Reply to “Bordetella holmesii in Nasopharyngeal Samples from Chilean Patients with Suspected Bordetella pertussis Infection”

We read with interest the comment of C. Miranda, L. Porte, and P. Garcia contributing to the problem of real-time PCR biological diagnosis of whooping cough using IS481 as the target. The authors detected Bordetella holmesii in 7 patients out of 51 between 0 and 9 years of age, with 3 being less than 12 months old. It would have been of interest to know the ages of the 4 other patients. The major difference between their findings and ours is probably explained, as the authors mentioned, by the Bordetella pertussis outbreak in their case, whereas we performed a retrospective study of isolated cases of suspected pertussis (1). The Yih et al. (2) findings, also obtained during an outbreak situation, reported no case of B. holmesii in very young children either. In this context, additional studies need to be performed in order to analyze the rate of transmission of B. holmesii.

Furthermore, we believe that it is risky to consider samples positive for B. holmesii as B. pertussis negative, since coinfection can happen.

It is important to use B. pertussis and B. holmesii specific DNA detection in nasopharyngeal aspirates. All these recent findings need to be taken into account concerning the use of the IS481 PCR in the diagnosis of pertussis. The IS481 PCR is used because it is 30 to 50 times more sensitive than the ptxA-Pr PCR and the recA PCR. However, do we need to favor sensitivity or specificity?

REFERENCES