

nonpregnant or dry dairy cows that had been held in the same pasture, distant from the main farm structures, during October 15–November 15, 2011; during the stamping out process, a second dairy cow from this group had a positive test result by ELISA.

Hunting of wild boar (*Sus scrofa*) had been organized during September–December 2011 in the adjacent forest, and wild boar offal was discarded in a corner of the pasture, with no biosecurity precautions. A recent study confirmed the high prevalence of *B. suis* biovar 2 infection in wild boars in this province (2). These findings suggest that these animals were naturally infected with *B. suis* biovar 2; because of the period between infection and testing, the results indicate that antibodies can be detected in cattle by ELISA performed on milk or serum >16 weeks after infection.

Blood samples were taken from the farmer, his wife, and their 2 children, all of whom regularly consumed raw milk. No clinical signs or symptoms suggestive of brucellosis were reported, and slow agglutination test results for all family members were negative (titer <160), which suggests they had no exposure to *B. suis* biovar 2 (3). A total of 111 cattle carcasses, including that of the second seropositive cow, were sampled at the abattoir, and all other samples were negative for *Brucella* spp.

Our findings indicate that preventive measures against the spread of pathogens such as *Brucella* spp. must be implemented by hunters (i.e., awareness campaigns, biosecurity education, and responsible hunting practices). In addition, biochemical typing of *Brucella* spp. is necessary to trace the source of infections (4,5), and epidemiologic inquiry of positive test result(s) should be conducted to identify or exclude bovine brucellosis and to investigate possible *B. suis* biovar 2 infections. Our bacteriologic results (absence of isolation of *B. suis* biovar 2 from all samples collected

at the abattoir) suggest that stamping out is not necessary because *B. suis* biovar 2 is not likely to be transmitted between cattle because they are spill-over hosts, not preferential hosts for *B. suis* biovar 2, and are thus not likely to sustain the infection. Finally, from a veterinary public health perspective, *B. suis* biovar 2 has a low residual pathogenicity in humans (5,6).

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Hepatitis E and Lymphocytic Leukemia in Man, Italy

To the Editor: Hepatitis E is an enterically transmitted infection with worldwide distribution and high prevalence in developing countries. This disease can occur as large water-borne epidemics associated with hepatitis E virus (HEV) genotypes 1 and 2. Hepatitis E is less common in industrialized countries, including Italy (1), where sporadic autochthonous cases associated with genotypes 3 and 4 have been reported. Virus strains of these genotypes are widespread in different mammalian species, including wild boar (2).

We report a case of hepatitis E in a 60-year-old man born and living in Vicenza, Italy, who was admitted to the Emergency Department of Vicenza Hospital on May 9, 2012 with symptoms of acute icteric hepatitis. He had been given a diagnosis of chronic lymphocytic leukemia and hemolytic anemia in 2003 and underwent 8 treatment cycles of cyclophosphamide and steroids, which were completed 20 days before he came to the Emergency Department.

His liver function test results at admission were the following: alanine aminotransferase 1,804 IU/L, total bilirubin 24.1 mg/dL, and alkaline

although its mechanism of action against HCV and HEV is uncertain. Data are limited on the use of ribavirin in patients with chronic hepatitis E and hematologic malignancies (10). The outcome for our patient suggests that ribavirin might be useful for treating hepatitis E in such patients.

In conclusion, all patients with hepatitis of unknown origin should be tested for HEV, in particular, immunocompromised patients, because they are at risk of acquiring chronic hepatitis and having an adverse outcome. Ribavirin appears to be efficacious in treating hepatitis E and should be considered for any immunocompromised person who has viremia 3 months after acute infection.

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Letters

Letters commenting on recent articles as well as letters reporting cases, outbreaks, or original research are welcome. Letters commenting on articles should contain no more than 300 words and 5 references; they are more likely to be published if submitted within 4 weeks of the original article's publication. Letters reporting cases, outbreaks, or original research should contain no more than 800 words and 10 references. They may have 1 Figure or Table and should not be divided into sections. All letters should contain material not previously published and include a word count.

Q Fever Surveillance in Ruminants, Thailand, 2012

To the Editor: Two cases of fatal endocarditis in Khon Kaen Province in northeastern Thailand were found to be caused by *Coxiella burnetii* (1). Although *C. burnetii* is known to be present in many countries, including in Thailand (2), human infection is more commonly associated with sheep and goats, possibly because these animals shed the organism more frequently in vaginal secretions and feces than do large ruminants (3).

Surveillance for Q fever, which is caused by *C. burnetii*, in livestock is currently based primarily on serologic or PCR testing of milk (4). However, problems in estimating prevalence include serologic assay insensitivity (5,6) or unavailability of milk from nondairy animals.

For diagnosis of Q fever, the placenta of the animal is commonly tested, but testing is usually conducted only when abortions occur, which is only likely when uninfected animals first encounter *C. burnetii*. Therefore, this approach might underestimate true organism distribution in a disease-endemic area (7). In addition, nearly all abortion storms have occurred in sheep or goats, which are rare in Thailand. Ruminant abortion is rarely reported to veterinary authorities in Thailand.

Comparison of paired colostrum and placental samples from sheep showed that *C. burnetii* was found more frequently in placental samples (8), which suggested that the placenta is a better sample than milk for surveillance purposes. Also, a placenta may be more useful because it is more likely to contaminate the farm environment. Milk is an unlikely source of Q fever in adult persons because it is seldom consumed by adults in Thailand.