

seconds, including 6 with averages shorter than 10 seconds. The efficacy of hand washing is based on 30- to 60-second protocols, and there is no evidence evaluating the effectiveness of hand washes that last 7 to 10 seconds. The time demand and inconvenience of repeated hand washing; poor access to handwashing facilities, such as a lack of sinks or sinks that are physically blocked by equipment in patient rooms; and the desire to prevent dermatitis, which can develop after frequent hand washing, contribute to the low compliance with handwashing protocols observed in most healthcare facilities.

Alcohol rubs take less time than washing and effectively reduce microbial loads (although washing is necessary to remove visible soil). Alcohol rubs also provide improved access, as there is no dependence on sinks and plumbing, and improved tolerance, as they can be less irritating to hands than soap and water.

The OSHA Bloodborne Pathogens Standard already requires that HCWs wash hands after removal of gloves and after any potential contact with blood or body fluids, requirements the HICPAC guideline need not reiterate, committee members said.

In related news, HICPAC's *2001 Guideline for Environmental Controls in Healthcare Facilities* is slated for submission to the *Federal Register* by the end of November.

From: Jacobson A. *icanNEWS*. November 7, 2000.

## VRE in Children With Bone-Marrow Transplants

The emergence of vancomycin-resistant enterococci (VRE) as nosocomial pathogens is a major problem in the United States; in Europe, VRE nosocomial infections are uncommon and only rarely have been reported in pediatric or neonatal units. Carretto and colleagues from Pavia, Italy, conducted a study to report on the clinical and microbiological features of VRE infections in three children given hematopoietic stem cell transplantation (HSCT). Five episodes of vancomycin-resistant *Enterococcus faecium* (VREF) infection were diagnosed in three children given an allogeneic HSCT. Molecular methods, such as randomly amplified polymorphic DNA (RAPD) fingerprinting and automated ribotyping, were used to define the circulation of strains.

All of the isolates were resistant to all commercially available agents and showed the *vanA* genotypic profile. All children were treated successfully with the combination of quinupristin-dalfopristin (QD) plus teicoplanin (TEC), although treatment was not sufficient to eradicate the microorganism promptly from the gastrointestinal tract. All children remain alive. After the first isolation of VRE, a surveillance protocol was started, and they documented that the rate of colonization in children and their mothers was less than 1.5%. The RAPD method demonstrated the possible nosocomial transmission of one strain.

The authors' experience demonstrates that VRE infection is a life-threatening complication in children given HSCT. Prompt diagnosis of this infection and its treatment with the combination of QD and TEC can successfully manage this severe infection in profoundly immunocompromised patients.

FROM: Carretto E, Barbarini D, Locatelli F, Giraldi E, Pellegrini N, Perversi L, et al. Vancomycin-resistant *Enterococcus faecium* infection in three children given allogeneic hematopoietic stem cell transplantation: clinical and microbiologic features. *Haematologica* 2000;85:1158-1164.

## Outbreak of *B cereus* Infections in an NICU

In 1998, an outbreak of systemic infections caused by *Bacillus cereus* occurred in the neonatal ICU of the University Hospital Vrije Universiteit, Amsterdam, The Netherlands. Three neonates developed sepsis with positive blood cultures. One neonate died, and the other two neonates recovered. Van Der Zwet and colleagues performed an environmental survey, a prospective surveillance study of neonates, and a case-control study in combination with molecular typing to identify potential sources and transmission routes of infection.

Genotypic fingerprinting by amplified-fragment length polymorphism (AFLP) showed that the three infections were caused by a single clonal type of *B cereus*. The same strain was found in trachea aspirate specimens of 35 other neonates. The case-control study showed mechanical ventilation with a ventilation machine to be a risk factor for colonization or infection (odds ratio, 9.8; 95% confidence interval, 1.1-88.2). Prospective surveillance showed that colonization with *B cereus* occurred exclusively in the respiratory tract of mechanically ventilated neonates. The epidemic strain of *B cereus* was found on the hands of nursing staff and in balloons used for manual ventilation. Sterilization of these balloons ended the outbreak.

The authors concluded that *B cereus* can cause outbreaks of severe opportunistic infection in neonates. Typing by AFLP proved very useful in the identification of the outbreak and in the analysis of strains recovered from the environment to trace the cause of the epidemic.

FROM: Van Der Zwet WC, Parlevliet GA, Savelkoul PH, Stoof J, Kaiser AM, Van Furth AM, et al. Outbreak of *Bacillus cereus* infections in a neonatal intensive care unit traced to balloons used in manual ventilation. *J Clin Microbiol* 2000;38:4131-4136.

## Coccidioidomycosis Outbreak: CDC Advisory

A recent outbreak of coccidioidomycosis (CM) among a Pennsylvania church group who did construction work in Mexico indicates a need for healthcare providers to be alert for this disease in returning travelers who have