

LETTERS

Most infections causing disseminated alveolar echinococcus acquired outside of Canada. Some minor recommended amendments for this interesting clinical presentation [AU1: Our Senior Editor has changed this to a more descriptive title. OK?]



Despite the overall, Dr. Christopher Olivier and colleagues' article on disseminated alveolar echinococcosis¹ is very interesting and important paper, but some clarifications/specifications related to its content are needed though:

1. Alveolar echinococcosis (the disease) is not **yet** endemic in Canada; its etiological agent, *Echinococcus multilocularis*, is ^{2,3}. **[AU2: Our Senior Editor has asked that you supply a reference to support this statement]**
2. **In the absence of a clear travel history excluding allochthonous infection, typing the parasite strain responsible for human infections** is pivotal to understanding the origin of infection, as most alveolar echinococcosis cases in North America were caused by infections acquired elsewhere (mostly in Europe or Asia) **until 2013², when an outbreak of locally acquired cases caused by a newly endemic strain of probable European origin was detected in Alberta⁴.**
3. *Echinococcus multilocularis* infections in wildlife in Ontario are increasing but **not at a high prevalence level⁵**. Moreover, no straityping has yet been carried out to ascertain the type of strain present in that region.
4. I am not certain whether to define humans as aberrant hosts; they would probably be better described as accidental or dead-end hosts. An example of aberrant hosts would be dogs that develop canine alveolar echinococcosis whereas, as definitive hosts, they should be immune to infections from eggs, which they naturally shed.

Alessandro Massolo PhD

Associate professor of behavioural ecology, **Dept. Biology**, University of Pisa, **Pisa**, Italy; adjunct professor of wildlife health ecology, **Dept. Ecosystem and Public Health**, Faculty of Veterinary Medicine, University of Calgary, Calgary, **Alberta, Canada**.

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