

Veterans
Administration

March 8, 1982

IL 10-62-7

CHIEF MEDICAL DIRECTOR'S LETTER

In Reply Refer To: 111

TO: Directors, VA Medical Center Activities, Domiciliary,
Outpatient Clinics, Regional Offices with Outpatient
Clinics

SUBJ: Melioidosis

1. This letter calls attention to a rare disease, Melioidosis, endemic in Southeast Asia, but also found in India, Borneo, the Philippines, Guam, Indonesia, Ceylon, New Guinea and Australia, as well as parts of Africa, Madagascar, Iran and Turkey. It has only rarely been described in the western hemisphere. Dow Chemical Company, principal manufacturer of Agent Orange, has recently suggested in the press that adverse health effects attributed by some veterans to Agent Orange may be due to Melioidosis. Therefore, all physicians in the Veterans Administration should be familiar with the disease and able to discuss it with concerned veterans. Chapter 122 of the 9th Edition of Harrison's Principles of Internal Medicine is recommended for review purposes.

2. The suggestion has been made by some veterans' service organizations and others that Vietnam veterans should be screened for serologic response to Pseudomonas pseudomallei, the causative agent of melioidosis. It has further been suggested that this might be included in future Agent Orange studies. A blue ribbon panel of infectious disease experts met at VACO on February 16, 1982, to discuss these and other questions raised about melioidosis. The members of this panel included:

Dr. Maxwell Finland, VA Distinguished Physician
Dr. William H. Foege, Director, Centers for Disease Control
Dr. Jay P. Sanford, Dean, Uniformed Services University of
Health Sciences
Dr. Theodore E. Woodward, VA Distinguished Physician
Dr. Roger A. Feldman, Special Pathogens Branch, CDC

They agreed unanimously that screening tests for melioidosis are not appropriate. While serologic surveys have epidemiologic value, there is very little, if any, indication for doing a single titer for P. pseudomallei on an individual patient. A fourfold or greater rise in paired sera is useful in the diagnosis of the disease, but disease may be present in the face of negative titers. Cross reactions with other organisms do occur and make interpretation of a single titer very difficult. It is a well established principle in medicine that screening should not be done when treatment is either not available or not recommended for positive results or when the definition of a positive result is unclear. This is the case with available serologic tests for P. pseudomallei. Likewise, treatment of elevated titers per se is not indicated.

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3. Melioidosis is diagnosed on the basis of a positive culture and cultures are available at all VA microbiology laboratories. P. pseudomallei grows on most culture media within 24-48 hours. However, the characteristic colony formation appears after 72 hours and for this reason cultures should be kept longer than ordinary. The indirect hemagglutination test is currently being done at CDC. As of May 1, 1981, the VA Reference Laboratory for Selected Serologic Studies at VA Medical Center Lexington will be able to perform the test.

4. A copy of this letter should be provided to each physician at your station involved in the care of Vietnam veterans. Questions concerning melioidosis should be directed to Dr. Susan Mather, Program Chief for Infectious and Pulmonary Diseases, VACO Medical Service, FTS 389-2450.

5. A selected list of references is enclosed in Appendix A for those wishing to obtain further information.



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Chief Medical Director

Attachment

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APPENDIX A

References

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