

- 7 Ács N, Bánhidly F, Puhó E, Czeizel AE. Pregnancy complications and delivery outcomes of pregnant women with influenza. *J Matern Fetal Neonatal Med* 2006; **19**: 135–40.
- 8 Irving WL, James DK, Stephenson T, et al. Influenza virus infection in the second and third trimesters of pregnancy: a clinical and seroepidemiological study. *BJOG* 2000; **107**: 1282–89.
- 9 France EK, Smith-Ray R, McClure D, et al. Impact of maternal influenza vaccination during pregnancy on the incidence of acute respiratory illness visits among infants. *Arch Pediatr Adolesc Med* 2006; **160**: 1277–83.
- 10 Black SB, Shinefield HR, France EK, Fireman BH, Platt ST, Shay D. Effectiveness of influenza vaccine during pregnancy in preventing hospitalizations and outpatient visits for respiratory illness in pregnant women and their infants. *Am J Perinatol* 2004; **21**: 333–39.
- 11 Zaman K, Roy E, Arifeen SE, et al. Maternal influenza immunization in mothers and infants. *N Engl J Med* 2008; published online Sept 17; DOI:10.1056/NEJMoa0708630.
- 12 Russell CA, Jones TC, Barr IG, et al. The global circulation of seasonal influenza A (H3N2) viruses. *Science* 2008; **320**: 340–46.
- 13 Munoz FM, Greisinger AJ, Wehman OA, et al. Safety of influenza vaccination during pregnancy. *Am J Obstet Gynecol* 2005; **192**: 1098–106.
- 14 Heinonen OP, Slone D, Shapiro S. Birth defects and drugs in pregnancy. Littleton, MA: Publishing Sciences Group Inc, 1977: 1–516.
- 15 Institute of Medicine. Immunization safety review: vaccines and autism. Washington, DC: The National Academy Press, 2004.
- 16 European Agency for the Evaluation of Medicinal Products. EMEA public statement on thiomersal in vaccines for human use—recent evidence supports safety of thiomersal-containing vaccines. London, 24 March. 2004. EMEA/CPMP/VEG/1194/04. <http://www.emea.europa.eu/pdfs/human/press/pus/119404en.pdf> (accessed Sept 29, 2008).
- 17 Global Advisory Committee on Vaccine Safety. Statement on thiomersal. July, 2006. [http://www.who.int/vaccine\\_safety/topics/thiomersal/statement200308/en/index.html](http://www.who.int/vaccine_safety/topics/thiomersal/statement200308/en/index.html) (accessed Sept 26, 2008).
- 18 US Food and Drug Administration. Thimerosal in vaccines. Updated June 3, 2008. <http://www.fda.gov/cber/vaccine/thimerosal.htm> (accessed Sept 26, 2008).
- 19 National Toxicology Program. Thimerosal [54-64-8]. Nomination to the National Toxicology Program. Review of the literature. April 2001. [http://ntp.niehs.nih.gov/ntp/htdocs/Chem\\_Background/ExSumPdf/Thimerosal.pdf](http://ntp.niehs.nih.gov/ntp/htdocs/Chem_Background/ExSumPdf/Thimerosal.pdf) (accessed Sept 26, 2008).
- 20 Varricchio F, Iskander J, Destefano F, et al. Understanding vaccine safety information from the Vaccine Adverse Event Reporting System. *Pediatr Infect Dis J* 2004; **23**: 287–94.

## Hepatosplenic cat-scratch fever with seropositivity for *Bartonella quintana*?

In the Clinical Picture by Federico Laham and Sheldon Kaplan,<sup>1</sup> we found an unexplained inconsistency between the clinical description of the case, which clearly could be related to a cat-scratch disease (history of cat scratch to the face), and the serological results, which are more indicative of a causative role for *Bartonella quintana*, instead of *Bartonella henselae* (antibody titres 1/32 768 and 1/2048, respectively). *B henselae* is transmitted by cat scratch and causes a regional lymphadenitis, whereas *B quintana*, transmitted by body louse bites, was responsible for the “classic” trench fever (especially during World Wars I and II). At present, *B quintana* is related to chronic lymphadenopathy, bacteraemia, endocarditis, bacillary angiomatosis, and peliosis in patients with advanced HIV infection, and bacteraemia, with and without endocarditis, in homeless people without HIV infection, most notably in Seattle, WA, USA, and Marseille, France.<sup>2,3</sup>

In a case clinically similar to that described by Laham and Kaplan—ie, an immunocompetent man with a 3-day history of progressive right retromandibular swelling—but without fever and weight loss or other symptoms and signs, and without history of cat contact or cat scratch, we isolated a *B quintana* strain from the

enlarged parotid gland of the patient (Mansueto P et al, unpublished data). Serology was negative for *B henselae* and positive for *B quintana* (IgG 1/256 [normal less than 1/64] and IgM 1/40 [normal less than 1/20], respectively).

In the case report from Seattle,<sup>2</sup> *B quintana* was isolated from the blood specimens of ten homeless patients with fever and persistent bacteraemia: three patients reported a recent cat scratch, five had scabies, and one had body lice. Perhaps *Bartonella* spp have many things still to tell.

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- 1 Laham FR, Kaplan SL. Hepatosplenic cat-scratch fever. *Lancet Infect Dis* 2008; **8**: 140.
- 2 Spach DH, Kanter AS, Dougherty MJ, et al. *Bartonella (Rochalimaea) quintana* bacteremia in inner-city patients with chronic alcoholism. *N Engl J Med* 1995; **332**: 424–28.
- 3 Brouqui P, Lascola B, Roux V, Raoult D. Chronic *Bartonella quintana* bacteremia in homeless patients. *N Engl J Med* 1999; **340**: 184–89.



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