

conducted rodent surveillance on several islands. Between May 2002 and November 2003, the MoH recorded 407 cases including 13 death with one third of these cases clustered on Gaafu Dhaalu Atoll, just north of the equator. In September 2002, AFRIMS identified 14 of 28 serological samples as strongly positive for acute scrub typhus infection and positively identified *O. tsutsugamushi* in two of four whole blood samples by PCR. Additional information from rodent collections conducted in July 2003, revealed the presence of *Orientia tsutsugamushi* and *Leptotrombidium* chiggers (vectors of scrub typhus) in wild-caught rodents on several island. Epidemiological investigations have led to several interesting conclusions about the origin of this current epidemic centered around Gaafu Dhaalu Atoll. The remaining cases on other islands in the country most likely represent the true endemic incidence of Tstsugamushi disease. Effective educational and diseases control efforts initiated by the MoH are ongoing and have resulted in a decrease in the number of cases and a 50% reduction in mortality in 2003 compared to 2002.

Abstract of the International Conference on Emerging Infectious Diseases. Atlanta, Georgia, U.S.A. 29 February – 3 March 2004:104.

A STUDY OF FEBRILE ILLNESSES ON THE THAI-MYANMAR BORDER: PREDICTIVE FACTORS OF RICKETTSIOSES

Pickard AL, McDaniel P, Miller RS, Uthaimongkol N, Buathong N, Murray CK, Telford SR 3rd, Parola P and Wongsrichanalai C

We have performed a case-control analysis to determine the significance of clinical, laboratory and epidemiological features as predictive factors of rickettsioses among patients in Sangkhla Buri, Thailand (Thai-Myanmar border). Fifteen serologically-confirmed rickettsiosis patients including Spotted Fever Group (SFG) rickettsioses, scrub typhus, and murine typhus were classified as 'cases'; one hundred and sixty-three acutely febrile patients presenting to the same hospital during the same time period, who had no serological evidence of acute rickettsiosis, were classified as 'controls'. Patients' report of rash/arthropod bite [Odds ratio (OR) 22.90, 95% CI (confidence interval) 6.23, 84.13] and history of jungle trips (OR 5.30, 95% CI 1.69-16.62) were significant risk factors. Elevated ALT (OR 3.04, 95% CI 1.04, 8.88) and depressed platelet count (OR 3.38, 95% CI 1.13, 10.10) were also useful differentiating markers of rickettsioses in this population. Definitive diagnosis of rickettsioses is difficult without specialized diagnostic capabilities that are rarely available in remote areas such as Sangkhla Buri, where other acute febrile illnesses with similar presentation are commonly found. The relative importance of predictive factors presented here may provide clinicians with some useful guidance in distinguishing rickettsioses from other acute febrile illnesses. Timely administration of empiric treatment in highly suspicious cases can deter potential morbidity from these arthropod-borne infections.

Southeast Asian J Trop Med Public Health. 2004; 35(3): 657-63.
