

comycin a significant predictor for VRE carriage. Interestingly, neither the number of hospital days nor prior ICU admissions were found to be significant risk factors for VRE colonization. There were three infections (2.7% of subjects) with VRE, but there was no relation between prior VRE carriage and subsequent risk for clinically relevant infection.

Although some studies have reported a low prevalence of VRE in patients with renal failure, we found that VRE colonization was not uncommon among hemodialysis patients. Until more is known about VRE colonization, we recommend that intravenous vancomycin be reserved for documented serious methicillin-

resistant staphylococcal infections. Vancomycin should not be used for empirical therapy and should not be used to treat methicillin-resistant *Staphylococcus aureus* colonization.

We conclude that intravenous, not oral, vancomycin use predisposes to VRE colonization in HD patients.

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Inactivation of Duck Hepatitis B Virus by Hydrogen Peroxide Gas Plasma Sterilization

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Human hepatitis B virus (HBV) is an important cause of nosocomial infections and can be transmitted by contaminated instruments. However, tests of the efficacy of sterilization of materials and equipment contaminated by HBV are difficult to perform because the virus cannot be grown in the laboratory. As a result, investigators studying the inactivation of HBV have begun to use other viruses in the hepadna group of viruses as surrogates for HBV. Vickery and coinvestigators from the University of Sidney in Australia conducted a study where the objective was to evaluate the capability of a low-

temperature, hydrogen peroxide gas plasma sterilizer (Sterrad, Advanced Sterilization Products, Irvine, CA) to inactivate duck hepatitis B virus (DHBV).

In laboratory efficacy studies using DHBV dried on to glass filter carriers and exposed to one half of the hydrogen peroxide gas plasma sterilization process, there was a 10^7 or greater decrease in the viral titer, with no infectivity detected on the carriers after treatment. In-use studies were performed using a laparoscope that was experimentally contaminated with DHBV to mimic the possible transmission of infection between successive patients. Following exposure to the hydrogen peroxide gas plasma sterilization process,

no transmission of DHBV infection from the laparoscope occurred, despite visually obvious soiling with blood (N=8), whereas the transmission rate for the unprocessed laparoscope (positive control) was 100% (26/26), and that for instruments after a water wash was 63% (7/11). The authors concluded that the hydrogen gas plasma sterilization process completely inactivates DHBV, a representative of the hepadna group of viruses.

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