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References

- Centers for Disease Control and Prevention. Viral hepatitis surveillance, United States, 2011. Atlanta: The Centers; 2012 [cited 2021 Apr 1]. <https://www.cdc.gov/hepatitis/statistics/2011surveillance/pdfs/2011HepSurveillanceRpt.pdf>
- Ly KN, Klevens RM. Trends in disease and complications of hepatitis A virus infection in the United States, 1999–2011: a new concern for adults. *J Infect Dis.* 2015;212:176–82. <https://doi.org/10.1093/infdis/jiu834>
- Foster MA, Hofmeister MG, Kupronis BA, Lin Y, Xia GL, Yin S, et al. Increase in hepatitis A virus infections – United States, 2013–2018. *MMWR Morb Mortal Wkly Rep.* 2019;68:413–5. <https://doi.org/10.15585/mmwr.mm6818a2>
- Centers for Disease Control and Prevention. Widespread outbreaks of hepatitis A across the United States [cited 2021 Apr 1]. <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>
- Nainan OV, Armstrong GL, Han XH, Williams I, Bell BP, Margolis HS. Hepatitis a molecular epidemiology in the United States, 1996–1997: sources of infection and implications of vaccination policy. *J Infect Dis.* 2005;191:957–63. <https://doi.org/10.1086/427992>
- Collier MG, Khudyakov YE, Selvage D, Adams-Cameron M, Epton E, Cronquist A, et al.; Hepatitis A Outbreak Investigation Team. Outbreak of hepatitis A in the USA associated with frozen pomegranate arils imported from Turkey: an epidemiological case study. *Lancet Infect Dis.* 2014;14:976–81. [https://doi.org/10.1016/S1473-3099\(14\)70883-7](https://doi.org/10.1016/S1473-3099(14)70883-7)
- Food and Drug Administration. FDA investigates outbreak of hepatitis A illnesses linked to frozen strawberries. Silver Spring (MD): FDA; 2016 [cited 2021 Apr 1]. <https://www.fda.gov/food/recallsoutbreaksemergencies/outbreaks/ucm518775.html>
- Peak CM, Stous SS, Healy JM, Hofmeister MG, Lin Y, Ramachandran S, et al. Homelessness and Hepatitis A-San Diego County, 2016–2018. *Clin Infect Dis.* 2020;71:14–21. <https://doi.org/10.1093/cid/ciz788>
- Foster M, Ramachandran S, Myatt K, Donovan D, Bohm S, Fiedler J, et al. Hepatitis A virus outbreaks associated with drug use and homelessness – California, Kentucky, Michigan, and Utah, 2017. *MMWR Morb Mortal Wkly Rep.* 2018;67:1208–10. <https://doi.org/10.15585/mmwr.mm6743a3>
- Klevens RM, Denniston MM, Jiles-Chapman RB, Murphy TV. Decreasing immunity to hepatitis A virus infection among US adults: Findings from the National Health and Nutrition Examination Survey (NHANES), 1999–2012. *Vaccine.* 2015;33:6192–8. <https://doi.org/10.1016/j.vaccine.2015.10.009>

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Molecular Typing of *Burkholderia mallei* Isolates from Equids with Glanders, India

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We collected 10 *Burkholderia mallei* isolates from equids in 9 districts in India during glanders outbreaks in 2013–2016. Multilocus variable-number tandem-repeat analysis showed 7 outbreak area–related genotypes. The study highlights the utility of this analysis for epidemiologically tracing of specific *B. mallei* isolates during outbreaks.

Burkholderia mallei is the etiologic agent of the contagious and fatal infection in equids known as glanders. It is one of the most ancient diseases and is distributed worldwide. *B. mallei* infections are frequently reported in South America, the Middle East, South Asia, and some countries in Africa. Equine glanders is a notifiable zoonotic disease; surveillance measures are enforced by the World Organisation for Animal Health (1).

Since 2006, equine glanders has been reported in India with consistently higher numbers from the Uttar Pradesh state (2,3). Regular glanders surveillance programs revealed presence of the disease in 14 states and, during 2015–2018, fresh *B. mallei* infections were reported in 6 states: Jammu and Kashmir, Gujarat, Rajasthan, Delhi, Madhya Pradesh, and Tamil Nadu (4). Epidemiologic investigations indicated that trading of equids from Uttar Pradesh to other states played a major role in spreading glanders (2). However, *B. mallei* isolates were not genotyped, which is necessary for understanding the epidemiologic association between glanders outbreaks across India.

Our study describes molecular typing of 10 *B. mallei* isolates recovered from horses (n = 4) and mules (n = 6) during 2013–2016 (Table; Appendix 1 Figure, <https://wwwnc.cdc.gov/EID/article/27/6/20-3232-App1.pdf>). All the affected equids were used for cart pulling and kept in small household stables. Five isolates (3324, 3478, 3701, 3711, and 3712), originating from 3 horses and 2 mules, were from adjoining

districts of Uttar Pradesh state, which is regarded as a glanders hotspot zone (2). Three isolates (3076, 3081, 3595) from mules were located in 2 districts of Himachal Pradesh. Available information from the equine keeper suggested that these animals were traded from Uttar Pradesh and were responsible for the reported glanders incidence in this state. One isolate was recovered from a mule (3880) in Gujarat and 1 from a horse (3897) in Haryana state; both animals had no recent travel history.

The isolates were recovered from different types of biologic samples (Table) as described previously (3) and identified as *B. mallei* by real-time PCR (1). Genomic DNA was extracted by using the PureLink genomic DNA isolation kit (Invitrogen, <https://www.thermofisher.com>) and used for PCR-based multilocus sequence typing (MLST) and multilocus variable-number tandem-repeat (VNTR) analysis (MLVA). We typed all 10 *B. mallei* isolates as sequence type (ST) 40 by the *B. pseudomallei* MLST scheme and ST734 by the *B. cepacia* MLST scheme (5–6); Appendix 2 Tables 1, 2, <https://wwwnc.cdc.gov/EID/article/27/6/20-3232-App2.xlsx>.

We conducted MLVA by PCR amplification and sequencing of 23 loci using previously described primers (7). We determined sequence length and repeat number for each locus using Geneious software version 6.1.8 (<https://www.geneious.com>). A distance matrix giving the number of VNTR loci differing between isolates was used for analysis applying the minimum-evolution method implemented in MEGA X software version 10.0.5 (<https://www.megasoftware.net>).

MLVA assigned the 10 isolates to 7 genotypes, indicating considerable variability among *B. mallei* isolates in India (Figure, panel A). Identical MLVA patterns were observed for isolates 3076 and 3081 from Himachal Pradesh and isolate 3324 from Uttar

Table. Location, host, and isolation year of 10 *Burkholderia mallei* isolates included for molecular typing, India

<i>B. mallei</i> isolate	Place of origin (district, state)	Year isolated	Host species	Salient clinical signs	Sample type
India3076	Solan, Himachal Pradesh	2013	Mule	Blood tinged nasal discharge, respiratory distress	Nasal swab
India3081	Solan, Himachal Pradesh	2013	Mule	Respiratory distress, nasal discharge, cutaneous nodules	Nasal swab
India3324	Hardoi, Uttar Pradesh	2014	Horse	Nasal discharge, hind limb ulcer, liver abscess	Liver abscess
India3478	Agra, Uttar Pradesh	2014	Horse	Hind limb ulceration, lacrimation	Lesion swab
India3595	Mandi, Himachal Pradesh	2015	Mule	Labored breathing, nasal discharge	Nasal swab
India3701	Kasganj, Uttar Pradesh	2015	Mule	Nasal discharge, cutaneous nodules	Lesion swab
India3711	Etah, Uttar Pradesh	2015	Mule	Respiratory distress, cutaneous nodules	Nasal swab
India3712	Ghaziabad, Uttar Pradesh	2015	Horse	Ulcerous nodules on body surface	Nasal swab
India3880	Banaskantha, Gujarat	2016	Mule	Mucopurulent nasal discharge	Nasal swab
India3897	Yamunanagar, Haryana	2016	Horse	Ulcerous nodules on hind limb and forelimb, purulent nasal discharge	Lesion swab

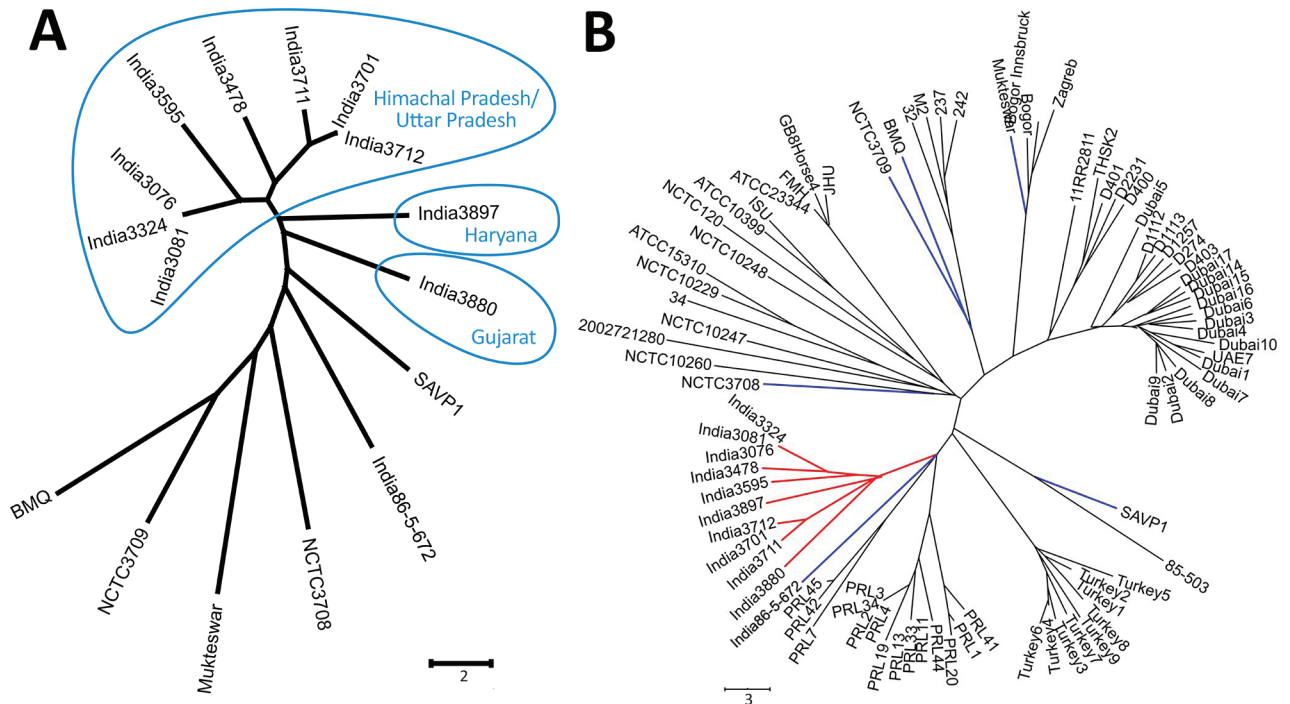


Figure. Minimum evolution trees based on 23 VNTR loci of 10 *Burkholderia mallei* isolates from Himachal Pradesh, Uttar Pradesh, Gujarat, and Haryana states, India, compared with reference sequences. A) Comparison of Himachal Pradesh–Uttar Pradesh cluster isolates (blue circles) with 6 older *B. mallei* isolates from India. B) Comparison of Himachal Pradesh–Uttar Pradesh cluster isolates (red branches) with 77 previously published *B. mallei* isolates, including the 6 others from India (blue branches). Scale bars indicate allelic differences.

Pradesh. These findings correlate with epidemiologic investigations regarding the spread of a particular strain of *B. mallei* by equine movement, emphasizing the need to control equine trade between states. An identical pattern was also observed for *B. mallei* 3701 and 3712, which were isolated from Kasganj and Ghaziabad districts, 190 km apart in Uttar Pradesh state.

The isolates 3897 and 3880 from Haryana and Gujarat differ clearly from the isolates from Himachal Pradesh–Uttar Pradesh cluster (Figure, panel A). However, isolates 3712, 3880, and 3897 were previously grouped into the L2B2sB2 branch by HRM-PCR analysis (8), which indicates superiority of MLVA for better epidemiologic resolution of glanders outbreaks.

Comparative MLVA between old and recent isolates from India revealed that most of the earlier isolates Mukteswar, BMQ, NCTC3708, NCTC3709, and India 86–567–2 are distantly related, whereas the isolate SAVP1 showed the highest similarity to the new isolates (Figure, panel A; Appendix 2 Table 3).

Further analysis of these *B. mallei* isolates plus 77 from other countries revealed that the 10 recent isolates of our study form a cluster that is most similar to isolates from Pakistan, followed by isolates from Turkey (Figure, panel B). This finding suggests that

B. mallei strains prevalent in geographically close countries might have originated from an ancestral clone and gradually disseminated to different areas. Of interest, adoption of a strict regulatory movement policy at the beginning of the 19th century for control and eradication of glanders might have resulted in establishing specific *B. mallei* lineages at different ecologic settings. Our finding confirms previous observations regarding circulation of different *B. mallei* MLVA types in the Middle East (9,10).

In summary, MLVA proved useful as a genetic tool for classifying *B. mallei* isolates and tracing possible infection chains of glanders outbreaks in equids. VNTR information from more *B. mallei* isolates from India and other countries would be helpful to draw an epidemiologic conclusion between outbreaks.

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References

1. World Organisation for Animal Health. Glanders and melioidosis. In: Manual of diagnostic tests and vaccines for terrestrial animals. Paris: The Organisation; 2018. p. 1350–62 [cited 2021 May 5]. https://www.oie.int/fileadmin/Home/eng/Health_standards/tahm/3.05.11_GLANDERS.pdf
2. Malik P, Singha H, Khurana SK, Kumar R, Kumar S, Raut AA, et al. Emergence and re-emergence of glanders in India: a description of outbreaks from 2006 to 2011. *Vet Ital*. 2012;48:167–78.
3. Malik P, Singha H, Goyal SK, Khurana SK, Tripathi BN, Dutt A, et al. Incidence of *Burkholderia mallei* infection among indigenous equines in India. *Vet Rec Open*. 2015;2:e000129. <https://doi.org/10.1136/vetreco-2015-000129>
4. Singha H, Shanmugasundaram K, Tripathi BN, Saini S, Khurana SK, Kanani A, et al. Serological surveillance and clinical investigation of glanders among indigenous equines in India from 2015 to 2018. *Transbound Emerg Dis*. 2020;67:1336–48. <https://doi.org/10.1111/tbed.13475>
5. Godoy D, Randle G, Simpson AJ, Aanensen DM, Pitt TL, Kinoshita R, et al. Multilocus sequence typing and evolutionary relationships among the causative agents of melioidosis and glanders, *Burkholderia pseudomallei* and *Burkholderia mallei*. *J Clin Microbiol*. 2003;41:2068–79. <https://doi.org/10.1128/JCM.41.5.2068-2079.2003>
6. Aanensen DM, Spratt BG. The multilocus sequence typing network: mlst.net. *Nucleic Acids Res*. 2005;33:W728–33. <https://doi.org/10.1093/nar/gki415>
7. Hornstra H, Pearson T, Georgia S, Liguori A, Dale J, Price E, et al. Molecular epidemiology of glanders, Pakistan. *Emerg Infect Dis*. 2009;15:2036–9. <https://doi.org/10.3201/eid1512.090738>
8. Girault G, Wattiau P, Saqib M, Martin B, Vorimore F, Singha H, et al. High-resolution melting PCR analysis for rapid genotyping of *Burkholderia mallei*. *Infect Genet Evol*. 2018;63:1–4. <https://doi.org/10.1016/j.meegid.2018.05.004>
9. Wernery U, Wernery R, Joseph M, Al-Salloom F, Johnson B, Kinne J, et al. Natural *Burkholderia mallei* infection in Dromedary, Bahrain. *Emerg Infect Dis*. 2011;17:1277–9. <https://doi.org/10.3201/eid1707.110222>
10. Scholz HC, Pearson T, Hornstra H, Projahn M, Terzioglu R, Wernery R, et al. Genotyping of *Burkholderia mallei* from an outbreak of glanders in Bahrain suggests multiple introduction events. *PLoS Negl Trop Dis*. 2014;8:e3195. <https://doi.org/10.1371/journal.pntd.0003195>

Atypical *Brucella inopinata*-Like Species in 2 Marine Toads

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We describe the isolation of atypical *Brucella inopinata*-like species and unique clinicopathologic findings in 2 adult marine toads (*Rhinella marina*), including oophoritis in 1 toad. These findings represent a novel emerging disease in toads and a possible zoonotic pathogen.

Brucellosis is a worldwide zoonosis caused by gram-negative, intracellular *Brucella* coccobacilli. Expanding from 6 species classically associated with abortion in mammals (*B. melitensis*, *B. suis*, *B. abortus*, *B. ovis*, *B. canis*, and *B. neotomae*), the genus now includes novel strains from marine mammals (*B. ceti*, *B. pinnipedialis*), baboons (*B. papionis*), and foxes (*B. vulpis*). Two of these (*B. ceti*, *B. pinnipedialis*) are also considered atypical *Brucella* species similar to *B. microti* and *B. inopinata* (1). Atypical *Brucella* lesions in humans, wild mammals, amphibians, and fish range from localized manifestations to systemic infection with high death rates (2–8); however, reproductive lesions more