**Leishmania infantum**

**Infection in Blood Donors, Northeastern Brazil**


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To the Editor: *Leishmania infantum* is endemic to northeastern Brazil. It is responsible for visceral leishmaniasis (VL), a major emerging health problem in urban areas. Transmission occurs predominantly by the *Lutzomyia longipalpis* sand fly, but transfusion-associated VL, caused by *L. infantum*, is also an important mode of transmission. In Fortaleza, 28.4% of the state’s population resides, and 68% of the city’s VL-related deaths have occurred in Fortaleza (1). During May–November 2011, we randomly selected 431 blood units from the State of Ceará Public Blood Bank. Compulsory screening for the other bloodborne pathogens, 93,238 units were accepted for transfusion. Extrapolating from the PCR-positive rate of 4.3%, a total of 4,009 recipients possibly were exposed to infection. Further studies are needed to determine the prevalence of *L. infantum* infection among blood units accepted for transfusion.

The results demonstrate a surprisingly high prevalence of *Leishmania* infection in blood donors in Fortaleza, several times higher than that other diseases for which blood is screened (Figure). In a recent study in Salvador, Brazil (9), 5.4% of blood donors had leishmanial antibodies, of which 68% were positive by its PCR targeting kDNA amplification. The percentages of antibody- or PCR-positive units capable of transmitting *Leishmania* and the outcomes are unknown. Viable *Leishmania* might not be in the blood of all PCR-positive donors, and even when present, the inoculum might be reduced by removal of infected circulating mononuclear phagocytes in the Buffy coat, or parasites might be affected by steps involved in preparation or storage. However, if we consider units that test positive by PCR as being potentially infectious, the number of recipients at risk is of substantial concern. For example, in 2011, there were 99,933 blood donations to the State of Ceará Public Blood Bank. It is unknown how many of the remaining 351 that were negative for co-infection, or storage. However, if we consider units that test positive for ≥1 of compulsorily screened infections and were rejected. Of the remaining 351 that were negative for co-infection, 43 (12.2%) were positive for leishmanial IgG and 15 (4.3%) for *Leishmania* spp. DNA. Two donors were positive for both by ELISA and PCR. The prevalence of *Leishmania* infection among blood units accepted for transfusion was 16%.

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determine whether recipients of blood from donors who are PCR positive and/or leishmanial antibody positive become infected with *L. infantum*. Persons with advanced AIDS or other immunosuppressive conditions seemingly would be at greatest risk for VL.

In Brazil, legislation requires that all blood for transfusion be tested for *T. cruzi*, hepatitis B virus; HCV, hepatitis C virus; HTLV, human T-cell lymphotropic virus; *Tc*, *Trypanosoma cruzi*; *Tp*, *Treponema pallidum*.

Figure. Comparison of the prevalence of *Leishmania infantum* as tested by PCR and ELISA and of other infections compulsorily tested in 431 blood donors in Fortaleza, state of Ceará, northeastern Brazil. HBV, hepatitis B virus; HCV, hepatitis C virus; HTLV, human T-cell lymphotropic virus; *Tc*, *Trypanosoma cruzi*; *Tp*, *Treponema pallidum*.

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References


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**LETTERS**

**Morbillivirus and Pilot Whale Deaths, Canary Islands, Spain, 2015**

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**To the Editor:** Four strains of cetacean morbillivirus (CeMV; family *Paramyxoviridae*, genus *Morbillivirus*) have been detected in the global cetacean population: porpoise morbillivirus (1), dolphin morbillivirus (2), pilot whale morbillivirus (PWMV) (3), and Longman’s beaked whale morbillivirus (4). In addition, 2 novel