are characteristic of *B. procyonis* roundworms and distinguish it from other nematodes that are known to affect humans (*2*,*3*).

This case is unusual in several respects: the patient is the oldest known person with confirmed *B. procyonis* NLM; it is only the second case reported from Canada (*5*); and it is a pathologically proven example of cerebral *B. procyonis* infection in a human without major clinical manifestations. Although this patient's dementia could have masked subtle neurologic features, no changes were witnessed by caregivers or relatives, and the patient voiced no concerns. Her long-standing dementia was fully explained by Alzheimer-type pathology, and it is highly unlikely that the low-level and restricted anatomic distribution of parasitic infection would have contributed to her dementia. More likely, the combination of confusion and poor hygiene and ambulatory state in the patient may have predisposed her to acquiring *B. procyonis* roundworms through ingestion of contaminated soil. The existence of mild or subclinical *B. procyonis* brain infection is recognized in veterinary medicine (*1*,*2*). This case expands the currently recognized spectrum of human disease caused by *B. procyonis* roundworms to include mild or subclinical cerebral infection in elderly persons and suggests that dementia may increase the risk for exposure.

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DOI: http://dx.doi.org/10.3201/eid1802.111046

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Dengue Surveillance among French Military in Africa

To the Editor: In their recent article, Amarasinghe et al. (*1*) describe dengue virus distribution in Africa. Their data were based on published reports of dengue cases among local populations and travelers returning from Africa. To complement the description by Amarasinghe and colleagues of dengue serotypes found in Africa, we report results from dengue virologic testing during 1998–2010. The tests were performed at the Arbovirus National Reference Center (Tropical Medicine Institute of the Military Health Service, Marseille, France).

Each year, ≈14,000 French soldiers are stationed in dengue-endemic areas of Africa (mainly Cameroon, Central African Republic, Chad, Djibouti, Gabon, Côte d'Ivoire, Senegal, and Mayotte and Reunion islands), from which they travel throughout Africa. The population of soldiers is under constant epidemiologic surveillance. If symptoms of dengue fever develop in a soldier, a blood sample and a dengue-specific questionnaire from the patient are sent to the Tropical Medicine Institute of the Military Health Service. Virus culture and reverse transcription PCR, or both, were performed on early samples; otherwise, serologic testing was performed by using in-house assays (IgM antibody capture ELISA and direct IgG ELISA).

During the 12 years of surveillance, the laboratory received 2,423 samples from patients with suspected dengue within the French Armed Forces in Africa. Of these, 224 were probable acute dengue infections: 202 had positive IgM serologic results for dengue, and 22 were confirmed as dengue cases by RT-PCR or culture (Table). Serologic

Table. Countries in Africa with evidence of dengue virus transmission among French Armed Forces, 1998–2010

Country and year	No. cases	Testing method	Infection status	Dengue virus serotype
Cameroon, 2010	1	PCR	Confirmed	1
Cape Verde, 2010	5	Culture	Confirmed	3
Central African Republic, 1995	1	Serology	Probable	Unknown
Chad, 1998–2001, 2003, 2006, 2009–2010	28	Serology	Probable	Unknown
Comoros				
2010	1	PCR, culture	Confirmed	1
2010	2	PCR	Confirmed	3
Côte d'Ivoire				
1999	1	Culture	Confirmed	1
2000, 2004–2007	11	Serology	Probable	Unknown
2010	1	PCR	Confirmed	3
Djibouti				
1998	4	Culture	Confirmed	1
1998	24	Serology	Probable	Unknown
2000	2	Culture	Confirmed	1
2000	4	Serology	Probable	Unknown
2001–2005	123	Serology	Probable	Unknown
2005	1	PCR	Confirmed	ND
2006	4	Serology	Probable	Unknown
2008	2	Serology	Probable	Unknown
Gabon				
1998, 2006–2008	22	Serology	Probable	Unknown
2010	1	PCR	Confirmed	1
Mayotte, 2009	1	Culture	Confirmed	1
Senegal, 2009	1	PCR	confirmed	3
Somalia, 1999	1	culture	confirmed	2

data may be confusing because of potential cross-reactions with other flavivirus antibodies (in particular in Chad with West Nile virus).

Because of probable underreporting from the field, our reported number of confirmed dengue cases likely underestimates the actual number of cases among French troops stationed in Africa. Nonetheless, our data complement those reported by Amarasinghe et al. by demonstrating additional locations for circulation of serotype 1 (Cameroon, Djibouti, Gabon, Mayotte) and serotype 3 (Comoros). Military epidemiologic surveillance systems can detect dengue circulation where soldiers stay. Thus, these systems could serve to evaluate the risk for dengue infection in countries without local epidemiologic surveillance systems, thereby improving knowledge about dengue circulation in African countries.

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DOI: http://dx.doi.org/10.3201/eid1802.111333

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Clonal Spread of *Mycoplasma pneumoniae* in Primary School, Bordeaux, France

To the Editor: *Mycoplasma pneumoniae* is responsible for ≈20% of all cases of community-acquired pneumonia. The most common form of the infection is tracheobronchitis, for which an etiologic diagnosis is seldom reached (*1*). Although tracheobronchitis is often mild, the infection is disruptive, with the cough lasting several weeks, and consumes substantial resources (*2*). *M. pneumoniae* infections occur endemically and epidemically worldwide, especially in children and young adults (*1*). In 2010, an increased incidence was reported from Denmark (*3*), England and Wales (*4*), and Israel (*5*). Several outbreaks have been reported in closed or semiclosed settings, as indicated on the basis of similar clinical symptoms, chest radiograph results, and detection of the bacteria (*1*).