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## Epsilonproteobacteria in Humans, New Zealand

**To the Editor:** Cornelius et al. (1) addressed the potential of *Campylobacter ureolyticus* as an emerging pathogen by conducting a molecular study on 128 diarrheal specimens and 49 fecal samples from healthy volunteers. Reporting the identification of *C. ureolyticus* in 12 (24.5%) of 49 healthy volunteers, a number that they compared with our finding of 349 (23.8%) from *Campylobacter* spp.–positive samples (2), the authors concluded that *C. ureolyticus* species “are unlikely causes of diarrhea,” an assertion with which we take issue.

This interpretation does not take into account that our screening involved 7,194 symptomatic patients: a sample size 40× greater than that of Cornelius et al. In this context, the likely carriage rate for *C. ureolyticus* is 1.15%. Also, our assay, which has a limit of detection in the picomolar range, is likely comparable with, if not greater than, that of Cornelius et al. (1).

Accounting for variations in geographic location and detection methods, a detection rate of 24.5% in healthy volunteers (overall detection rate 14.7%) is high in contrast to our reported rate of 1.15%. One possible

explanation for this discrepancy is that Cornelius et al. “did not specifically exclude volunteers who had had gastrointestinal disturbances in the 10 days before sampling.” *Campylobacter* can be shed in feces for <4 weeks after infection. Also, Cornelius et al. (1) noted the possibility of “genetically distinct but phenotypically indistinguishable genomospecies differing in their pathogenic potential” to account for the presence of the emerging pathogen *C. concisus* in healthy volunteers and patients with diarrheal illness. This may also apply for *C. ureolyticus*.

We reported a strong seasonal prevalence of *C. ureolyticus* and a bimodal age distribution (2). The lack of any related details from Cornelius et al. may undermine their reported detection rates. These factors strongly suggest that the statement, “these species are unlikely causes of diarrhea,” should, at the very least, be taken under advisement.

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### References

1. Cornelius AJ, Chambers S, Aitken J, Brandt SM, Horn B, On SL. Epsilonproteobacteria in humans, New Zealand. *Emerg Infect Dis*. 2012;18:510–2. <http://dx.doi.org/10.3201/eid1803.110875>
2. Bullman S, Corcoran D, O’Leary J, O’Hare D, Lucey B, Sleator RD. Emerging dynamics of human campylobacteriosis in southern Ireland. *FEMS Immunol Med Microbiol*. 2011;63:248–53. <http://dx.doi.org/10.1111/j.1574-695X.2011.00847.x>

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**In Response:** In response to the letter by Bullman et al. (1), a major aspect of our study (2) was to compare epsilonproteobacterial populations in healthy persons and those who have diarrhea. We have not examined as many diarrheal samples as Bullman et al. (3). However, in contrast with their study, we have examined samples from persons with no evident disease manifestations. Because the presence of an agent during disease is not proof of causation, we believed that a baseline for comparison was needed. *Campylobacter ureolyticus* was found in a greater proportion of samples from healthy persons (24%) than samples from persons who had diarrhea (11%) ( $p = 0.041$ , by  $\chi^2$  test).

Samples from healthy persons were tested on 2 occasions: 18 samples in September 2007 (New Zealand spring) at the Institute of Environmental Science and Research, Christchurch, in the workplace, and 31 samples in June 2009 (New Zealand winter), at Christchurch Hospital under the guidance of a clinician. We have no reason to believe any of the workplace samples were provided when volunteers had diarrhea, particularly considering our workplace guidelines and staff characteristics. In each testing round, 6 fecal samples had positive test results for *C. ureolyticus*. These periods equate to the peak and trough periods described by Bullman et al. (3). We were unable to provide many details regarding sampling in our paper because of space constraints.

Considering our baseline comparisons of healthy persons with those who had diarrhea, we affirm our con-

clusions are reasonable and that *C. ureolyticus* is an unlikely cause of acute diarrheal disease. Similarly, *C. ureolyticus* (previously classified as *Bacteroides ureolyticus*) has been detected in patients with Crohn's disease and in controls (4). However, different subtypes or undescribed subspecies may be pathogenic: some strains exhibit certain pathogenic characteristics in vitro (5) and others yield amplified fragment length polymorphism profiles that are visually quite distinct from others (6). Host factors also cannot be discounted.

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#### References

1. Bullman S, Corcoran D, O'Leary J, Byrne D, Lucey B, Sleator R. Epsilonproteobacteria in humans, New Zealand [letter]. *Emerg Infect Dis* 2012;18:1709. <http://dx.doi.org/10.3201/eid1810.120369>
2. Cornelius AJ, Chambers S, Aitken J, Brandt SM, Horn B, On SLW. Epsilonproteobacteria in humans, New Zealand. *Emerg Infect Dis*. 2012;18:510–2. <http://dx.doi.org/10.3201/eid1803.110875>
3. Bullman S, Corcoran D, O'Leary J, O'Hare D, Lucey B, Byrne D, et al. Emerging dynamics of human campylobacteriosis in southern Ireland. *FEMS Immunol Med Microbiol*. 2011;63:248–53. <http://dx.doi.org/10.1111/j.1574-695X.2011.00847.x>
4. Zhang L, Man SM, Day AS, Leach ST, Lemberg DA, Dutt S, et al. Detection and isolation of *Campylobacter* species other than *C. jejuni* from children with Crohn's disease. *J Clin Microbiol*. 2009;47:453–5.
5. Burgos-Portugal JA, Kaakoush NO, Rafferty MJ, Mitchell HM. Pathogenic potential of *Campylobacter ureolyticus*. *Infect Immun*. 2012;80:883–90. <http://dx.doi.org/10.1128/IAI.06031-11>
6. Vandamme P, Debruyne L, De Brandt E, Falsen E. Reclassification of *Bacteroides ureolyticus* as *Campylobacter ureolyticus* comb. nov., and emended description of the genus *Campylobacter*. *Int J Syst Evol Microbiol*. 2010;60:2016–22. <http://dx.doi.org/10.1099/ijs.0.017152-0>

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