Q熱

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Q熱は、Q熱コクシエラ（Coxiella burnetii）による人獣共通感染症であり, 主に反芻動物やペット等の感染動物の胎盤や排泄物からのエアロゾルによる感染で, 非定型脳炎や肝炎, 不明熱を起こす。欧米では, しばしば集団発生等もあり, 非定型病原体の一つとして一般に認知されている。しかしわが国では, 感染症発生動向調査で4類全数報告疾患として報告される数は, 年に数例～40例程度ではとんどが散発例であり, 感染源などまだ実態は不明な点が多い。本稿ではQ熱の概説をし, Q熱の疫学, 臨床像, 診断, 予防について述べ, 今後の課題を示す。
Human Granulocytic Anaplasmosis, Japan

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We retrospectively confirmed 2 cases of human Anaplasma phagocytophilum infection. Patient blood samples contained unique p44/msp2 for the pathogen, and antibodies bound to A. phagocytophilum antigens propagated in THP-1 rather than HL60 cells. Unless both cell lines are used for serodiagnosis of rickettsiosis-like infections, cases of human granulocytic anaplasmosis could go undetected.
Rotavirus is a common cause of severe gastroenteritis in children. It is known that rotavirus gastroenteritis may be accompanied by neurological manifestations, including encephalitis/encephalopathy and seizures. We report a case of a 4-year-old girl with clinically mild encephalopathy with a reversible splenial lesion associated with rotavirus infection. She was admitted to our hospital because of reduced level of consciousness, seizures, diarrhea, and vomiting. Fecal rotavirus antigen testing was positive. Cell counts in the cerebrospinal fluid (CSF) were normal. Blood tests showed a normal serum sodium level on admission. Brain computed tomography showed no cerebral edema. However, electroencephalography showed generalized high-voltage slow waves, and diffusion-weighted magnetic resonance imaging demonstrated a transient abnormality in the splenium of the corpus callosum. We diagnosed clinically mild encephalopathy with a reversible splenial lesion associated with rotavirus infection. She recovered well and exhibited no neurological sequelae. Rotavirus RNA and antigen were not detected in the CSF, suggesting that the reversible splenial change was caused by indirect effects on the central nervous system subsequent to viral infection. Her normal serum sodium level indicates that this change can occur without hyponatremia.
In Japan, foodborne outbreak investigations tend to rely on pathogen detection from suspected foods, and rarely depend on epidemiological findings when implementing control measures. This often leads to a delay in outbreak response. In the United States and many countries in Europe, results from epidemiological investigations are more frequently used to control the outbreak in a timely manner.

In June 1997, a major enterohemorrhagic Escherichia coli O157 foodborne outbreak struck Okayama city causing 125 illnesses. Despite a thorough investigation, health officials could not determine the direct cause of the outbreak due to insufficient epidemiological findings. Recognizing the need for epidemiological training, Okayama City Public Health Center, in collaboration with nearby universities, started hosting “Field Epidemiology Training” courses every year for food sanitation health officials not only of Okayama city, but also of other municipalities.

The training course provides two three-day classes, “basic” and “advanced”, according to the knowledge level of the trainees.