Letter to the editor: Screening for *Coxiella burnetii* infection during pregnancy: pros and cons according to the Wilson and Jungner criteria

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To the editor: I would like to compliment Dr. Munster et al. for their meticulous review of Q fever screening during pregnancy [1]. The recent outbreak of Q fever in the Netherlands highlights the unresolved and poorly understood issues of public health implications, natural history and correct management of Q fever infection during pregnancy.

Q fever infection in pregnant women may pose a considerable risk to medical personnel attending the delivery [2]. Infected animals are known to excrete *Coxiella burnetii* in milk, urine, feces and birth bi-products. Several outbreaks of Q fever were reported in humans exposed to feline parturition [3-5].

In humans, *C. burnetii* infection during pregnancy may result in obstetric complications including spontaneous abortion, intrauterine growth retardation and prematurity, low birth weight and fetal death. Moreover, *C. burnetii* was isolated from the placentas of asymptomatic pregnant women [6]. A classic report described *C. burnetii* infection acquired by an obstetrician following delivery of the fetus and placenta from an infected pregnant woman [2]. This report led to concerns regarding the risk of airborne transmission to medical staff attending pregnant women at delivery who are infected with *C. burnetii*.

The exposure of unprotected medical personnel to high concentrations of a highly infective organism in the placenta probably presents some level of risk (similar to exposure to parturient animals). The high prevalence of asymptomatic Q fever described in pregnant women living in high risk areas suggests considerable exposure of obstetrical staff [7]. This risk should be addressed in guidelines concerning infection control and public health and taken into account when considering screening pregnant women for Q fever in highly endemic areas. Identifying asymptomatic Q fever in pregnant women will allow implementation of infection control measures to prevent infection of obstetric staff during delivery.

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