- Berk SL, Gage KA, Holtsclaw-Berk SA, Smith JK. Type 8 pneumococcal pneumonia: an outbreak on an oncology ward. South Med J 1985;78:159-161.
- Mylotte JM, Beam TR Jr. Comparison of community-acquired and nosocomial pneumococcal bacteremia. Am Rev Respir Dis 1981;123:265-268.
- Alvarez S, Guarderas J, Shell CG, Holtsclaw-Berk S, Berk SL. Nosocomial pneumococcal bacteremia. Arch Intern Med 1986;146:1509-1512.
- Tomasz A. Antibiotic resistance in Streptococcus pneumoniae. Clin Infect Dis 1997;24(suppl 1):S85-S88.
- Hansman D, Bullen MM. A resistant Pneumococcus. Lancet 1967;2:264-265
- Jacobs MR, Koornhof HJ, Robins-Browne RM, Stevenson CM, Vermaak ZA, Freiman I, et al. Emergence of multiply resistant pneumococci. N Engl J Med 1978;299:735-740.
- 18. Doern GV, Brueggemann A, Preston Holley H Jr, Rauch AM. Antimicrobial resistance of Streptococcus pneumoniae recovered from outpatients in the United States during the winter months of 1994 to 1995: results of a 30-center national surveillance study. Antimicrob Agents Chemother 1996;40:1208-1213.
- Baquero F, Martínez-Beltrán J, Loza E. A review of antibiotic resistance patterns of Streptococcus pneumoniae in Europe. J Antimicrob Chemother 1991;28(suppl C):31-38.
- Caputo M, Appelbaum PC, Liu HH. Infections due to penicillin-resistant pneumococci. Arch Intern Med 1993;153:1301-1310.
- Davies AJ, Lockley MR. A prospective survey of hospital cross-infection with Streptococcus pneumoniae. J Hosp Infect 1987;9:162-168.
- Raymond J, Bingen E, Doit C, Brahimi N, Bergeret M, Badoual J, et al. Failure of cefotaxime treatment in a patient with penicillin-resistant pneumococcal meningitis and confirmation of nosocomial spread by random amplified polymorphic DNA analysis. *Clin Infect Dis* 1995;21:234-235.
- Boken DJ, Chartrand SA, Goering RV, Kruger R, Harrison CJ. Colonisation with penicillin-resistant Streptococcus pneumoniae in a child-care center. Pediatr Infect Dis J 1995;14:879-884.
- 24. Mehtar S, Drabu YJ, Vijeratnam S, Mayet F. Cross infection with Streptococcus pneumoniae through a resuscitaire. BMJ 1986;292:25-26.
- Daum RS, Nachman JP, Leitch CD, Tenover FC. Nosocomial epiglottitis associated with penicillin- and cephalosporin-resistant Streptococcus pneumoniae bacteremia. J Clin Microbiol 1994;32:246-248.
- A nosocomial outbreak of Streptococcus pneumoniae infection. Commun Dis Rep CDR Wkly 1992;2:29.
- Millar MR, Brown NM, Tobin GW, Murphy PJ, Windsor ACM, Speller DCE. Outbreak of infection with penicillin-resistant *Streptococcus pneu-moniae* in a hospital for the elderly. *J Hosp Infect* 1994;27:99-104.
- Ridgway EJ, Allen KD, Galloway A, Rigby A, O'Donoghue M. Penicillinresistant pneumococci in a Merseyside hospital. J Hosp Infect 1991;17:15-

- 23.
- Gould FK, Magee JG, Ingham HR. A hospital outbreak of antibioticresistant Streptococcus pneumoniae. J Infect 1987;15:77-79.
- Pallares R, Gudiol F, Liñares J, et al. Risk factors and response to antibiotic therapy in adults with bacteremic pneumonia caused by penicillin-resistant pneumococci. N Engl J Med 1987;317:18-22.
- Lee H-J, Park J-Y, Jang S-H, Kim J-H, Kim E-C, Choi K-W. High incidence of resistance to multiple antimicrobials in clinical isolates of *Streptococ*cus pneumoniae form a university hospital in Korea. *Clin Infect Dis* 199:20:826-835.
- 32. Bédos J-P, Chevret S, Chastang C, Geslin P, Régnier B, and the French Cooperative Pneumococcus Study Group. Epidemiological features of and risk factors for infection by Streptococcus pneumoniae strains with diminished susceptibility to penicillin: findings of a French survey. Clin Infect Dis 1996;22:63-72.
- 33. Moreno S, García-Leoni ME, Cercenado E, Diaz MD, Bernaldo de Quirós JCL, Bouza E. Infections caused by erythromycin-resistant Streptococcus pneumoniae: incidence, risk factors, and response to therapy in a prospective study. Clin Infect Dis 1995;20:1195-1200.
- 34. Pallares R, Liñares J, Vadillo M, Cabellos C, Manresa F, Viladrich PF, et al. Resistance to penicillin and cephalosporin and mortality from severe pneumococcal pneumonia in Barcelona, Spain. N Engl J Med 1995;333:474-480.
- Gómez J, Baños V, Ruiz Gómez J, Herrero F, Núñez F, Canteras M, et al. Clinical significance of pneumococcal bacteremias in a general hospital: a prospective study 1989-1993. J Antimicrob Chemother 1995;36:1021-1030.
- Marfin AA, Sporrer J, Moore PS, Siefkin AD. Risk factors for adverse outcome in persons with pneumococcal pneumonia. *Chest* 1995;107:457-462.
- Carey I, Glauser MP, Bille J. Bactériémies à pneumocoques: quoi de neuf? Schweiz Med Wochenschr 1995;125:952-958.
- García-Leoni ME, Moreno S, Rodeño P, Cercenado E, Vicente T, Bouza E. Pneumococcal pneumonia in adults hospitalized patients infected with the human immunodeficiency virus. Arch Intern Med 1992;152:1808-1812.
- Pesola GR, Charles A. Pneumococcal bacteremia with pneumonia: mortality in acquired immunodeficiency syndrome. *Chest* 1992;101:150-155.
- Sniadack DH, Schwartz B, Lipman H, Bogaerts J, Butu JC, Dagan R, et al. Potential interventions for the prevention of childhood pneumonia: geographic and temporal differences in serotype and serogroup distribution of sterile site pneumococcal isolates from children. *Pediatr Infect Dis J* 1995:14:5-10.
- McIntyre P. Epidemiology and prevention of pneumococcal infections. Curr Opin Pediatr 1997;9:9-13.

## El Niño Increases Hantavirus Infections

Gina Pugliese, RN, MS Martin S. Favero, PhD

Hantavirus pulmonary syndrome (HPS) is a severe cardiopulmonary illness resulting in death in approximately 45% of reported cases. The most frequent recognized etiologic agent of HPS in North America, Sin Nombre virus (SNV), is transmitted to humans from its primary rodent reservoir, *Peromyscus maniculatus* (deer mouse), by direct contact with infected rodents, rodent droppings, or nests, or through inhalation of aerosolized virus particles from mouse urine and feces. The potential for spread from rodents to humans has increased in 1998 because of increased rodent population

densities in some regions of the United States, following El Niño-associated increased winter rainfall that improved rodent food supplies.

Prolonged El Niño events preceded the first known HPS epidemic in 1993. The CDC recently reported three cases of HPS that occurred in the southwest United States associated with substantial domestic rodent infestations.

Limiting exposure to rodents and their excreta is the most effective means of decreasing the risk for HPS. Measures to decrease such exposures include eliminating food sources available to rodents in structures used by humans, limiting possible nesting sites, sealing holes and other possible entrances for rodents, and using traps and rodenticides. Other methods include using a 10% bleach solution to disinfect dead rodents and wearing rubber

gloves before handling trapped or dead rodents. Gloves and traps should be disinfected after use. Before entering areas that have potential rodent infestations, doors and windows should be opened to ventilate the enclosure, and stirring up or breathing potentially contaminated dust should be avoided. Dusty or dirty areas or articles should be moistened with 10% bleach solution or other disinfectant solution before being cleaned; brooms or vacuum cleaners should not be used to clean rodentinfested areas. Decreasing the number of rodents inside and around human dwellings remains the most effective measure to prevent peridomestic hantavirus infection.

FROM: Hantavirus pulmonary syndrome—Colorado and New Mexico, 1998. *MMWR* 1998;47(22):449-452.