HAT data indicate seasonality of this disease; incidence is higher during January, February, and March (p = 0.04, by Mann-Whitney test).Seasonality of HAT incidence has been noted elsewhere and linked to seasonal influences on tsetse habitat suitability. We propose that seasonality of cattle trading may also play a role because cattle purchases increase before the Christmas season, which promote pathogen spread and increased transmission. This finding is consistent with research highlighting the role of livestock markets in the spread of T. b. rhodesiense in central Uganda and would further support a body of literature suggesting, as espoused by the SOS initiative, that control of animal reservoirs of the disease is a critical component of intervention measures (2,7-9). Implementation and enforcement of regulations for treatment of cattle before sale at markets would also contribute to limiting spread (9.10):

Interventions in districts in central Uganda in which convergence is predicted have been slow and incomplete. If convergence has occurred. this finding indicates that a specific region in Africa has had concurrent infection with both causes of HAT, with implications prevention, treatment, control. Since 2000, Uganda has had continued northward spread of T. b. rhodesiense infections, reducing the distance with TbG to <100 km, which we believe is a conservative estimate. Reinstatement of active surveillance of HAT and support for central data collection in Uganda are long overdo and warranted immediately.

Lea Berrang-Ford, Charles Wamboga, and Abbas S.L. Kakembo

Author affiliations: McGill University, Montreal, Quebec, Canada (L. Berrang-Ford); and Ministry of Health, Kampala, Uganda (C. Wamboga, A.S.L. Kakembo)

DOI: http://dx.doi.org/10.3201/eid1810.111213

References

- Fèvre EM, Wissmann B, Welburn SC, Lutumba P. The burden of human African trypanosomiasis. PLoS Negl Trop Dis. 2008;2:e333. http://dx.doi.org/10.1371/ journal.pntd.0000333
- Welburn SC, Coleman PG, Maudlin I, Fèvre EM, Odiit M, Eisler EC. Crisis, what crisis? Control of Rhodesian sleeping sickness. Trends Parasitol. 2006;22:123–8. http://dx.doi.org/10.1016/j.pt.2006.01.011
- Berrang-Ford L, Berke O, Sweeney S, Abdelrahman L. Sleeping sickness in south-eastern Uganda: a spatio-temporal analysis of disease risk, 1970–2003. Vector Borne Zoonotic Dis. 2010;10:977–88. http://dx.doi.org/10.1089/vbz.2008.0196
- Berrang-Ford L, Berke O, Abdelrahman L, Waltner-Toews D, McDermott J. Spatial analysis of sleeping sickness in south-eastern Uganda, 1970–2003. Emerg Infect Dis. 2006;12:813–20. http://dx.doi. org/10.3201/eid1205.051284
- Kabasa JD. Public-private partnership works to stamp out sleeping sickness in Uganda. Trends Parasitol. 2007;23:191–2. http://dx.doi.org/10.1016/j.pt.2007.03.006
- Odiit M, Coleman PG, Liu W-C, McDermott JJ, Fèvre EM, Welburn SC, et al. Quantifying the level of under-detection of *Trypanosoma brucei rhodesiense* sleeping sickness cases. Trop Med Int Health. 2005;10:840–9. http://dx.doi. org/10.1111/i.1365-3156.2005.01470.x
- Fèvre EM, Coleman P, Odiit M, Magona J, Welburn S, Woolhouse M. The origins of a new *Trypanosoma brucei rhodesiense* sleeping sickness outbreak in eastern Uganda. Lancet. 2001;358:625-8. http://dx.doi.org/10.1016/S0140-6736(01)05778-6
- 8. Kabayo JP. Campaign against tsetse flies. Public Health J. 2010;21:23–31.
- Simarro PP, Jannin J, Cattand P. Eliminating human African trypanosomiasis: where do we stand and what comes next? PLoS Med. 2008;5:e55. http://dx.doi. org/10.1371/journal.pmed.0050055
- 10. Batchelor NA, Atkinson P, Gething P, Picozzi K, Fevre E, Kakembo A, et al. Spatial predictions of Rhodesian human African trypanosomiasis (sleeping sickness) prevalence in Kaberamaido and Dokolo, two newly affected districts of Uganda. PLoS Negl Trop Dis. 2009;3:e563. http://dx.doi.org/10.1371/journal.pntd.0000563

Address for correspondence: Lea Berrang-Ford, Department of Geography, McGill University, 805 Sherbrooke St. West, Burnside 705, Montreal, Quebec H3A 2K6, Canada; email: lea.berrangford@mcgill.ca

Rickettsia felis in Aedes albopictus Mosquitoes, Libreville, Gabon

To the Editor: Rickettsia felis, an emerging pathogen first identified in the cat flea (1), has been detected in other fleas, ticks, mites, and booklice (2). R. felis can be cultured in mosquito cell lines derived from Anopheles and Aedes albopictus gambiae (Asian tiger) mosquitoes (2), so its compatibility with mosquitoes in nature can be suspected. In sub-Saharan Africa, R. felis bacteremia in humans is common, especially during the rainy season, when mosquitoes proliferate. We tested anthropophilic mosquitoes for the presence of R. felis DNA (3-5).

During December 2008–January 2010, we randomly selected female *Ae. albopictus* and *Ae. aegypti* mosquitoes (96 each) from specimens obtained by human-landing collections from 4 sites in Libreville, Gabon (6). Specimens were collected during the rainy season (mid-January–end of May and end of September–mid-December); no parity data were available.

We extracted 192 DNA samples from homogenate (abdomen, wings, legs) of each nonengorged, hostseeking, adult mosquito by using 8000 BioRobot (OIAGEN S.A.S., Courtaboeuf, France) and QIAamp Media MDx Kit (QIAGEN) according to the manufacturer's instructions. Samples were screened quantitative real-time PCR (qPCR) targeting the biotin synthase (bioB) gene (4). Positive results were confirmed by qPCR-based molecular detection targeting the orfB gene, which codes for a transposition helper protein. This qPCR used a set of primers not previously used in our laboratory (R_fel.OrfB_F: 5'-CCCTTTTCGTAACGCTTTGCT-3' and R fel.OrfB R: 5'-GGGCTAAA CCAGGGAAACCT-3') and the probe

R fel.OrfB P: 6-FAM-TGTTCCGGT TTTAACGGCAGATACCCA-TAMRA. Specificity of the qPCR was tested in silico and on the 31 Rickettsia spp. from our laboratory. The final qPCR reaction mixture contained extracted DNA (5 µL) and mix (15 μL) that contained master mix (10 μL) from the QuantiTect Probe PCR Kit (QIAGEN, Hilden, Germany), each primer (0.5 µL, 20 pmol), probe (0.5 µL, 62.5 nmol), and RNase-free water (3.5 µL). Amplification and sequence detection were performed in a CFX96 Touch thermocycler (Bio-Rad, Marnes-la-Coquette, France) as follows:15 min at 95°C followed by 40 cycles of 1 s at 95°C, 40 s at 60°C, and 40 s at 45°C.

Test results for all Ae. aegypti homogenates were negative for R. felis DNA. Of the 96 Ae. albopictus specimens, 3 (3.1%) had positive test results for the R. felis species—specific real-time qPCR and the confirmatory qPCR, with mean cycle thresholds ± SDs of 37.34 ± 1.7 (bioB gene; mean copies/mosquito 5 × 10² [minimum 1.2×10^2 , maximum 1.4×10^3) and 33.64 ± 1.4 (orfB gene; mean copies/ mosquito 5×10^2 [minimum 1.5 × 10^2 , maximum 1×10^3). One of the 3 samples was collected in January and 2 in March. The samples came from 3 different districts of Libreville (Akebe Poteau, Alibandeng, Camp des Boys) and were tested by nested PCR targeting the citrate synthase (gltA) gene (7). Rickettsia montanensis DNA was used as a positive control. Sequencing was performed described (7), and ChromasPro version 1.34 (Technelysium Pty Ltd., Tewantin, Queensland, Australia) was used to analyze sequence data. Sequences of the bioB (120/120) and *glt*A (1,230/1,230) amplicons at the nucleotide level were 100% homologous to sequences for R. felis URRWXCal2 (GenBank accession no. CP000053). The gltA fragment sequence was deposited in GenBank (accession no. JQ674484).

Mosquitoes were considered positive for *R. felis* when the qPCR result was ≤35 cycle thresholds for 1 target gene and the additional DNA sequence was successfully amplified. No sample in this study was positive for only 1 target gene or had a qPCR threshold >35 cycle thresholds for both genes.

Contamination is a critical problem for the PCR-based identification of microbes. However, the validity of the data we report is based on strict laboratory procedures and controls that are commonly used in the World Health Organization Reference Center for Rickettsial Diseases, including rigorous positive and negative controls to validate the test. Each positive qPCR result was confirmed by another R. felis-specific qPCR (orfB) not previously used in our laboratory (to avoid contamination with other amplicons).

Ae. albopictus mosquitos are native to Southeast Asia, colonizing rural and peri-urban sites. In Gabon, Ae. albopictus was the vector for outbreaks of chikungunya and dengue virus infections (6). Our study indicates that mosquitoes can carry R. felis, and the prevalence and load (1.8%-70% and $1.3\times10^3-1.6\times10^7$, respectively) detected in mosquitoes in this study are consistent with the low-end range of those detected in cat fleas, the confirmed biological vector and reservoir (8,9).

We investigated the presence of Rickettsia spp. in mosquitoes neglected as possible vectors of rickettsial diseases (2). Other Aedes spp. and other genera of mosquitoes should be tested. The role of mosquitoes as *Rickettsia* spp. vectors remains be demonstrated in additional studies that use the Mitchell criteria. These studies should include the use of cell culture to isolate or detect R. felis in salivary glands of specimens from wild-caught mosquitoes, PCR, immunofluorescence, and the fluorescence in situ hybridization technique; demonstration of infection

of a mosquito after experimental feeding on a bacteremic host or bacterial suspension; and demonstration of the transmission of bacteria to a vertebrate through the bite of a mosquito (10).

Cristina Socolovschi, Frédéric Pagés, and Didier Raoult

Author affiliations: Aix-Marseille Université, Marseille, France (C. Socolovschi, D. Raoult); and CIRE/ARS Océan Indien (Les Cellules interrégionales d'épidémiologie/ Agence Régionale de Santé), La Réunion, France (F. Pagés)

DOI: http://dx.doi.org/10.3201/eid1810.120178

References

- La Scola B, Meconi S, Fenollar F, Rolain JM, Roux V, Raoult D. Emended description of *Rickettsia felis* (Bouyer et al. 2001), a temperature-dependent cultured bacterium. Int J Syst Evol Microbiol. 2002;52:2035–41. http:// dx.doi.org/10.1099/ijs.0.02070-0
- 2. Parola P. *Rickettsia felis*: from a rare disease in the USA to a common cause of fever in sub-Saharan Africa. Clin Microbiol Infect. 2011;17:996–1000. http://dx.doi.org/10.1111/j.1469-0691.2011.03516.x
- Richards AL, Jiang J, Omulo S, Dare R, Abdirahman K, Ali A, et al. Human infection with *Rickettsia felis*, Kenya. Emerg Infect Dis. 2010;16:1081–6. http:// dx.doi.org/10.3201/eid1607.091885
- Socolovschi C, Mediannikov O, Sokhna C, Tall A, Diatta G, Bassene H, et al. *Rickettsia felis*–associated uneruptive fever, Senegal. Emerg Infect Dis. 2010;16:1140–2. http://dx.doi. org/10.3201/eid1607.100070
- Maina AN, Knobel DL, Jiang J, Halliday J, Feikin DR, Cleaveland S, et al. *Rickettsia felis* infection in febrile patients, western Kenya, 2007–2010. Emerg Infect Dis. 2012;18:328–31. http:// dx.doi.org/10.3201/eid1802.111372
- Mourou JR, Coffinet T, Jarjaval F, Cotteaux C, Pradines E, Godefroy L, et al. Malaria transmission in Libreville: a one year survey. Malar J. 2012;11:40. http:// dx.doi.org/10.1186/1475-2875-11-40
- Mediannikov OY, Sidelnikov Y, Ivanov L, Mokretsova E, Fournier PE, Tarasevich I, et al. Acute tick-borne rickettsiosis caused by *Rickettsia heilongjiangensis* in Russian Far East. Emerg Infect Dis. 2004;10:810–7. http://dx.doi.org/10.3201/ eid1005.030437

- Reif KE, Macaluso KR. Ecology of *Rickettsia felis*: a review. J Med Entomol. 2009;46:723–36. http://dx.doi. org/10.1603/033.046.0402
- Reif KE, Stout RW, Henry GC, Foil LD, Macaluso KR. Prevalence and infection load dynamics of *Rickettsia felis* in actively feeding cat fleas. PLoS ONE. 2008;3:e2805. http://dx.doi.org/10.1371/ journal.pone.0002805
- Mitchell CJ. The role of *Aedes albopictus* as an arbovirus vector. Parassitologia. 1995;37:109–13.

Address for correspondence: Didier Raoult, URMITE, UMR CNRS 7278, IRD 198, INSERM 1095, Faculté de Médecine, 27 Bd Jean Moulin, 13385 Marseille Cedex 5, France; email: didier.raoult@gmail.com

Bartonella spp. Infection Rate and B. grahamii in Ticks

To the Editor: Bacteria of the genus *Bartonella* are transmitted by arthropods and are often implicated in human disease. Even though ticks are known to transmit a variety of pathogens, vector competences for transmission of *Bartonella* spp. by ticks were speculative (1) until recently, when in vivo transmission of *B. birtlesii* by *Ixodes ricinus* ticks was demonstrated in mice (2). This finding suggests that this tick species,

which is common in Europe, may also transmit zoonotic *Bartonella* spp. Evidence of possible tick transmission of bartonellae to humans under natural conditions was provided by Eskow et al. (3) and Angelakis et al. (4), who identified *Bartonella* spp. in tissue samples of patients who were recently bitten by ticks. We determined the prevalence of *Bartonella* spp. in questing *I. ricinus* ticks in the city of Hanover, Germany, which is nicknamed The Green Metropolis and was selected the German Capital of Biodiversity in 2011.

During April-October 2010, we collected 2,100 questing ticks, consisting of 372 adults (177 female and 195 male), 1,698 nymphs, and 30 larvae, from 10 recreation areas in Hanover. Tick DNA was extracted by using the NucleoSpin 8 Blood kit (Macherey-Nagel, Düren, Germany). Plasmid DNA constructed from B. henselae reference strain ATCC49793 containing the 249-bp target sequence of the gltA gene was used as positive control. Bartonella spp. in ticks was detected by quantitative PCR (qPCR) by using the Mx3005 Multiplex Quantitative PCR System (Stratagene, Heidelberg, Germany) according to the protocol described by Mietze et al. (5), with minor modifications. Samples positive by qPCR were verified by gel electrophoresis. Bartonella species were differentiated by sequencing (Eurofins MWG Operon, Ebersberg, Germany), and obtained sequences underwent BLAST (http://blast.ncbi.

nlm.nih.gov/Blast.cgi) comparison to published sequences.

On the basis of the ampliconspecific melting temperature and DNA bands representing the specific size of 249-bp after gel electrophoresis, results of qPCR showed 100 (4.76%) infected I. ricinus ticks (Table). Positive results did not vary by developmental tick stages; 4.84% (18/372) adult ticks (5.08% [9/177] female and 4.62% [9/195] male), 4.71% (80/1,698) nymphs, and 6.67% (2/30) larvae were infected (Table). Because Bartonella spp. do not seem to be transmitted transovarially (6), it is likely that larvae had interrupted blood meals and thus did not take up enough blood to develop into the nymphal stage.

Seasonal changes in *Bartonella* spp. infection rates resulted in a higher peak in May (38/300 [12.67%]) than in the other months (Table). For sampling locations, infection rates for grassy sampling location 6 (4/210 [1.90%] infected ticks) differed significantly (Bonferroni-Holm adjusted p<0.001; *<0.0011) from that of densely wooded sampling location 9 (22/210 [10.48%] infected ticks).

Sequencing of the *gltA* fragment resulted in *Bartonella* species identification for 56/100 positive samples; 52 of these samples (from 38 nymphs, 13 adults, and 1 larva) were identified as infected with *B. henselae*. In 51 samples (92.86%), maximum identity with the BLAST top hit sequence was 99% because of

Ticks	April	May	June	July	August	September	October	Total
No. infected ticks/no. tested (%)	5/300	38/300	7/300	10/300	5/300	17/300	18/300	100/2,100
	(1.67)	(12.67)	(2.33)	(3.33)	(1.67)	(5.67)	(6.00)	(4.76)
No. (%) adults positive	1/88	8/48	0/39	0/41	2/56	3/53	4/47	18/372
	(1.14)	(16.67)			(3.57)	(5.66)	(8.51)	(4.84)
No. (%) females	1/32	3/19	0/20	0/17	1/32	2/28	2/29	9/177
	(3.13)	(15.79)			(3.13)	(7.14)	(6.90)	(5.08)
No. (%) males	0/56	`5/29´	0/19	0/24	`1/24 [´]	`1/25 [´]	`2/18 [′]	9/195
		(17.24)			(4.17)	(4.00)	(11.11)	(4.62)
No. (%) nymphs	3/203	30/248	7/261	10/259	3/244	14/240	13/243	80/1,698
	(1.48)	(12.10)	(2.68)	(3.86)	(1.23)	(5.83)	(5.35)	(4.71)
No. (%) larvae	`1/9 [′]	0/4	`ND ´	`ND´	`ND´	` 0/7 [′]	`1/10 [′]	2/30
	(11.11)						(10.00)	(6.67)

^{*}ND, testing not done.