B. turicatae has been isolated only from ticks and canids in several areas of Texas (*4*–*6*).

The ecologic setting of the military exercises was predictable for high-risk exposure to the tick vector. TBRF attack rates >22% have been reported for group settings with sequelae severe enough to warrant hospitalization (*7*,*8*). Military training groups in Israel have declared certain caves off limits because of heavy tick presence (*9*) and have prophylactically administered doxycycline to those suspected to have been exposed (*7*). There has not been an association of Jarisch-Herxheimer reaction in asymptomatic patients receiving doxycycline (*7*), although this reaction is common during treatment of patients with active illness (*9*).

We identified several difficulties in epidemiologic awareness and diagnosis. There is overlap of bacterial, viral, and parasitic pathogens in location and nonspecific symptom presentations. The *O. turicata* tick bite is rarely noticed or reported because the vectors are rapid nocturnal feeders, attachment is painless, and often no lesions or ticks are discovered (*10*). This case report with successful isolation and genetic characterization of *B. turicatae* from the soldier (*3*) confirms that this spirochete species is a zoonotic pathogen. The initial misdiagnosis further indicates the neglected nature of this disease, especially in the military population.

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Correction

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The name of author Emerald Stewart was omitted from Rapid Displacement of Dengue Virus Type 1 by Type 4, Pacific Region, 2007–2009 (D. Li et al.). The article has been corrected online (https://wwwnc.cdc.gov/EID/article/16/1/09-1275_article).