

transmission between the immigrant and autochthonous population has been frequently detected (8), likely indicating a fairly high degree of social permeability between the 2 groups. The transmission of Beijing MTB from a person born in another country to a person born in Spain reported here seems to follow this trend and raises concern about a potential spread of Beijing MTB to the autochthonous population.

The isolate from the other Spanish patient (patient 6) shared the genotype of the strain described earlier in the spread of Beijing genotype in Gran Canaria (9); a Liberian was the first case-patient. The patient from Spain in our report had been imprisoned on that island before her arrival in Madrid. These data suggest another way Beijing genotype can be imported into Spain, which is different from the South American route.

In summary, we describe TB patients with Beijing genotype strains in Madrid among patients from South America. This geographic origin differs from the predominant Asian origin reported for TB cases in other European countries caused by the Beijing genotype. Our findings suggest an alternate route of transmission between South America and Europe for the Beijing genotype. Furthermore, the recent occurrence of this genotype in a TB patient from Spain, who shared an RFLP type with a South American patient, suggests further transmission of these strains into the local community. Longitudinal studies should monitor the potential impact and establishment of these strains after their introduction.

Acknowledgments

We are grateful to Thomas O'Boyle for his revision of the English in this article.

This work has been partially financed by grants from Comunidad de Madrid (08.2/0029.1/01, GR/SAL/0488/2004)

and Fondo de Investigaciones Sanitarias (02/0882; 02/1307, 02/0572 and 03/0654).

**Darío García de Viedma,*
Fernando Chaves,†
and Jesús Iñigo,‡ for the
Tuberculosis Molecular
Epidemiology Study Group¹**

*Hospital Gregorio Marañón, Madrid, Spain; †Hospital Doce de Octubre, Madrid, Spain; and ‡Consejería de Sanidad, Madrid, Spain

References

1. Borgdorff MW, de Haas P, Kremer K, van Soolingen D. *Mycobacterium tuberculosis* Beijing genotype, the Netherlands. *Emerg Infect Dis.* 2003;9:1310-3.
2. Lillebaek T, Andersen AB, Dirksen A, Glynn JR, Kremer K. *Mycobacterium tuberculosis* Beijing genotype. *Emerg Infect Dis.* 2003;9:1553-7.
3. Lari N, Rindi L, Bonanni D, Tortoli E, Garzelli C. Beijing/W *Mycobacterium tuberculosis* in Italy. *Emerg Infect Dis.* 2004;10:958-9.
4. Godina C, Vidal R, Martín Casabona N, Miravittles M, Martín C. Multidrug resistant tuberculosis strains in three immunocompetent foreign-born patients. *Int J Tuberc Lung Dis.* 1999;3:82-4.
5. Dahle UR, Sandven P, Heldal E, Caugant DA. Molecular epidemiology of *Mycobacterium tuberculosis* in Norway. *J Clin Microbiol.* 2001;39:1802-7.
6. Lillebaek T, Andersen AB, Bauer J, Dirksen A, Glismann S, de Haas P, et al. Risk of *Mycobacterium tuberculosis* transmission in a low incidence country due to immigration from high incidence areas. *J Clin Microbiol.* 2001;39:855-61.
7. Borgdorff MW, Nagelkerke NJ, de Haas PE, van Soolingen D. Transmission of tuberculosis depending on the age and sex of source cases. *Am J Epidemiol.* 2001;154:934-43.
8. García de Viedma D, Rodríguez NA, Chaves F, Iñigo J, Andrés S, Cías R, et al. Recent transmission of tuberculosis in foreigners in Madrid and involvement of autochthonous cases. 26th Annual Congress of the European Society of Mycobacteriology, Istanbul, Turkey, June 26-29, 2005.
9. Caminero JA, Pena MJ, Campos-Herrero MI, Rodríguez JC, García I, Cabrera P, et al. Epidemiological evidence of the spread of a *Mycobacterium tuberculosis* strain of the Beijing genotype on Gran Canaria Island. *Am J Respir Crit Care Med.* 2001;164:1165-70.

Address for correspondence: Darío García de Viedma, Servicio de Microbiología y Enfermedades Infecciosas, Hospital Gregorio Marañón, C/ Dr Esquerdo 46, 28007 Madrid; fax: 34-91-504-4906; email: dgvedma@microb.net

H5N1 Avian Influenza, Kampot Province, Cambodia

To the Editor: As a resident in pediatrics with an interest in infectious diseases, I was fascinated by the range and scope of conditions I saw in May and June of 2005 in local children in Kampot Province, a mainly rural area in southeastern Cambodia. This province, near the Vietnamese border, is the epicenter of H5N1 avian influenza in Cambodia, with all 4 known human cases of the disease. All of these documented human cases have been fatal.

While the World Health Organization and the Cambodian Ministry of Health have engaged in public education, the village-level response to a pathogen of potential global importance is evolving. As part of my work in Cambodia, I made numerous information-gathering visits to villages in Kampot Province. Though village elders and health workers had often heard of the "bird flu," most of the villagers I spoke to had not. Many persons did not know whom to contact should their chickens

¹Tuberculosis Molecular Epidemiology Study group (in alphabetical order): Sandra Andrés, Araceli Arce, Emilio Bouza, Fernando Chaves, Darío García de Viedma, Jesús Iñigo, Elia Palenque, Elena Rodríguez, M. Jesús Ruiz Serrano.