

This study was supported in part by US Public Health Service grants D43TW007120 and K24AI068903 (to J.M.V.).

**Christopher A. Duplessis,
Marvin J. Sklar, Ryan C. Maves,
Anne Spichler, Braden Hale,
Mark Johnson, Mary Bavaro,
and Joseph M. Vinetz**

Author affiliations: Naval Medical Center, San Diego, California, USA (C.A. Duplessis, M.J. Sklar, R.C. Maves, M. Johnson, M. Bavaro); University of California, La Jolla, California, USA (A. Spichler, J.M. Vinetz); and Naval Health Research Center, San Diego (B. Hale)

DOI: <http://dx.doi.org/10.3201/eid1712.110700>

References

- Katz AR, Buchholz AE, Hinson K, Park SY, Effler PV. Leptospirosis in Hawaii, USA, 1999–2008. *Emerg Infect Dis*. 2011;17:221–6.
- Leshem E, Segal G, Barnea A, Yitzhaki S, Ostfeld I, Pitlik S, et al. Travel-related leptospirosis in Israel: a nationwide study. *Am J Trop Med Hyg*. 2010;82:459–63. doi:10.4269/ajtmh.2010.09-0239
- Lau C, Smythe L, Weinstein P. Leptospirosis: an emerging disease in travelers. *Travel Med Infect Dis*. 2010;8:33–9. doi:10.1016/j.tmaid.2009.12.002
- Spichler AS, Vilaca PJ, Athanazio DA, Albuquerque JO, Buzzar M, Castro B, et al. Predictors of lethality in severe leptospirosis in urban Brazil. *Am J Trop Med Hyg*. 2008;79:911–4.
- Spichler A, Mook M, Chapola EG, Vinetz J. Weil's disease: an unusually fulminant presentation characterized by pulmonary hemorrhage and shock. *Braz J Infect Dis*. 2005;9:336–40. doi:10.1590/S1413-86702005000400011
- Segura ER, Ganoza CA, Campos K, Ricaldi JN, Torres S, Silva H, et al. Clinical spectrum of pulmonary involvement in leptospirosis in an endemic region, with quantification of leptospiral burden. *Clin Infect Dis*. 2005;40:343–51. doi:10.1086/427110
- Lim JT, Heetderks P, Fraser S, Shimamoto P. Pulmonary hemorrhage associated with severe leptospirosis, a case series from Hawaii and review of the literature. *Crit Care Med*. 2004;32(Suppl):A184.
- Dolnikoff M, Mauad T, Bethlem E, Carlos R, Ribeiro C. Pathology and pathophysiology of pulmonary manifestations in leptospirosis. *Braz J Infect Dis*. 2007;11:142–8. doi:10.1590/S1413-86702007000100029
- Croda J, Neto AN, Brasil RA, Pagliari C, Nicodemo AC, Duarte MI. Leptospirosis pulmonary haemorrhage syndrome is associated with linear deposition of immunoglobulin and complement on the alveolar surface. *Clin Microbiol Infect*. 2010;16:593–9. doi:10.1111/j.1469-0691.2009.02916.x
- Phimda K, Hoontrakul S, Suttinont C, Chareonwat S, Losuwanaluk K, Chueasuwanchai S, et al. Doxycycline versus azithromycin for treatment of leptospirosis and scrub typhus. *Antimicrob Agents Chemother*. 2007;51:3259–63. doi:10.1128/AAC.00508-07

Address for correspondence: Christopher A. Duplessis, Naval Medical Center San Diego, 34800 Bob Wilson Dr, Suite 5, San Diego, CA 92134-1005, USA; email: chris.duplessis@waldenu.edu

Salmonella enterica in Pinnipeds, Chile

To the Editor: Several wildlife-associated zoonotic agents have played a major role in the emergence of diseases in humans (1). However, diseases can also emerge in wildlife as a result of human activities, such as contamination of the marine environment and its fauna by the disposal of nontreated human sewage. *Salmonella enterica* is among the agents identified as causing infection in various marine birds and mammals, including pinnipeds, from different geographic regions (2–4).

The objective of our study was to determine whether *S. enterica* infection occurs in pinnipeds from the Chilean coast. During August–December 2010, we obtained samples from 13 South American sea lions

(*Otaria flavescens*) that the sanitary authority found malnourished and stranded at the northern Chilean beaches of Antofagasta (23°40'S, 70°24'W) and Los Vilos (31°54'S, 71°30'W) (Table). The pinnipeds showed no clinical signs or symptoms of disease; however, rectal swab samples were obtained during their stay for rehabilitation at the Buin Marino facilities (Santiago, Chile). After the animals recovered, they were released to their original habitat.

The swab samples were placed in Cary-Blair transport medium (COPAN, Murrieta, CA, USA) for shipment to the laboratory (Laboratory of Infectious Diseases, University of Chile, Santiago). To isolate bacteria, we placed the swab samples into 5 mL of buffered peptone water (Difco APT broth; Becton Dickinson, Franklin Lakes, NJ, USA), incubated them for 24 h at 42°C with agitation, and then aliquots of the suspension were transferred into the following media: modified semisolid Rappaport-Vassiliadis basal medium (Oxoid, São Paulo, Brazil) with novobiocin (20 µg/mL), selenite cysteine broth base (Oxoid), and xylose lysine desoxycholate agar (Difco XLD; Becton Dickinson). After the aliquots were incubated at 37°C for 24–48 h, we identified suspected colonies by using biochemical tests and *invA* gene detection by PCR (5). Results showed that 2 of the 13 animals were infected with *S. enterica* strains, which were serotyped as *S. enterica* serotype Newport and *S. enterica* serotype Havana (Table), according to the Kauffmann-White scheme (6). Testing showed that the strains were susceptible to the following antimicrobial drugs: ampicillin, chloramphenicol, tetracycline, amoxicillin/clavulanic acid, trimethoprim/sulfamethoxazole, cefotaxime, nalidixic acid, nitrofurantoin, ciprofloxacin, ceftazidime, and cefoxitin (7).

Our results confirm *S. enterica* infection in pinnipeds from Chile and,

Table. Characteristics of South American sea lions (*Otaria flavescens*) tested for infection with *Salmonella* spp., Chilean coast, August–December 2010*

Identification no.	Sex	Age†	Source, city in Chile	<i>S. enterica</i> serotype isolated
p070810	F	Juvenile	Antofagasta	ND
p240810	F	Juvenile	Los Vilos	ND
p260810	F	Juvenile	Los Vilos	ND
p090910–1	M	Pup	Antofagasta	Havana
p090910–2	F	Pup	Antofagasta	ND
p140910	M	Pup	Antofagasta	Newport
p011210–1	F	Pup	Antofagasta	ND
p011210–2	F	Pup	Antofagasta	ND
p011210–3	F	Pup	Antofagasta	ND
p011210–4	F	Pup	Antofagasta	ND
p011210–5	F	Pup	Antofagasta	ND
p011210–6	F	Pup	Antofagasta	ND
p011210–7	F	Pup	Antofagasta	ND

*ND, no detection.

†Juvenile, animal 1–5 years of age; pup, animal <1 year of age.

more broadly, the South American coast and contrast with previous unsuccessful attempts to detect *Salmonella* spp. in pinnipeds from Valdivia, 2,200 km to the south (8). This finding suggests geographic variability in the epidemiology of infection; however, this possibility must be confirmed in additional studies with more samples and additional regions.

S. enterica is an endemic bacterium in Chile that causes infection in humans and domestic animals. The Chilean sanitary authority includes *S. enterica* infection among the list of notifiable diseases, but surveillance is not conducted for *S. enterica* in wildlife. However, consideration should be given to changing this situation, given a report suggesting *S. enterica* as a priority for active surveillance (9). In addition, *S. enterica* serotypes Newport and Havana have been detected in Chile's human population (10), strengthening the necessity for official support for initiatives addressing the need to elucidate the epidemiology of *Salmonella* in aquatic animals.

This work was supported by a grant from the International Society for Infectious Diseases.

**Natalie Sturm, Pedro Abalos,
Alda Fernandez,
Guillermo Rodriguez,
Pilar Oviedo, Viviana Arroyo,
and Patricio Retamal**

Author affiliations: Universidad de Chile, Santiago, Chile (N. Sturm, P. Abalos, P. Oviedo, V. Arroyo, P. Retamal); Instituto de Salud Pública, Santiago (A. Fernandez); and Buin Marino, Santiago (G. Rodriguez)

DOI: <http://dx.doi.org/10.3201/eid1712.111103>

References

- Jones KE, Patel NG, Levy MA, Storeygard A, Balk D, Gittleman JL, et al. Global trends in emerging infectious diseases. *Nature*. 2008;451:990–3. doi:10.1038/nature06536
- Fenwick SG, Duignan PJ, Nicol CM, Leyland MJ, Hunter JE. A comparison of *Salmonella* serotypes isolated from New Zealand sea lions and feral pigs on the Auckland Islands by pulsed-field gel electrophoresis. *J Wildl Dis*. 2004;40:566–70.
- Stoddard RA. *Salmonella* and *Campylobacter* spp. in northern elephant seals, California. *Emerg Infect Dis*. 2005;11:1967–9.
- Palmgren H, McCafferty D, Aspan A, Broman T, Sellin M, Wollin R, et al. *Salmonella* in sub-Antarctica: low heterogeneity in *Salmonella* serotypes in South Georgian seals and birds. *Epidemiol Infect*. 2000;125:257–62. doi:10.1017/S0950268899004586
- Malorny B, Hoorfar J, Bunge C, Helmuth R. Multicenter validation of the analytical accuracy of *Salmonella* PCR: towards an international standard. *Appl Environ Microbiol*. 2003;69:290–6. doi:10.1128/AEM.69.1.290-296.2003
- Grimont PAD, Weill FX. Antigenic for-

mulae of the *Salmonella* serovars. 9th ed. WHO Collaborating Center for Reference and Research on Salmonella, Institut Pasteur; 2007 [cited 2011 Sep 23]. <http://www.pasteur.fr/ip/portal/action/Web-driveActionEvent/oid/01s-000036-089>

- Clinical Laboratory Standards Institute. Performance standards for antimicrobial susceptibility testing; twentieth informational supplement. M100–S20, vol. 30, no. 1; 2010 [cited 2011 Sep 23]. <http://www.clsi.org/source/orders/free/m100-s20.pdf>
- González-Fuentes M, Latif F, Fernández F, Villanueva MP, Ulloa J, Fernández H. Species of the family *Enterobacteriaceae* in feces of South American sea lion, *Otaria flavescens*, settled in the Valdivia River [in Spanish]. *Revista de Biología Marina y Oceanografía*. 2010;45:331–4.
- Tavernier P, Dewulf J, Roelandt S, Roels S. Wildtool, a flexible, first-line risk assessment system for wildlife-borne pathogens. *Eur J Wildl Res*. 2011;57:1065–75. doi:10.1007/s10344-011-0520-3
- Hendriksen RS, Vieira AR, Karlsmose S, Lo Fo Wong DMA, Jensen AB, Wegener HC, et al. Global monitoring of *Salmonella* serovar distribution from the World Health Organization Global Foodborne Infections Network country data bank: results of quality assured laboratories from 2001 to 2007. *Foodborne Pathog Dis*. 2011;8:887–900. doi:10.1089/fpd.2010.0787

Address for correspondence: Patricio Retamal, Universidad de Chile, Medicina Preventiva Animal, Av Sta Rosa 11735 La Pintana, Santiago 8820808, Chile; email: pretamal@uchile.cl

Letters

Letters commenting on recent articles as well as letters reporting cases, outbreaks, or original research are welcome. Letters commenting on articles should contain no more than 300 words and 5 references; they are more likely to be published if submitted within 4 weeks of the original article's publication. Letters reporting cases, outbreaks, or original research should contain no more than 800 words and 10 references. They may have 1 Figure or Table and should not be divided into sections. All letters should contain material not previously published and include a word count.