Letter to the Editor

Brief Comment on the Article about Human Anaplasmosis by Arraga-Alvarado et al.

Dear Sir:

We are writing to comment on the article by Arraga-Alvarado and others in the September 2014 issue of The American Journal of Tropical Medicine and Hygiene.1 To provide some necessary background information about the early recognition of ehrlichiosis and anaplasmosis in Venezuela, we would like to bring to the attention of the manuscript’s authors and readers an article published by de Tamí and others in 1994,2 in the third issue of the Revista Científica de la Sociedad Venezolana de Bioanalistas Especialistas, reporting the evaluation of 33 human blood samples and 50 canine blood samples from Caracas, Venezuela, for intra-platelet inclusions inuffy coat smears. In this pioneering study, platelet inclusion bodies (morulae) were identified in 32% of the canine blood samples and 45% of the human blood samples, suggesting that this microorganism could be implicated in the etiology of prolonged fever syndromes and idiopathic thrombocytopenias described in Venezuelan individuals. In 1996, a study conducted by Perez and others3 reported the isolation and antigenic and genetic characterization of a suspected new strain or subspecies of an Ehrlichia-like agent in monocytes from the blood sample of a Venezuelan veterinarian with assumed exposure to infected animals and ticks. Platelet inclusions were also reported in 14% of 87 Venezuelan patients infected with human immunodeficiency virus (HIV),4 suggesting the need for warning HIV-infected individuals and other at-risk populations about avoiding tick-prone areas, carefully examining animals (especially pets and livestock) with clinical signs of tick-borne diseases, and educating health-care providers in Venezuela on ehrlichiosis and anaplasmosis surveillance, prevention, and control.

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REFERENCES