the global impact of HIV/AIDS. Each chapter provides a well-referenced overview of its topic with many references as recent as 2003.

One of the real strengths of this book is a chapter on quantitative science that explores not only the history of HIV clinical trials, but also the design and importance of clinical trials in general. This chapter should be required reading for those considering clinical research in HIV. The chapters on Africa and Asia ably contrast the differences in these areas of highest prevalence. Another strength is the discussion of HIV in correctional facilities and the challenge of caring for this population, including their coexisting conditions and illicit drug use. Lastly, the discussion of the economics of AIDS is especially welcome in this era of efforts to increase access to drugs worldwide.

Overall, this book fills a valuable niche. A relatively concise text, it reviews many aspects of HIV with a focus on how each topic has evolved over the years. A few tables are small, but overall the diagrams and charts are clear and legible. This book would be of interest to infectious disease fellows, HIV caregivers, and those involved in public health and health policy. I heartily recommend this book and plan to keep it handy for future reference.

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Tick-Borne Diseases of Humans

Jesse L. Goodman,
David T. Dennis,
and Daniel E. Sonenshine, editors

ASM Press, Washington, DC, 2005 ISBN: 1-55581-23-4 Pages: 440, Price: US \$119.95

During the past 2 decades, the scientific landscape of tickborne diseases has changed remarkably. In part because of advances in molecular biology, more than 10 new rickettsial diseases, several ehrlichial diseases, and novel agents of Borrelia and Babesia genera have been recognized. This renaissance of interest in tickborne infections benefits from advances in molecular phylogenetics and diagnostics, immunology, and informatics that provide tantalizing insights into the complexities of vectorborne infection. Tick-Borne Diseases of Humans is a well-referenced textbook that encompasses these new insights in vector biology and reviews the emerging epidemiology and clinical science of these diseases as they occur across the globe. The editors' goal of providing a "comprehensive" resource is admirably fulfilled.

The book, consisting of 20 chapters by 40 contributors, is divided into 3 sections. The first section includes excellent reviews of tick biology and systematics, tick-pathogen interactions, host responses, and vector management. This section provides a superb overview. While thorough and up-to-date, occasional redundancy occurs between chapters by different authors that could have been streamlined with additional editing. A concise and well-written chapter on the clinical approach to diagnosis and management of these diseases also seems misplaced; it would fit in better at the start of the next section.

Section 2 of the book includes summaries of major and lesser known tickborne infections. These chapters each provide detailed information on specific vectors and pathogens and on the epidemiology and clinical characteristics of the diseases they cause. While the description of the molecular biology and vector ecology of these infections is generally excellent, the clinical discussions often lack the nuance and detail of current infectious diseases texts. Nevertheless, each chapter provides current and wellreferenced information on disease manifestations, diagnosis, and treatment. Several chapters, i.e., those on

Correction: Vol 11, No. 8

In "Laboratory Exposures to Brucellae and Implications for Bioterrorism" by Pablo Yagupsky and Ellen Jo Baron, an error occurred in the dosage for rifampin prophylaxis.

On page 1184, first column, first paragraph, the correct dosage of rifampin is 600 mg once daily.

The corrected text appears in the online article at http://www.cdc.gov/ncidod/EID/vol11no08/04-1197.htm We regret any confusion this error may have caused.

Correction: Vol. 11, No. 10

In "Methicillin-resistant *Staphylococcus aureus* Necrotizing Pneumonia," by Monica Monaco et al., an error occurred on page 1647, in the first full sentence of the third column. The sentence should read "On day 3 of admission, antimicrobial drug therapy was changed to linezolid (600 mg 2 times a day)."

The corrected text appears in the online article at http://www.cdc.gov/ncidod/EID/vol11no10/05-0776.htm

We regret any confusion this error may have caused.

anaplasmosis, relapsing fever, and Lyme borreliosis, are superb in all aspects.

Section 3 includes a series of global maps that depict the distribution of different tick vectors or the diseases they cause. While useful overall, maps on this scale do not convey the focality of tick distribution, and their organization in the text (i.e., mixing of vector maps with disease maps) could be improved. The maps are followed by a color atlas of tickborne diseases with plates depicting typical skin lesions and other clinical find-

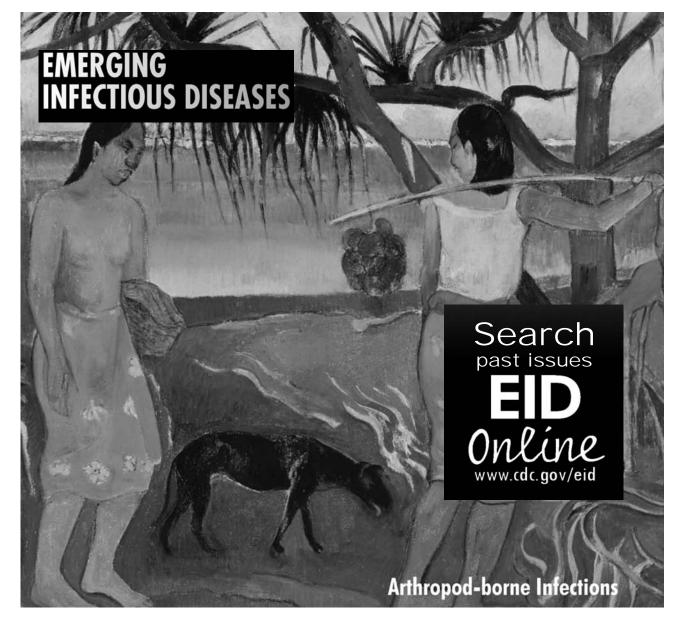
ings along with examples of microscopic pathology. This part of the book is visually compelling, although the reproductions of microscopic pathology are often small and therefore difficult to view in detail. Section 3 concludes with an almanac of the geographic distribution of ticks and the diseases they cause. This information is often difficult to find, and its inclusion in a chapter of the text is useful.

In summary, Tick-Borne Diseases of Humans is an excellent resource for a diverse audience. Vector biologists (whether molecular or ecologic in focus), infectious disease physicians, and those involved in the public health surveillance and control of these diseases will find this book to a valuable addition to current texts.

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Common tick-borne diseases include Lyme disease, Powassan virus disease, Rocky Mountain spotted fever, and more. Find out the symptoms of 11 illnesses spread by ticks to humans. A Only certain tick species bite and infect humans, says the Centers for Disease Control and Prevention (CDC). Likewise, different species can transmit different diseases, so patterns of illness vary widely from one region of the country to another. "You're not going to have equal risk in every location,†according to Swei. There may be as many 300,000 to 400,000 new cases of Lyme disease in the US each year, making it the most common tick-borne illness in America. Lyme is common in the Northeast and Upper Midwest as well as the Pacific Coast. How do ticks infect humans? Tick-borne diseases, which afflict humans and other animals, are caused by infectious agents transmitted by tick bites. They are caused by infection with a variety of pathogens, including rickettsia and other types of bacteria, viruses, and protozoa. Because individual ticks can harbor more than one disease-causing agent, patients can be infected with more than one pathogen at the same time, compounding the difficulty in diagnosis and treatment. 16 tick-borne diseases of humans are known, of which The blacklegged tick causes by far the most tickborne diseases in Minnesota. The diseases spread by ticks in Minnesota include: Lyme Disease Lyme disease, caused by Borrelia burgdorferi, is a potentially serious bacterial infection affecting both humans and animals. It is the most common tickborne disease reported in Minnesota and in the United States. The incidence of Lyme disease in Minnesota has been increasing in recent years. In 2013, a closely related bacteria, Borrelia mayonii, was found to cause an illness similar to Lyme disease (see below for more information on Borrelia mayonii dise... Tick-borne encephalitis (TBE) is a viral infectious disease involving the central nervous system. The disease most often manifests as meningitis, encephalitis, or meningoencephalitis. Long-lasting or permanent neuropsychiatric consequences are observed in 10 to 20% of infected patients. The number of reported cases has been increasing in most countries. TBE is posing a concerning health challenge to Europe, as the number of reported human cases of TBE in all endemic regions of Europe have increased by