

Serologic Evidence of Human Monocytic and Granulocytic Ehrlichiosis in Israel

To the Editor: Our article on ehrlichiosis in Israel is one of several reporting serologic evidence of ehrlichiosis outside North America (1-4). Serologic tests were performed for immunoglobulin (IgG) antibodies to *Ehrlichia chaffeensis*, *E. canis*, and human granulocytic ehrlichiosis (HGE) agent to prevent misinterpretation due to cross-reaction. The conclusions meet the criteria published by the American Society for Rickettsiology, in which a confirmed diagnosis of human monocytic ehrlichiosis (HME) is based on a "single serum titer of 256" in a patient with clinically compatible disease (5).

The argument that the same epidemiologic circumstances that exist in the United States have to be prevalent in Israel for the disease to be present is not compelling. Reporting serologic evidence of ehrlichiosis in Israel alerts physicians to the possibility of HME and HGE when they see patients with symptoms compatible with these diseases. We agree that isolation and

molecular identification of both agents are essential to confirming the presence of these diseases in Israel.

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