Emergence of Melioidosis in Indonesia

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**Table 1.** Reported indigenous human cases of melioidosis in Indonesia

<table>
<thead>
<tr>
<th>Year</th>
<th>Sex</th>
<th>Age</th>
<th>Place of residence</th>
<th>History</th>
<th>Clinical characteristics</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>C</td>
<td>50+</td>
<td>Makassar</td>
<td>Fever, headache</td>
<td>Positive</td>
<td>Blood, sputum, pus, urine</td>
<td>Ceftriaxone, azithromycin</td>
<td>Recovered</td>
</tr>
<tr>
<td>2013</td>
<td>F</td>
<td>45+</td>
<td>East Luwu Regency</td>
<td>Fever, rash</td>
<td>Positive</td>
<td>Blood, sputum, pus, urine</td>
<td>Ceftriaxone, azithromycin</td>
<td>Recovered</td>
</tr>
<tr>
<td>2013</td>
<td>C</td>
<td>60+</td>
<td>East Luwu Regency</td>
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</tbody>
</table>

**Figure 1.** Map of reported indigenous melioidosis cases in Indonesia. Locations of the previous case reports are indicated by red circles (Bandung, Jakarta, Makassar, Kuala Lumpur, and Surabaya). Locations of the current case reports are indicated by red stars (Makassar and Kuala Lumpur).

**References**


**This is the first report of indigenous melioidosis cases in Sulawesi.**

1. Clinical characteristics are consistent with current presentations of melioidosis:

   - Case 1 and 2: severe sepsis with multiple organ failure.
   - Case 3: localized subcutaneous abscesses that fail to improve after treatment with antimicrobials ineffective against B. pseudomallei.

2. Identification of B. pseudomallei by VITEK2 is generally reliable, although further confirmatory tests should be performed where isolates were not stored.

**Previous reports of indigenous melioidosis from Indonesia were from Sumatra and Java.**

3. Melioidosis is endemic in east and Malaysia and Papua New Guinea, it is likely that indigenous melioidosis cases also occur unrecognized and unreported in the contiguous parts of Indonesia, Kalimantan and Papua, respectively.

**The gold standard for diagnosis is Culture; organism commonly misidentified as Pseudomonas spp.**

**Clinical sample: Blood, respiratory secretion, urine, pus and fluid**

**Laboratory diagnosis of melioidosis**

- Gram-negative bacilli, oxidase positive
- Dry and wrinkled colonies and sweetish earthy odor
- Laboratory test: (Makassar and Kalaena).
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