Emerging Infectious Diseases: Clinical Case Studies
Edited by Önder Ergönül, Füsun Can Lawrence Madoff, and Murat Akova.
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Emerging Infectious Diseases: Clinical Case Studies is an easy-to-use, extraordinarily informative text that belongs on every clinician’s shelf. A collaborative effort among scientists, clinicians, and public health workers is needed to combat emerging infections. This text was written for clinicians, with the content reflecting interdisciplinary perspectives. It elegantly synthesizes the clinical, microbiologic, and epidemiologic information that is critical for patient diagnosis and for recognizing and mitigating outbreaks.

The editors have meticulously assembled introductory clinical vignettes that provide context to the subsequently presented information. They challenged their collaborators to answer 9 basic questions: Why is this case important as an emerging infection? What is the causative agent? What is the frequency of occurrence? How is it transmitted? What are the clinical manifestations? How is the diagnosis made? How do you differentiate this from similar entities? What is the therapeutic approach? What are the preventive measures? The answers are carefully laid out, and each chapter concludes with a current bibliography.

One of the book’s many strengths is that it highlights areas where there are gaps in our knowledge. By staying true to the format, the editors were forced to acknowledge when a mechanism or treatment is not known. Furthermore, it is encouraging to see how new information finds its way into a useful context for understanding illness and treating patients. For example, Middle East respiratory syndrome coronavirus as well as the novel bunyavirus responsible for severe fever with thrombocytopenia syndrome are well presented. Research related to these viruses began as recently as 2012.

In order to qualify for inclusion in the book, a disease must meet a certain criteria for emerging infections. Most obviously, it could be the discovery that a known disease is caused by an unknown infectious agent. Second, it could be a previously unrecognized infection that is appearing in areas where the habitat is changing. Examples of this are the chapters on Lyme borreliosis and Plasmodium knowlesi. Third, like Clostridium difficile NAP1/BI/027 and enterohemorrhagic Escherichia coli, it could be a new infection that results from mutations in a known pathogen. Several chapters are devoted to the next category, that of “old” infections that have reemerged. Like multidrug-resistant tuberculosis and the New Delhi metallo-beta-lactamase 1 producers, these may be old infections that have become resistant to treatment. Like measles and pertussis, they may have reemerged as a result of a breakdown of public health initiatives or, as exemplified by Acinetobacter and the Exserohilum rostratum incident, they may be due to advances in medical technology. A final criteria addressed is that of a recognized infection spreading to a new area, as demonstrated by Rift Valley fever, Chikungunya virus, and Ebola.

The recent Ebola epidemic makes this book even more pertinent to today’s clinician. Today, emergency departments around the country are taking travel histories, and isolation is commonplace. This text has an extensive discussion and detailed visuals of the spectrum of viral hemorrhagic syndromes globally.

In our current time of epidemics, travel, and increased awareness of infectious diseases, Emerging Infectious Diseases is an important work that effectively synthesizes research and clinical observation and adds context. By assembling the interdisciplinary efforts of microbiologists, epidemiologists, and clinicians, the editors have elucidated our knowledge, identified areas of future research, and outlined recommendations for combatting 28 emerging infectious diseases. The strict adherence to its unique format renders the ultimate recommendations regarding treatment, prophylaxis, and patient education most understandable. This book is an apropos read for any clinician who carries a pager.

Note
Potential conflict of interest. Both authors: No reported conflicts.
Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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