

5. Fuhren J, Voskuil WS, Boel CHE, Haas PJA, Meis JF, Kusters JG. High prevalence of azole resistance in *Aspergillus fumigatus* isolates from high risk patients. *J Antimicrob Chemother*. 2015; 70:2894–8. <http://dx.doi.org/10.1093/jac/dkv177>

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## Schistosomiasis Screening of Travelers to Corsica, France

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DOI: <http://dx.doi.org/10.3201/eid2201.151290>

**To the Editor:** As members of the French Ministry of Health Working Group on autochthonous urinary schistosomiasis, we read with interest the 2 recently published articles regarding schistosomiasis screening of travelers to Corsica, France (1,2). Surprisingly, the authors of both articles lacked evidence to support the diagnosis of schistosomiasis in most of what they referred to as confirmed cases. The diagnostic standard for confirmation of urinary schistosomiasis is identification of eggs by microscopic examination of urine samples (3–5). If this criterion were applied in both reports, only 1 patient of the 7 allegedly confirmed cases would actually be confirmed.

The low sensitivity of microscopy is well known. Therefore, different serologic tests have been developed, including Western blot (WB). In the study based on travelers from Italy (1), the SCHISTO II WB IgG test (LDBIO Diagnostics, Lyon, France) was used. This test, available since 2015, is based on both *Schistosoma haematobium* and *S. mansoni* antigens and has not been evaluated by anyone other than the manufacturer. Moreover, the authors did not report any details regarding the molecular weight and number of specific bands observed on the strip.

In the study by authors from the GeoSentinel Surveillance Network (2), both cases that could have been infected after 2013, since exposure occurred only in 2014, and 4 cases which reported bathing in rivers in Corsica other than the Cavu River had just 1 weakly positive serologic screening test. Hence, irrespective of the criteria for a confirmed case of schistosomiasis described above, it appears difficult

to conclude that confirmation could rely on only 1 positive serologic test, even a WB.

Altogether, these 2 studies identified only 1 patient with parasitological evidence of infection that was attributable to the already known 2013 focus in Cavu River. Therefore, these articles do not provide evidence of transmission of schistosomiasis in Corsica after 2013 or outside the Cavu River.

### References

1. Beltrame A, Zammarchi L, Zuglian G, Gobbi F, Angheben A, Marchese V, et al. Schistosomiasis screening of travelers from Italy with possible exposure in Corsica, France. *Emerg Infect Dis*. 2015;21:1887–9. <http://dx.doi.org/10.3201/eid2110.150869>
2. Gautret P, Mockenhaupt FP, von Sonnenburg F, Rothe C, Libman M, Van De Winkel K, et al. Local and international implications of schistosomiasis acquired in Corsica, France. *Emerg Infect Dis*. 2015;21:1865–8. <http://dx.doi.org/10.3201/eid2110.150881>
3. Gryseels B, Strickland GT. Schistosomiasis. In: Magill AJ, Ryan ET, Hill DR, Solomon T, editors. *Hunter's tropical medicine and emerging infectious diseases*, 9th ed. London: Elsevier Saunders; 2013. p. 868–83.
4. Maguire JH. Trematodes. Schistosomes and other flukes. In: Mandell GL, Bennett JE, Dolin JE, editors. *Mandell, Douglas, and Bennett's principles and practice of infectious diseases*, 7th ed. Philadelphia: Churchill Livingstone Elsevier Philadelphia; 2010. p. 3595–3606.
5. World Health Organization. WHO recommended surveillance standards. 2nd ed. WHO/CDS/CSR/ISR/99/2/EN. Geneva: The Organization; 2015. p 107 [cited 2015 July 22]. [http://www.who.int/csr/resources/publications/surveillance/WHO\\_CDS\\_CSR\\_ISR\\_99\\_2\\_EN/en](http://www.who.int/csr/resources/publications/surveillance/WHO_CDS_CSR_ISR_99_2_EN/en)

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DOI: <http://dx.doi.org/10.3201/eid2201.151590>