Traveler's rickettsioses and domestic rickettsioses in Japan in 2011
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Background: Various rickettsioses distribute worldwide. Scrub typhus and Japanese spotted fever are known in Japan. Each rickettsiosis is reported about 400 cases and over 100 cases every year and has seasonal and geographical characteristics. In contrast, traveler's rickettsioses are febric acute diseases to need attention for all season and nationwide. In 2011, we experienced a laboratory diagnosis of various rickettsioses.

Methods: In many time, untypical cases and imported cases are requested to perform laboratory diagnosis for our laboratory. We performed several PCR tests, targeted different rickettsial sequence regions, and measure antibody titer. We detected a ricketttsial specific gene from acute phase samples (eschars, skin biopsy of rash and whole blood) and confirmed antibody titers elevation by paired sera.

Results: Three African tick bite fever cases were diagnosed (case 1 traveled to Swaziland and case 2 to South Africa in January, and case 7 traveled to Zimbabwe and Botswana in December). Case 3 was forgrin traveler from South Africa, and diagnosed as Boutonneese fever. Case 5 was Scrub typhus who traveled to Malaysia in March. Case 6 was murine typhus, who stayed in Thailand and showed acute respiratory disorder syndrome in April. On the other hand, case 4 was suggested as the new spotted fever group Rickettsia by results of genetic sequence analysis of PCR products and showed antibody elevation against Rickettsia conorii.

Conclusion: Antigenic cross-reactivity are high among spotted fever rickettsia group, there is a limit for differentiation of infected Rickettsia species by serologic diagnosis. In addition, members of spotted fever group Rickettsia have increased until now. Spotted fever rickettsioses show variety in clinical symptom, and have various outbreak situation and distribution. Therefore, history and episodes of the patients before onset are extremely important. In this presentation, we summarize traveler's rickettsioses and domestic rickettsioses in 2011 in Japan.

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Malaria and co-infection among traveller in a referral hospital: a case series
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Background: A referral hospital in tropical region often received referral malaria patient with many co infection undiagnosed and have no respon to the therapy from the local hospital. Because of the inadequate therapy before, the referral patient usually have atypical sign and symptoms. The epidemiology of infection from the region where patient stay should take into consideration because patient could have multiple infection.

Methods: Here we report a case series of three referral patients of Gatot Subroto Central Army Hospital Jakarta, Indonesia with mix falciparum and vivax infection, falciparum and H1N1, vivax and dengue.

Results: Case 1 was a male patient with sudden onset of continuous high grade fever for three days. He was an army on duty referred...