Public Health Advisory
06/18/2025

Two cases of *Burkholderia pseudomallei* infection (Melioidosis) with Travel to the Philippines

SITUATIONAL AWARENESS SUMMARY

Situation: The Southern Nevada Health District (SNHD) has confirmed a second travel-associated case of *Burkholderia pseudomallei* infection (melioidosis) in June 2025, following an initial case identified in May of 2025. Clinical symptoms included a non-healing abscess, weakness, fatigue, and mobility issues.

- Both cases had known risk factors for melioidosis, including diabetes, chronic kidney disease and other immune compromising conditions.
- Both individuals reported recent travel to the Philippines during their incubation period. They are receiving treatment and are recovering.

***B. pseudomallei*, the bacterium that causes melioidosis, is classified as a Tier 1 select agent by the CDC due to its potential use as a bioterrorism agent and its high mortality if untreated. SNHD recommends all providers remain vigilant and:**

1. **Consider** melioidosis in patients with compatible symptoms and a recent travel history to the Philippines or other endemic countries in Southeast Asia and northern Australia.
   - Melioidosis presents with nonspecific symptoms, and a wide clinical spectrum, from localized skin infections to severe sepsis and death. Clinical manifestations are influenced by factors such as mode of inoculation, patient risk factors, and bacterial load.
   - The most acute presentation is pneumonia. Chronic infections (> 2months) often involve indolent pulmonary and systemic symptoms.
   - High-risk populations include individuals with diabetes, kidney disease, chronic lung disease and those with excessive alcohol use.
2. **Use** culture as the diagnostic gold standard.
   - **Clinicians must notify the laboratory when melioidosis is suspected to ensure appropriate biosafety precautions, including handling specimens in a certified biological safety cabinet.**
3. **Treat** melioidosis immediately using antibiotics for an extended period with the duration dependent on the infected organs.
   - Intensive therapy: Administer ceftazidime or meropenem for a minimum of 2 to 8 weeks, depending on severity.
   - Eradication therapy: Continue with trimethoprim-sulfamethoxazole and folic acid for 3 to 6 months to prevent relapse.
4. **Prevent transmission** to laboratory personnel**.**
   - *B. pseudomallei* is not typically transmitted via respiratory droplets, however laboratory-acquired infections can occur via aerosolized cultures.
   - Contact with contaminated soil or water via broken skin is the most common natural transmission route.
   - Alert labs in advance of cultures to enable staff biosafety protocols. Strict adherence to CDC guidance is essential.
5. **Immediately report** all suspected or confirmed cases of infections caused by *B. pseudomallei* immediately to SNHD.
   - Contact SNHD Disease Surveillance & Control at 702-759-1300 (24-hr line) for any questions or to report a suspected patient that may be infected with *Burkholderia pseudomallei.*
   - **For laboratory coordination:** contact Southern Nevada Public Health Lab (SNPHL) at 702-759-1020 (24-hr line) for immediate pick-up of suspected *Burkholderia* isolates.

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Resource: https://www.cdc.gov/melioidosis/about/index.html

Health Alert: conveys the highest level of importance; warrants immediate action or attention
Health Advisory: provides important information for a specific incident or situation; may not require immediate action
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action