

NEED FOR DATA ON HUMAN PASTEURELLOSES

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CLASSIC consideration of human infections due to members of the genus *Pasteurella* is concerned with plague (*P. pestis*) and tularemia (*P. tularensis*). Extensive investigations on plague and tularemia conducted in the United States and elsewhere now provide excellent clinical and epidemiologic pictures of these two diseases.

However, at least four other species of *Pasteurella* (*hemolytica*, *multocida*, *pneumotropica*, and *pseudotuberculosis*) are known human pathogens. We have little or no understanding of their clinical frequency or epidemiologic patterns. Each species has been recovered from a variety of domestic and sylvatic animal reservoirs, and each is to some degree a veterinary medical problem. Although a measure of the importance of these diseases in domestic animals in the United States is available from U.S. Department of Agriculture statistics, no comparable morbidity figures are reported for man. The occasional case reports published indicate, nevertheless, that a problem exists. The question remains, How extensive is the problem?

The first human infection due to *P. multocida* reported was a case of puerperal fever in 1913. Numerous cases in human beings have been reported since, including respiratory tract infections, appendicitis, and bite-wound infections, as well as other clinical forms (1).

Until the 1950's, cases of *P. pseudotuberculosis* infection were considered rare. Less than 20 reports of fatal septicemia had appeared in the literature. Recently, however, several hundred cases of mesenteric adenitis, often confused with acute appendicitis, have been observed, primarily in Europe. In addition, recent cases of erythema nodosum as well as

other forms of pseudotuberculosis have been described. Furthermore, *P. pseudotuberculosis* is a source of diagnostic confusion because of the many cultural and biochemical characteristics that it shares with *P. pestis* (2).

One case of *P. hemolytica* infection simulating ulceroglandular tularemia has been reported (3). Atypical strains of *P. hemolytica* have been isolated from the respiratory tract of several patients (4) and from a patient with endocarditis (5). A number of isolations of *P. pneumotropica* have been obtained from the respiratory tract (6).

No assessment of the importance of these agents as causes of disease in man in the United States can be made unless clinical and laboratory data can be accumulated. As a step in this direction, it is suggested that clinical resumes, cultures, and paired serums from any patient, whether typical or atypical, be submitted to the U.S. Public Health Service, Communicable Disease Center, San Francisco Field Station, 15th and Lake St., Bldg. 18, San Francisco, California 94118, for further study and tabulation.

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