specimens likely account for the majority of positive cultures. In these cases, no antimicrobial therapy has been administered, and the rate of subsequent device infection has been no greater than expected. Thus, cultures should not be obtained routinely, because if positive, they could be misinterpreted as being clinically significant and lead to the inappropriate administration of antimicrobials, or worse, removal of the newly implanted device. [3, p 472]

References

Alkhurma Hemorrhagic Fever Virus: An Emerging Pathogen?


The Saudi Arabian Ministry of Health announced on 31 January 2010 that a total of 7 cases of Alkhurma hemorrhagic fever virus infection had been detected in Makkah (Mecca) and Najran in the previous 2 months. No information was provided regarding the most recent cases, but it had previously been reported that the first 4 were linked to last year’s Hajj, with all 4 having been involved in the slaughter or processing of sheep on 22 November 2009.

Only 2-dozen confirmed cases of human Alkhurma virus infection had been identified prior to these current ones. The first identified human cases of infection occurred in 6 male butchers in Jeddah in 1995. Approximately one-half of all the cases have exhibited hemorrhagic manifestations and one-fifth had encephalitis; the case-fatality rate has been 25%. The natural hosts of the virus are sheep, goats, and camels. Ornithodoros ticks are the only known vectors, but as in the recent cases, transmission can result from exposure to infected ruminants during butchering and processing, and is also reported to have occurred after consumption of unpasteurized dairy products derived from infected animals.

Alkhurma hemorrhagic fever virus, along with hantavirus and Crimean-Congo hemorrhagic fever virus, was recently highlighted by the World Health Organization as one of 3 emerging infectious disease agents [1]. Alkhurma virus, named after the town of Al-Khurma in western Saudi Arabia where the first identified cases occurred, is one of 3 tick-borne flaviviruses that cause hemorrhagic fever in humans. The other 2 are Omsk hemorrhagic fever virus, found in Siberia, and Kyasanur Forest disease virus, present in the southern Indian state of Karnataka (which contains Bangalore [Bengaluru], the “Silicon Valley” of India).

Alkhurma virus has 89% nucleotide sequence homology with Kyasanur Forest Disease virus.

The prevalence of infection with this virus in humans in the affected areas is unknown and is likely to be much higher than the small number of identified clinical cases would imply. Although all human cases of Alkhurma virus infection detected to date have occurred in provinces on the west coast of Saudi Arabia, its presence in ruminants raises concern about its potential geographic spread via livestock trade with neighboring countries.

Reference