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High Incidence of Group B Streptococcal Infection in Infants Born to HIV-Infected Mothers

To the Editor: In their cross-sectional study comparing group B streptococcus (GBS) carriage among HIV-infected and HIV-uninfected women in Malawi, Gray et al. found no differences in GBS carriage between both groups but found a higher carriage rate for HIV-infected women with high CD4 cell counts

(1). They proposed that a GBS-specific immune defect might exist in HIV-infected pregnant women and suggested that this defect could be blurred by competitive exclusion of GBS as a consequence of changes in microbial flora at lower CD4 counts.

We recently reported an increased incidence of neonatal GBS sepsis in HIV-exposed uninfected (HEU) infants born in Belgium, compared with the general population (2). In our cohort, the risk for GBS infection was 20× higher in HEU infants than in infants born to HIV-uninfected mothers. Moreover, the episodes of GBS sepsis in HEU infants, compared with the general population, were more severe and mostly of late onset. We are currently looking prospectively at GBS carriage in HIV-infected and control uninfected pregnant women to learn whether our observation can be explained by a higher carriage rate in HIV-infected women or by increased susceptibility of HEU infants to this capsulated bacteria. The latter hypothesis would be in line with the higher susceptibility of HEU children to other types of severe infections, as has been described in several studies from sub-Saharan Africa and Latin America (3-5).

The incidence of GBS sepsis in HIV-exposed infants born in Africa is unknown. In addition to the need for further investigation of anti-GBS immunity in HIV-infected pregnant women, we believe that studies comparing the incidence of neonatal GBS sepsis in HEU and HIV-unexposed infants are warranted. If the increased risk for GBS sepsis is confirmed, prophylaxis should be implemented in the population concerned.

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Etymology of Cholera

To the Editor: I read with great interest the article by Männikkö (1) on the etymology of cholera. However, discovering the origin of the word with certainty is an intricate matter. The word cholera is undoubtedly Greek because Hippocrates was the first to mention it in his writings, although the exact disease he was referring to is unknown (2,3).

Apart from the rather probable derivation from *cholē* (the word for bile and a dominant term in the humoral theory, which is of Hippocratic and not Galenic [1] provenance), one more hypothesis has been suggested. The word *cholera*, sometimes *cholēdra*, originally meant a gutter (4). Following this connection, cholera came to mean a pestiferous disease during which fluids are forcefully expelled from the body, resembling a gutter (4). This etymology-derived definition could suggest that Hippocrates and Galen, the prolific medical writers of antiquity who each in his time referred to cholera, may have witnessed cases of this infectious disease, albeit not in the epidemic form it took in ancient India (5).

In addition, a missing clue on this issue is that cholera might derive

from *cholās*, an Attic word meaning intestine, which has not survived in modern Greek (4). This new connection with the gastrointestinal tract further suggests possible knowledge of cholera in its present form, mainly diarrhea and vomiting. Hippocrates made such a reference, although loosely (2). Reaching a conclusion on the etymology of cholera remains intriguing.

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