

py with the same agents (ie, daily or three times a week).

FROM: Centers for Disease Control and Prevention. Notice to readers: acquired rifamycin resistance in persons with advanced HIV disease being treated for active tuberculosis with intermittent rifamycin-based regimens. *MMWR* 2002;51:214-215.

Patients in Long-Term-Care Facilities: A Reservoir for VRE

Elizaga and coinvestigators from Rush Medical College and Cook County Hospital, Chicago, Illinois, conducted a prospective cohort study with culture surveys and chart reviews to determine the prevalence of rectal colonization with vancomycin-resistant enterococci (VRE) and to identify risk factors for colonization among 100 residents of 20 different long-term-care facilities (LTCFs) who were admitted to two medical wards of an academic acute-care hospital. On admission to the hospital, 45 (45%) of these 100 patients were determined to be harboring VRE. Prior use of antibiotics and the presence of a decubitus ulcer were identified as risk factors. Fourteen other LTCF residents—33% of those at risk—acquired VRE in the hospital.

Antecubital skin colonization with VRE was detected in 28% of patients. Hospital ward surveillance revealed a 60% mean point prevalence of VRE colonization among patients in LTCFs, compared with 21% for other patients ($P < .001$). Patients in LTCFs in urban referral hospitals are a major reservoir for VRE, which can be transmitted to other inpatients in the hospital, in the LTCF, and in smaller community hospitals.

FROM: Elizaga ML, Weinstein RA, Hayden MK. Patients in long-term care facilities: a reservoir for vancomycin-resistant enterococci. *Clin Infect Dis* 2002;34:441-446.

Nosocomial Bloodstream Infections Among Patients Infected With HIV

Petrosillo and colleagues from the Istituto Nazionale per le Malattie Infettive "L. Spallanzani," Istituto di Ricovero e Cura a Carattere Scientifico, Rome, Italy, conducted a 1-year, multicenter, prospective study of patients with advanced human immunodeficiency virus (HIV) infection who were consecutively admitted to 17 Italian infectious diseases wards to assess the incidence of nosocomial bloodstream infections (NBSIs) in these patients and to analyze the main associated risk factors. As of May 1999, a total of 65 NBSIs (4.7%) occurred in 1,379 admissions, for an incidence of 2.45 NBSIs per 1,000 patient-days. Twenty-nine NBSIs were catheter-related bloodstream infections, with a rate of 9.6 central venous catheter-associated infections per 1,000 device-days. Multivariate analysis indicated that variables independently associated with NBSIs included active injection drug use, a Karnofsky Performance Status score of less than 40, presence of a central venous catheter, and length of hospital stay. Mortality rates were 24.6% and 7.2% among patients with and without NBSIs, respectively ($P < .00001$).

It was noted that because the central venous catheter is

the main risk factor associated with BSIs, it is important that intravascular catheters not remain in place long after their intended use and are limited to the administration of drugs. The researchers concluded that in the era of highly active anti-retroviral therapy, nosocomial BSIs continue to occur frequently and remain severe and life-threatening manifestations.

FROM: Petrosillo N, Viale P, Nicastrì E, et al. Nosocomial bloodstream infections among human immunodeficiency virus-infected patients: incidence and risk factors. *Clin Infect Dis* 2002;34:677-685.

Hepatitis E Virus Infection in Hemodialysis Patients in Saudi Arabia

Ayoola and coinvestigators from the King Fahd Central Hospital Gizan, Saudi Arabia, conducted a study to determine the prevalence of antibody to hepatitis E virus (IgM anti-HEV) among hemodialysis patients and to evaluate whether there was an increased risk of infection and exposure to HEV in an area of endemic viral hepatitis. Serum samples were obtained from 83 Saudi patients receiving chronic hemodialysis (group 1), 400 gender- and age-matched healthy subjects (group 2), and hospital patients (group 3). Tests were done for the IgM anti-HEV and IgG anti-HEV.

The prevalence rates of anti-HEV among the patients (group 1) and the healthy controls were 4.8% and 0.3%, respectively. The difference (4.5%) was statistically significant, with a calculated odds ratio (OR) of 20.2 (95% confidence interval [CI_{95}] = 2.1 to 481.0; $P = .0002$). In contrast, there was no significant difference in the prevalence rates of IgG anti-HEV (7.2% vs 10.8%) in both groups. In non-hemodialysis patients with various diseases, 1.6% (1 of 64) of outpatients (group 3) and none (0 of 113) of the ward patients (group 4) were positive for IgM anti-HEV. Thus, the prevalence (4 of 83) of IgM anti-HEV in the hemodialysis patients was significantly higher than the rate (1 of 177) in the combined groups of nonhemodialysis hospital patients. The calculated OR was 8.9 (CI_{95} = 0.92 to 212.8; $P = .037$). IgM antibody to hepatitis A virus (IgM anti-HAV) was not detected in any subjects, and the prevalence rates of IgG anti-HAV were similar in the patients and in the controls (72.3% and 74.3% in groups 1 and 2, respectively, and 75.7% for groups 3 and 4 combined).

The study indicated a significantly higher risk of acute HEV infection among patients receiving chronic hemodialysis. It is possible that these were nosocomial infections acquired by person-to-person transmission in the hemodialysis unit. However, it is more probable that the infections were community acquired, a conclusion supported indirectly by the lack of a significant difference between the prevalence in hemodialysis patients (4.8%) and that in outpatients (1.6%). The authors suggest that in areas of endemic HEV, appropriate strategies should be adopted to prevent the risk of HEV among hemodialysis patients.

FROM: Ayoola EA, Want MA, Gadour MO, Al-Hazmi MH, Hamza MK. Hepatitis E virus infection in haemodialysis patients: a case-control study in Saudi Arabia. *J Med Virol* 2002;66:329-334.