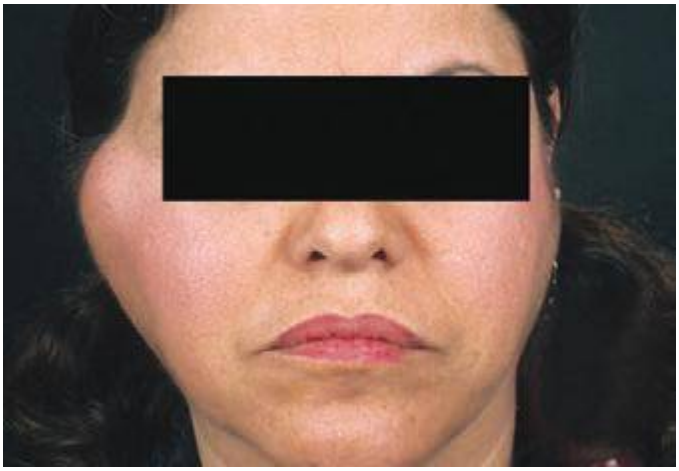

E

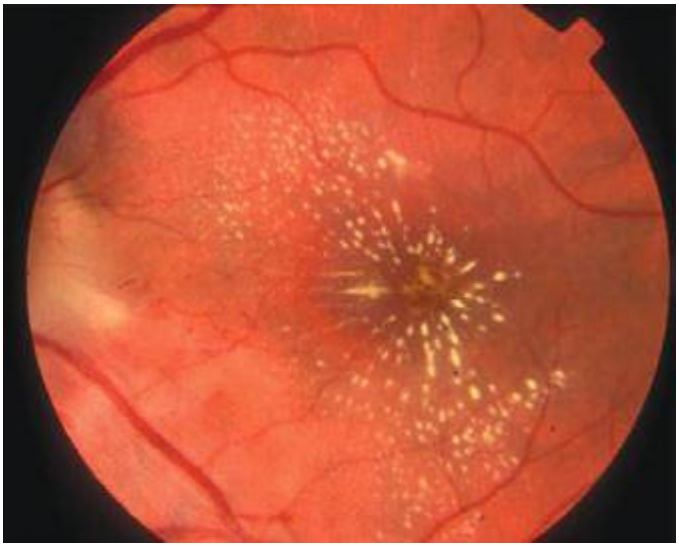

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FIGURE 197-1 (*Continued*)

EPIDEMIOLOGY

In addition to epidemics during World Wars I and II, sporadic outbreaks of trench fever have been reported in many regions of the world. The human body louse has been identified as the vector and humans as the only known reservoir. After a hiatus of several decades during which trench fever was almost forgotten, small clusters of cases of *B. quintana* chronic bacteremia were reported sporadically, primarily from the United States and France, in HIV-uninfected homeless people. Alcoholism and louse infestation were identified as risk factors.

CLINICAL MANIFESTATIONS

The typical incubation period is 15–25 days (range, 3–38 days). "Classical" trench fever, as described in 1919, ranges from a mild febrile illness to a recurrent or protracted and debilitating disease. Onset may be abrupt or preceded by a prodrome of several days. Fever is often periodic, lasting 4–5 days with 5-day (range, 3- to 8-day) intervals between episodes. Other symptoms and signs include headache, back and limb pain, profuse sweating, shivering, myalgia, arthralgia, splenomegaly, a maculopapular rash in occasional cases, and nuchal rigidity in some cases. Untreated, the disease usually lasts

TABLE 197-2 ANTIMICROBIAL THERAPY FOR DISEASE CAUSED BY *BARTONELLA* SPECIES IN ADULTS

Disease	Antimicrobial Therapy
Typical cat-scratch disease	Not routinely indicated; for patients with extensive lymphadenopathy, consider azithromycin (500 mg PO on day 1, then 250 mg PO qd for 4 days)
Cat-scratch disease retinitis	Doxycycline (100 mg PO bid) *plus* rifampin (300 mg PO bid) for 4–6 weeks
Other atypical cat-scratch disease manifestations[a]	As per retinitis; treatment duration should be individualized
Trench fever or chronic bacteremia with *B. quintana*	Gentamicin (3 mg/kg IV qd for 14 days) *plus* doxycycline (200 mg PO qd or 100 mg PO bid for 6 weeks)
Suspected *Bartonella* endocarditis	Gentamicin[b] (1 mg/kg IV q8h for ≥14 days) *plus* doxycycline (100 mg PO/IV bid for 6 weeks[c]) *plus* ceftriaxone (2 g IV qd for 6 weeks)
Confirmed *Bartonella* endocarditis	As for suspected *Bartonella* endocarditis *minus* ceftriaxone
Bacillary angiomatosis	Erythromycin[d] (500 mg PO qid for 3 months) *or* Doxycycline (100 mg PO bid for 3 months)
Bacillary peliosis	Erythromycin[d] (500 mg PO qid for 4 months) *or* Doxycycline (100 mg PO bid for 4 months)
Carrión's disease	
Oroya fever	Chloramphenicol (500 mg PO/IV qid for 14 days) *plus* another antibiotic (β-lactam preferred) *or* Ciprofloxacin (500 mg PO bid for 10 days)
Verruga peruana	Rifampin (10 mg/kg PO qd, to a maximum of 600 mg, for 14 days) *or* Streptomycin (15–20 mg/kg IM qd for 10 days)

[a]Data on treatment efficacy for encephalitis and hepatosplenic CSD are lacking. Therapy similar to that given for retinitis is reasonable. [b]Some experts recommend gentamicin at 3 mg/kg IV qd. If gentamicin is contraindicated, rifampin (300 mg PO bid) can be added to doxycycline for documented *Bartonella* endocarditis. [c]Some experts recommend extending oral doxycycline therapy for 3–6 months. [d]Other macrolides are probably effective and may be substituted for erythromycin or doxycycline.

Source: Recommendations are modified from JM Rolain et al: Antimicrob Agents Chemother 48:1921, 2004.