pod-borne infection. On the other hand, our recognition of Patient 1 as a case of SFG rickettsial infection clearly resulted in heightened local awareness of this diagnosis and increased active case finding. It is possible that locally acquired cases of rickettsial infection have been presenting to clinicians for many years without being recognised. Increased awareness and improved diagnostic capability, particularly molecular-amplification and DNA-sequencing technologies, are also likely to increase the number and species range of human rickettsial diagnoses.

The microbiology, ecology and epidemiology of SFG rickettsial infections in South Australia require further study. Meanwhile, clinicians should be aware that rickettsial infections, particularly Flinders Island spotted fever, may occur outside previously described geographic ranges in Australia. Clinically compatible cases should be further investigated with appropriate serological and microbiological tests, and empiric doxycycline therapy should be considered to shorten the duration of illness.

Competing interests
None identified.

References
2 Russell RC. Vectors vs. humans in Australia — who is on top down under?

SNAPSHOT

Gripped with pain?

A 49-year-old man presented with medial knee pain. Arthroscopy of the knee revealed meniscal fraying and early articular cartilage degeneration (Figure). It was thought that a twisting injury may have had a hand in the matter.

John C Tuffley
Orthopaedic Surgeon, Spring Hill, QLD. jtuffley@bigpond.net.au