Letters to the Editor

Aetiology of community acquired pneumonia: fashionable or familiar

Sir,

Q fever, due to *Coxiella burnettii,* is thought to be widespread in the Kingdom, not surprisingly in view of the large numbers of sheep; although other sheep-rearing countries such as New Zealand are Q fever free.[1] A recent local pilot study on 75 military blood donors aged between 18 and 40 using the indirect fluorescent antibody test (the current serological gold standard) revealed a Q fever positivity rate of almost 30%. Comparable rates in blood donors from non-endemic areas of the world range from 0.6-6.1%.[2-4] Thus, Q fever infection is clearly common in our area.

When Q fever assumes the pneumonic form it is generally classified among the 'atypical' pneumonias together with the other agents of community acquired pneumonia such as *Mycoplasma pneumoniae,* and *Legionella pneumophila*.[5] Of these, *Chlamydia pneumoniae* has gained recent notoriety[6] and has several features in common with *Coxiella burnettii.* Both diseases are holoendemic and according to immuno-serologic data peak in childhood and adolescence.[7,8] Both cause respiratory infections ranging from asymptomatic to community acquired pneumonia. In both infections the diagnosis is largely serologic. While it would be odd if *C. pneumoniae* infection were absent from the Kingdom, we have no firm epidemiologic data to indicate that it is prevalent.

Is it not strange then, that in the etiologic work-up of community acquired pneumonia, less attention is often devoted to the familiar and ubiquitous *C. burnettii* than to the fashionable, trendier *C. pneumoniae*? In our own hospital requests for serodiagnostic tests for Q fever are extremely rare but those for *C. pneumoniae* feature prominently in the investigation of community acquired pneumonia.[9] If we are to accurately identify the etiologic agents of a 'atypical' community acquired pneumonia in our area we must not ignore Q fever. Only by including it in the diagnostic panel of tests will we be able to assign it its rightful place amongst the various candidate agents for the disease in our region.

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