

In Response

Dear Sir:

We thank Blandine and others for their commendation and informative letter, which highlights the problems relating to the diagnosis of tuberculosis and melioidosis in Cambodia, as well as calling for improved data sharing, diagnosis, and management of these conditions in the Mekong Region.¹ We agree that the diagnosis of melioidosis is under-recognized in Cambodia because of lack of clinical recognition, combined with the lack of easy-to-use diagnostic tests. Based on our findings, we proposed that residual sputum specimens from acid-fast bacilli testing should be routinely cultured for *Burkholderia pseudomallei* in melioidosis-endemic areas.² We appreciate, however, that obtaining quality sputum samples from children is difficult, and agree that obtaining a throat swab specimen is likely to be useful in the pediatric population. This feature is also to be encouraged as part of the sampling strategy when melioidosis is suspected at any age.

We concur with the call for a network in the Mekong region to aggregate standardized melioidosis data and provide a more accurate documentation of melioidosis. An existing framework that might be used to facilitate this is the World Melioidosis Network, which has been developed as an open source network among melioidosis researchers (<http://groups.google.com/group/melioidosis>). This would enable transfer of aggregated melioidosis data across the Mekong region and beyond, and efforts have already been made to achieve this transfer (<http://www.melioidosis.info>). The aims of this website are to provide information, recommendations, interactive mapping, databases, and open-access tools for clinicians, microbiologists, researchers and lay persons. The website also has a function to host open-access databases from published and unpublished studies and to provide links to deposited databases. The network and website also support communication and collaborations between researchers and policy makers, which could lead to lasting changes in practice and public health policy.

We also thank Barennes and others for their suggestion that paragonimiasis is an important alternative diagnosis in patients with suspected tuberculosis but a negative acid-fast bacilli smear.³ Paragonimiasis was endemic to Thailand in the 1980s, but one study conducted in a known paragonimiasis-endemic area of central Thailand reported a sharp decrease in prevalence between the mid-1980s and 2005.⁴ This change was related to a change in eating habits, and in particular a reduction in consumption of uncooked food such as crab.⁴ We note their suggestion to retrospectively evaluate acid-fast bacilli for *Paragonimus* eggs, but these were not stored.² We appreciate that the incidence of paragonimiasis is likely to be high in many countries in the Mekong region, and that an assessment of the frequency of *Paragonimus* eggs in residual sputum could be illuminating.

PORNPAN SUNTORNSUT
GUMPHOL WONGSUVAN
VANAPORN WUTHIEKANUN
*Mahidol-Oxford Tropical Medicine Research Unit
Faculty of Tropical Medicine*

*Mahidol University
Bangkok, Thailand*

KRIANGSAK KASEMSUPAT
YAOWARUK JUTRAKUL
*Udon Thani Hospital
Udon Thani, Thailand*

NICHOLAS P.J. DAY
*Mahidol-Oxford Tropical Medicine Research Unit
Faculty of Tropical Medicine
Mahidol University
Bangkok, Thailand and
Center for Clinical Vaccinology and Tropical Medicine
Nuffield Department of Clinical Medicine
University of Oxford
Churchill Hospital
Oxford, United Kingdom*

SHARON J. PEACOCK
*Mahidol-Oxford Tropical Medicine Research Unit
Faculty of Tropical Medicine
Mahidol University
Bangkok, Thailand
Department of Medicine
Cambridge University
Addenbrooke's Hospital
Cambridge, United Kingdom, and
Department of Microbiology and Immunology
Faculty of Tropical Medicine
Mahidol University, Bangkok, Thailand*

DIREK LIMMATHUROTSAKUL
*Mahidol-Oxford Tropical Medicine Research Unit
Faculty of Tropical Medicine
Mahidol University
Bangkok, Thailand and
Department of Tropical Hygiene
Faculty of Tropical Medicine
Mahidol University
Bangkok, Thailand
E-mail: direk@tropmedres.ac*

REFERENCES

1. Rammaert B, Goyet S, Tarantola A, 2014. Melioidosis requires better data sharing for improved diagnosis and management in the Mekong Region. *Am J Trop Med Hyg* 90: 383.
2. Suntornsut P, Kasemsupat K, Silairatana S, Wongsuvan G, Jutrakul Y, Wuthiekanun V, Day NP, Peacock SJ, Limmathurotsakul D, 2013. Short report: Prevalence of melioidosis in patients with suspected pulmonary tuberculosis and sputum smear negative for acid-fast bacilli in northeast Thailand. *Am J Trop Med Hyg* 89: 983–985.
3. Barennes H, Slesak G, Buisson Y, Odermatt P, 2014. Paragonimiasis as an important alternative misdiagnosed disease for suspected acid-fast bacilli sputum smear-negative tuberculosis. *Am J Trop Med Hyg* 90: 384–385.
4. Yoonuan T, Vanvanitchai Y, Dekumyoy P, Komalamisra C, Kojima S, Waikagul J, 2008. Paragonimiasis prevalences in Saraburi Province, Thailand, measured 20 years apart. *Southeast Asian J Trop Med Public Health* 39: 593–600.