

(consistent with state laws) and support over extended periods. To the extent that suicidal behavior or associated symptoms such as substance abuse, depression, or signs of excessive stress can be identified, help is available. A physician health program will intervene, rapidly if necessary, and offer treatment, relieving colleagues of this responsibility. Recognition of early warning signs

and prompt referral to the local program for help may prevent the ultimate tragedy of suicide.

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Lessons from the Outbreak of Marburg Virus

TO THE EDITOR: We believe that Ndayimirije and Kindhauser's characterization of Watsa and Durba, the Democratic Republic of Congo, the locations of the first Marburg outbreak in Africa, as "two sparsely populated villages in a remote corner of the country" (May 26 issue)¹ is misleading. Watsa is a town. In Durba, there was a gold rush, with thousands of young men, often from an urban background, living in crowded conditions; there was a lot of traffic toward Uganda. Watsa and Durba are not cities, like Uige, but are different from the truly rural, remote, and sparsely populated border areas of Gabon and Republic of Congo that have been plagued by regular Ebola virus outbreaks.

The main differences in the Marburg virus outbreak in Watsa as compared with that in Uige are that in Watsa the outbreak was maintained by repeated introduction of the virus into the human population²; iatrogenic transmission (e.g., in pediatric services) had a minor role, so that the proportion of affected children was 10 percent,³ as compared with an initial 75 percent rate in Uige⁴; the Watsa population was familiar with outbreaks of hemorrhagic fevers; and isolation of probable cases was achieved by persuasion; nobody attempted

to enforce isolation. As a result, panic levels were low and hostile reactions against medical teams an exception. Lessons can be learned from the Watsa outbreak that are relevant for urban settings such as Uige.

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Epidemic Cat-Transmitted Sporotrichosis

TO THE EDITOR: Sporotrichosis is a fungal infection that occurs through traumatic inoculation of organic matter that is contaminated with *Sporothrix schenckii* and is usually limited to the skin and subcutaneous tissue. In North America, the infection is most commonly associated with scratches from thorn bushes. Occasionally, sporotrichosis has been associated with scratches or bites by animals, especially domestic cats. Little is known about canine and feline transmission of sporotrichosis.

The Evandro Chagas Clinical Research Institute is a referral center for infectious diseases in Rio de Janeiro. Since 1998, the institute has received an increasing number of cases of sporotrichosis in humans, dogs, and cats from the city of Rio de Janeiro and the surrounding areas.¹ Between 1986 and 1997, 13 cases of sporotrichosis in humans were recorded at the institute. Beginning in 1998, the number of cases increased steadily,² reaching a total of 759 cases in humans between 1998 and 2004, 83