Becton Dickinson Microbiology Systems, Cockeysville, MD, USA) and supplemented with colistin, amphotericin, lincomycin, trimethoprim, and ampicillin. Eggs laid by engorged female ticks were collected and suspended and sequenced the 16S rRNA gene. The new isolate was not genetically related to R. fauiae and R. genespecies 6, which have been reported as not belonging to the genus Roseomonas (8). The new isolate was also distinct from 2 other species from China, R. lacus TH-G33 (GenBank accession no. AJ786000), which was isolated from freshwater lake sediment (9), and Roseomonas sp. JS018 (GenBank accession no. DQ010109), which was isolated from soil (10).

We isolated a novel Roseomonas sp. from adult D. nuttalli ticks and their larval progeny and obtained evidence of transovarial transmission. Although we cannot conclude that ticks are vectors or reservoirs of Roseomonas spp., their roles in transmitting the bacteria deserve further study. D. nuttalli ticks...
are a dominant species in the study area and usually parasitize a variety of wild and domestic animals. These ticks often feed on humans as alternative hosts. Because this *Roseomonas* sp. is not a common pathogen, its role in public health and veterinary medicine is unknown.

Phenotypic characterization of the isolates indicated similarities with previously reported *Roseomonas* spp. Phylogenetic analysis showed that the novel *Roseomonas* sp. is closely related to *R. cervicalis*, which was isolated from a cancer patient. Our isolates also differed from 2 reported strains isolated from freshwater lake sediment in Jiangsu Province, China (9) and from soil in Fujian Province, China (10). This result indicated the species diversity of the genus *Roseomonas*, which might be related to different bacterial origins. Because of the unique biochemical characteristics, antimicrobial drug susceptibilities, and novel isolation source of our isolates, the pathogenesis of this organism should be investigated.

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Wei Liu, Fang Zhang, Er-Chen Qiu, Jun Yang, Zhong-Tao Xin, Xiao-Ming Wu, Fang Tang, Hong Yang, and Wu-Chun Cao

Author affiliations: Beijing Institute of Microbiology and Epidemiology, Beijing, People’s Republic of China (W. Liu, F. Zhang, E.-C. Qiu, X.-M. Wu, H. Yang, W.-C. Cao); Chinese People’s Armed Police Force Center for Disease Control and Prevention, Beijing

(J. Yang, F. Tang); and Chinese National Human Genome Center, Beijing (Z.-T. Xin)

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**References**


**Misidentication of Mycobacterium kumamotonense as M. tuberculosis**

To the Editor: Because of slow growth of mycobacteria, use of rapid tests to identify them is strongly recommended; rapid tests are widely used as an advanced diagnostic tool in clinical laboratories (J,2). These tests are particularly useful for diagnosing extrapulmonary mycobacterioses and identifying unusual mycobacteria as etiologic agents (3). Commercial probes are frequently used for rapid and specific identification of mycobacteria, especially *Mycobacterium tuberculosis* complex. However, cross-reactivity of DNA probes between mycobacterial species could result in incorrect diagnosis and treatment of patients (4,5). Misidentification could be a problem if a newly described species, such as *M. kumamotonense* (6), were an etiologic agent of a disease.

In July 2006, we obtained a fine-needle, puncture aspiration biopsy specimen from a cervical lymph node of a 30-year-old man at Doce de Octubre Hospital (Madrid, Spain). The patient was a recent immigrant from Paraguay and was HIV positive (C2 stage of infection). A biopsy specimen from a cervical lymph node showed necrotizing granulomatous lymphadenopathy. A computed tomographic scan showed cervico-thoraco-abdominal, multiple cervical,