with that of the DENV-2 strains from the 1983 (accession no. EU056810) and 1986 (accession nos. HM234642 and GU131843) epidemics in Burkina Faso. Strains of DENV-2 from the 2005 epidemic in Ghana (accession no. EU005258) shared 95% identity with that of the patient reported here.

Phylogenetic analysis indicated that the dengue virus genome sequence in this case is highly homologous with recent strains in Africa, especially from the 2016, 1986, and 1983 outbreaks in Burkina Faso. Similar strains of DENV-2 have repeatedly caused outbreaks in West Africa (*8*). As of April 2017, DENV-2 and DENV-3 have been isolated from patients in the ongoing outbreak in Abidjan (*10*). Although no cases have been reported outside Abidjan, the case reported here may be a sentinel case, serving as an alert to the possibility of disease spread outside Africa.

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LETTER

Etymologia: Creutzfeldt-Jakob Disease

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To the Editor: The recent etymologia article on Creutzfeldt-Jakob disease by Henry and Murphy (*1*) does not accurately reflect current understanding of the contributions of Creutzfeldt and Jakob. Although Jakob had reported that Creutzfeldt's earlier case was a "nosologically very closely connected if not identical affection" (*2*), Creutzfeldt himself later reported that "his case did not bear any resemblance to the cases described by Jakob" (*3*). As discussed by neuropathologist Edgar Peirson Richardson, Jr., in 1977, "Did Creutzfeldt and Jakob describe CJD? … Creutzfeldt probably did not—Jakob to the contrary notwithstanding—and Creutzfeldt is said to have disagreed with the identification of his case with Jakob's cases. Jakob's cases, on the other hand, can more readily be fitted into current concepts of the disease without undue strain" (*4*). In 1982, neuropathologist Colin L. Masters and pediatrician D. Carleton Gajdusek concurred with Richardson: "We agree with Richardson (1977) that Creutzfeldt's case probably can be excluded from classification as a spongiform encephalopathy on the basis of his own clinical and pathological descriptions, although a specific alternative

diagnosis cannot be made" (*5*). In a later article, Richardson and Masters further noted that Creutzfeldt's case showed no indication of spongiform change, and the character of the lesions was not characteristic of "CJD" (*6*). In contrast, Jakob clearly described cases of "CJD": based on reexamination of the original pathologic slides preserved at the University of Hamburg, several of Jakob's cases were consistent with the clinical picture of "CJD" and showed characteristic pathologic findings of spongiform encephalopathy (*5*). Finally, although Walther Spielmeyer first used the term "Creutzfeldt-Jakob disease" in 1922, his decision to emphasize Creutzfeldt was likely because Creutzfeldt was then working in Spielmeyer's laboratory; other early terms for the disease gave credit preferentially or solely to Jakob.

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