

EPIDEMIOLOGIC CHARACTERISTICS OF METHICILLIN-RESISTANT AND -SUSCEPTIBLE COAGULASE-NEGATIVE STAPHYLOCOCCAL BACTEREMIA

In order to identify the prevalence and risk factors associated with methicillin-resistant (MR) and methicillin-susceptible (MS) coagulase-negative staphylococcus (CoNS) bacteremia, investigators performed 2 retrospective case-control studies among 108 patients with true CoNS bacteremia diagnosed within 48 hours of hospital admission. The control group consisted of 79 patients who had non-CoNS bacteremia. Multivariate analysis identified the following independent risk factors in MR-CoNS patients (n = 79): presence of a central venous catheter (CVC; $P < .001$), admission from long-term care or nursing home ($P < .02$), previous MR *Staphylococcus aureus* infection or colonization ($P < .02$), and receipt of significantly more antibiotics within 30 days of bacteremia ($P < .02$). Presence of a CVC was the only independent risk factor ($P < .001$) for MS-CoNS patients (n= 29) after multivariate analysis. Probability of methicillin resistance among CoNS isolates was 62% from patients admitted from the community versus 84% from patients admitted from either long-term care or nursing home facilities. The epidemiologic characteristics found in this study may be useful in distinguishing between MR-CoNS and MS-CoNS bacteremia.

Tacconelli E, D'Agata EM, Karchmer AW. Epidemiological comparison of true methicillin-resistant and methicillin-susceptible coagulase-negative staphylococcal bacteremia at hospital admission. *Clin Infect Dis* 2003;37:644–9.

INVASIVE PNEUMOCOCCAL DISEASE PREDISPOSITION IN HIV/AIDS PATIENTS

Using population-based survey data from the Active Bacterial Core surveillance from 1998 to 1999, the authors compared characteristics of invasive pneumococcal disease (IPD) in adult patients (18–64 years) with HIV/AIDS versus adults without HIV/AIDS in order to determine whether patients with HIV/AIDS were more susceptible to drug-resistant *Streptococcus pneumoniae* compared with infections of selected serotypes that have a high prevalence of antimicrobial resistance. Of 2346 patients included, 416 (18%) had HIV/AIDS, 284 (15%) had an immunocompromising disease other than HIV/AIDS, 598 (31%) had a chronic disease, and 1048 (54%) had no recorded underlying disease. Serotype 4 commonly causes invasive disease and was used as the referent group. Infections with serotypes 6A, 6B, 9N, 9V, 18C, 19A, 19F, and 23F were significantly more common in HIV/AIDS patients than in those without underlying disease ($P = .02$, $P < .001$, $P < .001$, $P = .009$, $P = .004$, $P = .006$, $P < .002$, and $P < .001$, respectively). When trimethoprim-

sulfamethoxazole (TMP-SMZ)—nonsusceptible isolates were excluded, this association remained significant ($P < .05$, versus serotype 4), indicating that antimicrobial resistance did not confound the association between HIV/AIDS and these serotypes. Independent risk factors for infection with these serotypes included HIV/AIDS (adjusted odds ratio [aOR], 1.93 [95% confidence interval [CI], 1.44–2.59]), immunocompromising conditions besides HIV/AIDS (aOR, 1.56 [95% CI, 1.12–2.18]), and African American race (aOR, 1.50 [95% CI, 1.20–1.88]). HIV/AIDS was not independently associated with TMP-SMZ nonsusceptibility. Patients with HIV/AIDS are vulnerable to certain serotypes associated with IPD, which may have implications for prevention strategies.

Fry AM, Facklam RR, Whitney CG, et al. Multistate evaluation of invasive pneumococcal diseases in adults with human immunodeficiency virus infection: serotype and antimicrobial resistance patterns in the United States. *J Infect Dis* 2003;188:643–52.

DURATION OF INITIAL HAART REGIMENS

The authors analyzed the actual duration of initial highly active antiretroviral therapy (HAART) regimens in clinical practice among HIV-infected outpatients who previously were naive to antiretroviral therapy (ART) between 1 January 1996 and 1 October 2001. A new regimen was defined as any change in ART that lasted 14 days or more, with the exception of dosage changes. Of 1206 patients beginning HAART in 1996, 405 were ART naive. Of all patients, 18% had a history of opportunistic infection (OI) before initiating HAART and 65% had an initial HAART regimen that was protease inhibitor based. The initial treatment regimen was discontinued in 240 (59.3%) of 405 patients. The median duration of initial regimens was 1.6 years. Subsequent regimens tended to be shorter. On multivariable analysis, injection drug use ($P < .0003$) and OI ($P < .0278$) were significantly associated with shorter initial regimens. Most discontinuations (48.8%) of an initial regimen were due to medication toxicity, predominantly nausea and vomiting. Poor adherence and/or virologic failure were the next most common cause (22.5%). Reasons that injection drug use and OI affect the duration of the initial HAART regimen remain unclear, but prevention and treatment of injection drug abuse as well as early detection and treatment of HIV before advanced disease occurs both should be emphasized.

Chen RY, Westfall AO, Mugavero MJ, et al. Duration of highly active antiretroviral therapy regimens. *Clin Infect Dis* 2003;37:714–22.

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