cutaneous sporotrichosis is the most frequent presentation, and the traditional treatments are oral saturated potassium iodide solution and local hyperthermia, but oral itraconazole for 3 to 6 months is now recommended (3, 4).

Sporotrichosis has been described from North and South America, Europe, and Japan. In Asia and Australasia, it has been described from India (5), Taiwan (1), Australia (6), and Thailand (7), but apparently not from Laos, Cambodia, and Burma (Myanmar). Serologic evidence for human sporotrichosis infection is found in highland areas of southwest Vietnam (8). At least in part, the relative paucity of reports probably reflects the lack of sophisticated fungal diagnostic techniques in much of Southeast Asia. Some evidence shows that sporotrichosis is more prevalent in tropical environments with relatively cool temperatures and high humidity such as the Peruvian Andes (9), northwest India (5), southwestern Vietnam (8), and in Laos in the Plain of Jars. If this environmental association is correct, sporotrichosis may occur more extensively in the cooler humid areas of Asia, such as the highlands of China, Laos, Vietnam, and Burma. Sporotrichosis can disseminate in HIV-infected patients, and this syndrome may increase as the prevalence of HIV infection rises in these areas.

With 73% of the Lao population living on <US$2/day (10) and one accessible microbiologic culture laboratory in Laos, PCR is not an available local routine diagnostic technique. We were fortunate to have access to an overseas diagnostic facility, which allowed confirmation of the clinical diagnosis before the patient received a prolonged course of a drug with adverse effects and drug interactions.

Diagnosis by histopathologic examination and culture may be difficult, and identifying laboratories in different regions of the subtropics and tropics with an interest in diagnosis of sporotrichoid lesions and the capability to perform culture and PCR would facilitate the diagnosis and awareness of this disease. Itraconazole, which has become the drug of choice for lymphocutaneous sporotrichosis, is expensive. Saturated solution of potassium iodide is an inexpensive alternative and appears to be effective, although adverse effects occur frequently (3, 4).

Acknowledgments

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References

evaluate serum collected from 130 healthy equines (horses and donkeys) in Colombia, where WNV had not been previously reported. These equines were sampled between September 15 and October 29, 2004, in the northern departments of Córdoba and Sucre in the Caribbean region of Colombia. Samples were heat-inactivated and titrated by PRNT for antibodies to WNV, SLEV, and 3 other South American flaviviruses: Rocio, Ilhéus, and Bussuquara. Twelve specimens (9%) from 10 different premises tested positive for WNV (Table). None of these animals had been vaccinated against WNV or had traveled outside of the region. An equine immunoglobulin (Ig) M capture enzyme-linked immunosorbent assay (ELISA) that used WNV antigen detected anti-WNV IgM in 2 of the 12 specimens, which indicated that some of these infections were relatively recent (probably within 3 months of sampling). The positive findings in both Córdoba and Sucre were corroborated by a WNV-specific blocking ELISA (4). Numerous other samples exhibited flavivirus reactivity in the neutralization and blocking ELISA assays, mostly because of SLEV. Complete test results from these horses, as well as from Colombian cattle and chickens, will be presented elsewhere.

These serologic data should be considered indirect evidence of WNV activity in Colombia. We encourage Colombian human and animal health authorities to enhance surveillance for human, equine, and avian disease attributable to WNV. Efforts are needed to isolate the virus or detect specific viral RNA to confirm this finding and to identify vectors and vertebrate hosts involved in WNV transmission in Colombia.

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Table. PRNT<sub>50</sub> antibody titers to WNV and other South American flaviviruses for Colombian equine sera*†

<table>
<thead>
<tr>
<th>Equine ID†</th>
<th>Department</th>
<th>Age (y)</th>
<th>WNV</th>
<th>SLEV</th>
<th>ILHV</th>
<th>ROCV</th>
<th>BSQV</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Córdoba</td>
<td>4</td>
<td>1:40</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>35</td>
<td>Córdoba</td>
<td>5</td>
<td>1:160</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>39§</td>
<td>Córdoba</td>
<td>4</td>
<td>1:40</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>41</td>
<td>Córdoba</td>
<td>6</td>
<td>1:40</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>76</td>
<td>Sucre</td>
<td>5</td>
<td>1:80</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>85</td>
<td>Sucre</td>
<td>9</td>
<td>1:80</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>94</td>
<td>Sucre</td>
<td>3</td>
<td>1:40</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>101</td>
<td>Sucre</td>
<td>4</td>
<td>1:40</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>109§</td>
<td>Sucre</td>
<td>7</td>
<td>1:160</td>
<td>1:40</td>
<td>1:40</td>
<td>1:10</td>
<td>1:10</td>
</tr>
<tr>
<td>123</td>
<td>Córdoba</td>
<td>6</td>
<td>1:40</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>125</td>
<td>Córdoba</td>
<td>4</td>
<td>1:160</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
<td>&lt;1:10</td>
</tr>
</tbody>
</table>

*These 12 specimens were considered positive for WNV infection; a 4-fold WNV PRNT<sub>50</sub> titer compared to that of other flaviviruses was required for a positive determination of previous WNV infection.
†PRNT<sub>50</sub>, 90% plaque reduction neutralization test; WNV, West Nile virus; SLEV, Saint Louis encephalitis virus (South American strain); ILHV, Ilheus virus; ROCV, Rocio virus; BSQV, Bussuquara virus.
‡All equines were horses except for 76 and 85, which were donkeys.
§Also positive for anti-WNV immunoglobulin M by antibody-capture enzyme-linked immunosorbent assay.

References


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Wild Poliovirus Type 1, Central African Republic

To the Editor: In this article we summarize the investigation and response to the reemergence of wild poliovirus (WPV) type 1 in the Central African Republic (CAR) in 2003. Since 2000, reported annual routine vaccination coverage with >3 doses of oral polio vaccine (OPV) has been very low in CAR (<50%); National Immunization Days have been conducted every year since 1996, except in 2002 (1).

From December 2003 to November 2004, the active acute flaccid paralysis surveillance system reported 112 cases of acute flaccid paralysis.