prolongation [2]. In conclusion, Ebola virus–infected patients with *Plasmodium* spp. parasitemia should receive optimal antimalaria treatment. However, whether such treatment, in particular AL, should be given to all Ebola virus–infected, patients regardless of a malaria test result, needs to be investigated.

Note

Potential conflicts of interest. The author confirms no conflicts of interest. The author has submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed

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References

1. Rosenke K, Adjemian J, Munster VJ, et al. *Plasmodium* parasitemia associated with increased survival in Ebola virus–infected patients. Clin Infect Dis **2016**; 63:1026–33.
2. Gignoux E, Azman AS, de Smet M, et al. Effect of artesunate-amodiaquine on mortality related to Ebola virus disease. N Engl J Med **2016**; 374:23–32.

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Clinical Infectious Diseases® 2017;64(2):231–32

DOI: 10.1093/cid/ciw732

Reply to Colebunders

To the Editor–We read with interest the letter by Colebunders [1] regarding our recently published article in *Clinical Infectious Diseases* [2]. In our study, we found an association between *Plasmodium* parasitemia and survival of Ebola virus–infected individuals. Patients coinfected with *Plasmodium* parasites were 20% more likely to survive the Ebola virus infection. This effect was dose dependent as survival in the group with the highest level of parasitemia was 83% compared to 46% in patients infected with Ebola virus alone. All patients in our cohort received antimalarial artemether–lumefantrine (AL) treatment, independent of the outcome of the malaria diagnostic test. In his letter, Colebunders questions whether there really is an association between *Plasmodium* parasitemia and survival or whether this effect is somehow explained by the AL treatment. He states that Ebola virus–infected patients with an untreated *Plasmodium* coinfection may have an increased mortality risk compared with patients infected with Ebola virus alone and that antimalarial treatment would thus benefit coinfected patients. Although this is an interesting hypothesis, our cohort only consisted of AL-treated patients either infected with Ebola virus alone or patients coinfected with Ebola virus and *Plasmodium* parasites. The increased survival in the coinfected patients thus cannot be due to the resolution of the *Plasmodium* coinfection by the antimalarial treatment, as the other group was not infected with *Plasmodium* to begin with.

Colebunders further argues that AL treatment itself may be detrimental to Ebola virus–infected patients by prolonging the QT interval. Although AL treatment can indeed result in QT interval prolongation, it is not clear how this could have a selective effect only in patients infected with Ebola virus alone. The study by Gignoux et al from Foya, Liberia [3], and referenced by Colebunders, included a group of patients infected with Ebola virus alone who were not treated with antimalarial drugs. When survival in this group was compared to that of patients infected with Ebola virus alone who did receive AL treatment, there was no statistically significant difference in survival, suggesting that AL treatment did not have a negative effect on patient outcome [3].

If there is an indication that AL treatment can have a negative effect on patient outcome in Ebola virus–infected patients, we should consider replacing this treatment scheme with a more appropriate choice of antimalarial drugs, as suggested by Gignoux et al [3] and by Colebunders [1]. However, this does not change our observation of increased survival in patients coinfected with *Plasmodium* parasites in the patient cohort from Monrovia, Liberia.

Note

Potential conflicts of interest. The authors report no conflicts of interest. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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References

1. Colebunders RL. Is *Plasmodium* species parasitemia really associated with increased survival in Ebola virus-infected patients? Clin Infect Dis **2016**.
2. Rosenke K, Adjemian J, Munster VJ, et al. *Plasmodium* parasitemia associated with increased survival in Ebola virus–infected patients. Clin Infect Dis **2016**; 63:1026–33.
3. Gignoux E, Azman AS, de Smet M, et al. Effect of artesunate-amodiaquine on mortality related to Ebola virus disease. N Engl J Med **2016**; 374:23–32.

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Clinical Infectious Diseases® 2017;64(2):232

DOI: 10.1093/cid/ciw734

What to Do for the Asymptomatic Pulmonary Coccidioidal Nodule or Cavity in Immunosuppressed Patients? A Focus in the Recent Coccidioidomycosis Guidelines

To the Editor–Asymptomatic pulmonary Coccidioidal nodules can be seen in immunocompromised patients such as those with cancer, transplant, or other chronic immunosuppressing conditions [1, 2]. Not uncommonly, the significance of this finding is unclear as the condition simulates nodular cancer lung metastasis [1, 2].