

References

1. Nuamtanong S. The evaluation of the 29 and 31 kDa antigens in female *Angiostrongylus cantonensis* for serodiagnosis of human angiostrongyliasis. *Southeast Asian J Trop Med Public Health*. 1996;27:291–6.
2. Qvarnstrom Y, Xayavong M, da Silva AC, Park SY, Whelen AC, Calimlim PS, et al. Real-time polymerase chain reaction detection of *Angiostrongylus cantonensis* DNA in cerebrospinal fluid from patients with eosinophilic meningitis. *Am J Trop Med Hyg*. 2016;94:176–81. <http://dx.doi.org/10.4269/ajtmh.15-0146>
3. Morassutti AL, Thiengo SC, Fernandez M, Sawanyawisuth K, Graeff-Teixeira C. Eosinophilic meningitis caused by *Angiostrongylus cantonensis*: an emergent disease in Brazil. *Mem Inst Oswaldo Cruz*. 2014;109:399–407. <http://dx.doi.org/10.1590/0074-0276140023>
4. Slom TJ, Cortese MM, Gerber SI, Jones RC, Holtz TH, Lopez AS, et al. An outbreak of eosinophilic meningitis caused by *Angiostrongylus cantonensis* in travelers returning from the Caribbean. *N Engl J Med*. 2002;346:668–75. <http://dx.doi.org/10.1056/NEJMoa012462>
5. Dard C, Piloquet JE, Qvarnstrom Y, Fox LM, M'kanda H, Hebert JC, et al. First evidence of angiostrongyliasis caused by *Angiostrongylus cantonensis* in Guadeloupe, Lesser Antilles. *Am J Trop Med Hyg*. 2017;96:692–7.
6. Al Hammoud R, Nayas SL, Murphy JR, Heresi GP, Butler JJ, Pérez N. *Angiostrongylus cantonensis* meningitis and myelitis, Texas, USA. *Emerg Infect Dis*. 2017;23:1037–8. <http://dx.doi.org/10.3201/eid2306.161683>
7. Foster CE, Nicholson EG, Chun AC, Gharfeh M, Anvari S, Seeborg FO, et al. *Angiostrongylus cantonensis* infection: a cause of fever of unknown origin in pediatric patients. *Clin Infect Dis*. 2016;63:1475–8. <http://dx.doi.org/10.1093/cid/ciw606>
8. Hochberg NS, Park SY, Blackburn BG, Sejvar JJ, Gaynor K, Chung H, et al. Distribution of eosinophilic meningitis cases attributable to *Angiostrongylus cantonensis*, Hawaii. *Emerg Infect Dis*. 2007;13:1675–80. <http://dx.doi.org/10.3201/eid1311.070367>
9. Epelboin L, Blondé R, Chamouine A, Chrisment A, Diancourt L, Villemant N, et al. *Angiostrongylus cantonensis* infection on Mayotte Island, Indian Ocean, 2007–2012. *PLoS Negl Trop Dis*. 2016;10:e0004635. <http://dx.doi.org/10.1371/journal.pntd.0004635>
10. Murphy GS, Johnson S. Clinical aspects of eosinophilic meningitis and meningoencephalitis caused by *Angiostrongylus cantonensis*, the rat lungworm. *Hawaii J Med Public Health*. 2013;72 (Suppl 2):35–40.

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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.

Molecular Diagnosis of *Taenia saginata* Tapeworm Infection in 2 Schoolchildren, Myanmar

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Taenia saginata is the most common human tapeworm worldwide but has been unknown in Myanmar. In 2017, fecal examination in Yangon, Myanmar, revealed eggs of *Taenia* species in 2 children from a monastic school. Several proglottids expelled after medication with praziquantel were morphologically and molecularly confirmed to be *T. saginata* tapeworms.

Human taeniasis is a parasitic infection caused by tapeworm species including *Taenia saginata*, *T. solium*, and *T. asiatica* (1). *T. saginata* tapeworm infection is acquired through ingestion of raw or undercooked beef; pork is the infection source for *T. solium* and *T. asiatica* tapeworms (1). Because of differences in the life cycle, geographic distribution of these parasites can be affected by regional lifestyle, including dietary habit. Little is known about taeniasis in Myanmar. We report 2 cases of taeniasis caused by *T. saginata* tapeworms in Myanmar.

In June 2017, the Korea Association of Health Promotion, in cooperation with the National Health Laboratory, Myanmar, conducted a survey of intestinal parasitic infections near the Yangon region of Myanmar. The Institutional Review Board of the Ministry of Health and Sports, Myanmar (Ethical Review Committee no. 005117) approved the study. A total of 467 fecal samples were obtained from school-age children living in the district of Shwe Pyi Thar, Myanmar. In fecal examination using the Kato-Katz thick-smear technique, we found the eggs of *Taenia* tapeworms in 2 brothers, 8 and 10 years of age (Figure, panel A). They had never traveled out of Myanmar,

T. solium tapeworm infection, but *T. asiatica* tapeworms could not be fully ruled out. Although *T. asiatica* tapeworms can differ morphologically from *T. saginata* tapeworms (6), the distinctions could not always be found in each strobila; thus, molecular analyses were required to clearly distinguish them (2, 7). We analyzed mitochondrial *cox1* of the *Taenia* tapeworm specimens and showed that the sequences clustered with *T. saginata* tapeworms reported from several Asia countries, but far from those of *T. asiatica* and *T. solium* tapeworms. Recently, human infections caused by hybrid infection with *T. saginata* and *T. asiatica* tapeworms in Laos were determined by sequencing the DNA polymerase delta region (8). Thus, for further studies, it may be useful to analyze not only the mitochondrial gene but also nuclear DNA.

Although epidemiologic surveys of *T. saginata* tapeworms have not been conducted in Myanmar, there is a strong possibility of the domestic occurrence of human taeniasis from consumption of undercooked beef or pork. Our report suggests that surveys of the prevalence and associated factors of human taeniasis are urgently needed in Myanmar.

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References

- Chai JY. Human taeniasis in the Republic of Korea: hidden or gone? *Korean J Parasitol.* 2013;51:9–17. <http://dx.doi.org/10.3347/kjp.2013.51.1.9>
- Cho J, Jung BK, Lim H, Kim MJ, Yooyen T, Lee D, et al. Four cases of *Taenia saginata* infection with an analysis of *COX1* gene. *Korean J Parasitol.* 2014;52:79–83. <http://dx.doi.org/10.3347/kjp.2014.52.1.79>
- Khaing TA, Bawm S, Wai SS, Htut Y, Htun LL. Epidemiological survey on porcine cysticercosis in Nay Pyi Taw area, Myanmar. *J Vet Med.* 2015;2015:340828. <http://dx.doi.org/10.1155/2015/340828>
- McCleery EJ, Patchanee P, Pongsopawijit P, Chailangkarn S, Tiwananthagorn S, Jongchansitoe P, et al. Taeniasis among refugees living on Thailand–Myanmar border, 2012. *Emerg Infect Dis.* 2015;21:1824–6. <http://dx.doi.org/10.3201/eid2110.141657>
- Fan PC, Lin CY, Chen LM. Experimental infection and morphology of *Taenia saginata* (Burma strain) in domestic animals. *Ann Trop Med Parasitol.* 1992;86:317–8. <http://dx.doi.org/10.1080/00034983.1992.11812672>
- Eom KS, Rim HJ. Morphologic descriptions of *Taenia asiatica* sp. n. *Korean J Parasitol.* 1993;31:1–6. <http://dx.doi.org/10.3347/kjp.1993.31.1.1>
- Eom KS. What is Asian *Taenia*? *Parasitol Int.* 2006;55(Suppl): S137–41. <http://dx.doi.org/10.1016/j.parint.2005.11.022>
- Sato MO, Sato M, Yanagida T, Waikagul J, Pongvongsa T, Sako Y, et al. *Taenia solium*, *Taenia saginata*, *Taenia asiatica*, their hybrids and other helminthic infections occurring in a neglected tropical diseases' highly endemic area in Lao PDR. *PLoS Negl Trop Dis.* 2018;12:e0006260. <http://dx.doi.org/10.1371/journal.pntd.0006260>

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Strengthening of Surveillance during Monkeypox Outbreak, Republic of the Congo, 2017

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Reports of 10 suspected cases of monkeypox in Likouala Department, Republic of the Congo, triggered an investigation and response in March 2017 that included community education and surveillance strengthening. Increasing numbers of outbreaks suggest that monkeypox virus is becoming a more prevalent human pathogen. Diverse approaches are necessary for disease control and prevention.

On January 27, 2017, the Republic of the Congo Division of Disease Control was notified of 2 suspected human cases of monkeypox (MPX) in Likouala Department, in the northern part of the country, which prompted a local investigation. In March 2017, after 8 additional suspected cases were reported, the Republic of the Congo Division of Disease Control joined with external partners (World Health Organization, United Nations High Commissioner