tions. Regardless, renewed efforts are needed if we are to turn the tide on antimicrobial-resistant pathogens.

## REFERENCES

- National Nosocomial Infection Surveillance (NNIS) System report, data summary from January 1990-May 1999, issued June 1999. Am J Infect Control 1999;27:520-532.
- Centers for Disease Control and Prevention. Recommendations for preventing the spread of vancomycin resistance. Recommendations of the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR 1995;44 (RR-12):1-13.
- Martone W. Spread of vancomycin-resistant enterococci: why did it happen in the United States? *Infect Control Hosp Epidemiol* 1998;19:539-545.
- Montecalvo MA, de Lencastre H, Carraher M, Gedris C, Chung M, VanHorn K, et al. Natural history of colonization with vancomycinresistant *Enterococcus faecium*. *Infect Control Hosp Epidemiol* 1995;16:680-685.
- 5. Boyce JM, Opal SM, Chow JW, Zervos MJ, Potter-Bynoe G, Sherman CB, et al. Outbreak of multi-drug resistant *Enterococcus faecium* with transferable *van*B class vancomycin resistance. *J Clin Microbiol* 1994;32:1148-1153.
- Lai KK, Kelley AL, Melvin ZS, Belliveau PP, Fontecchio SA. Failure to eradicate vancomycin-resistant enterococci in a university hospital and the cost of barrier precautions. *Infect Control Hosp Epidemiol* 1998;19:647-652.
- Smith TL, Pearson ML, Wilcox KR, Cruz C, Lancaster MV, Robinson-Dunn B, et al. Emergence of vancomycin resistance in *Staphylococcus* aureus. Glycopeptide-Intermediate Staphylococcus aureus Working Group. N Engl J Med 1999;440:493-501.
- Slaughter S, Hayden MK, Nathan C, Hu TC, Rice T, Van Voorhis J, et al. A comparison of the effect of universal gloves and gowns with that of glove use alone on acquisition of vancomycin-resistant enterococci in a medical intensive care unit. *Ann Intern Med* 1996;125:448-456.
- 9. Voss A, Widmer AF. No time for handwashing? Handwashing versus alcoholic rub: can we afford 100% compliance? *Infect Control Hosp Epidemiol* 1997;18:205-208.
- Thompson RL, Cabezudo I, Wenzel RP. Epidemiology of nosocomial infections caused by methicillin-resistant *Staphylococcus aureus*. Ann Intern Med 1982;97:309-317.
- Jernigan JA, Titus MG, Groschel DH, Getchell-White S, Farr BM. Effectiveness of contact isolation during a hospital outbreak of methicillinresistant Staphylococcus aureus. Am J Epidemiol 1996;143:496-504.
- Edmond MB, Ober JF, Dawson JD, Weinbaum DL, Wenzel RP. Vancomycin-resistant enterococcal bacteremia: natural history and attributable mortality. *Clin Infect Dis* 1996;6:1234-1239.

- Morris JG Jr, Shay DK, Hebden JN, McCarter RJ Jr, Perdue BE, Jarvis W, et al. Enterococci resistant to multiple antimicrobial agents, including vancomycin. Establishment of endemicity in a university medical center. *Ann Intern Med* 1995;123:250-259.
- 14. de Lancastre H, Brown AE, Chung M, Armstrong D, Tomasz A. Role of transposon Tn5482 in the epidemiology of vancomycin-resistant *Enterococcus faecium* in the pediatric oncology unit of a New York Hospital. *Microb Drug Resist* 1999;5:113-129.
- Nobel WC, Virani Z, Cree RG. Co-transfer of vancomycin and other resistance genes from *Enterococcus faecalis* NCTC 12201 to *Staphylococcus aureus. FEMS Microbiol Lett* 1992;72:195-198.
- Calfee DP, Giannetta E, Durbin LJ, Farr BM. Control of vancomycin-resistant *Enterococcus* colonization among inpatients at a tertiary care facility. Fourth Decennial International Conference on Nosocomial and Healthcare-Associated Infections; March 2000; Atlanta, GA. Abstract P-T2-69.
  Sagenkahn E, Jones M, Hess S, Chavin K, Silverberg M, Steinhauser M,
- Sagenkahn E, Jones M, Hess S, Chavin K, Silverberg M, Steinhauser M, et al. Can infection control and antibiotic restriction or manipulation reduce vancomycin-resistant *Enterococcus* rates among solid organ transplant patients? Infectious Disease Society of America; 1998; Denver CO. Abstract 597 (Fr).
- Montecalvo MA, Jarvis WR, Uman J, Shay DK, Petrullo C, Rodney K, et al. Infection-control measures reduce transmission of vancomycin-resistant enterococci in an endemic setting. *Ann Intern Med* 1999;131:269-272.
- Muto C, Cage E, Durbin L, Simonton B, Farr, B. Cost effectiveness of perirectal surveillance cultures for controlling vancomycin-resistant *Enterococcus*. Ninth Annual Scientific Meeting of the Society for Healthcare Epidemiology of America; April 1999; San Francisco, CA. Abstract 74.
- Monnet DL. Antimicrobial resistance in Europe. Global Consensus Conference on Infection Control Issues Related to Antimicrobial Resistance; March 19-21, 1999; Toronto, Ontario, Canada. Washington, DC: Association for Professionals in Infection Control and Epidemiology; 2000. http://www.icna.co.uk/Files%20for%20download/ proceedings.pdf.
- Trick WE, Kuehnert MJ, Quirk SB, Arduino MJ, Aguero SM, Carson LA, et al. Regional dissemination of vancomycin-resistant enterococci resulting from interfacility transfer of colonized patients. J Infect Dis 1999;180:391-396.
- 22. Sohn A, Ostrowsky B, Holt S, Quirk S, Carson L, Hill B, et al. Control of vancomycin-resistant *Enterococcus* in the Siouxland District Health Department: working together as a healthcare facility community. Fourth Decennial International Conference on Nosocomial and Healthcare-Associated Infections; March 2000; Atlanta, GA. Abstract STh-04.
- Jochimsen EM, Fish L, Manning K, Young S, Singer DA, Baker R, et al. Control of vancomycin-resistant enterococci at a community hospital: efficacy of patient and staff cohorting. *Infect Control Hosp Epidemiol* 1999;20:106-109.

## Dermatitis Outbreaks—Hot Tub Disinfection

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Two recent outbreaks of dermatitis and other infections associated with *Pseudomonas aeruginosa* in swimming pools and hot tubs prompted the CDC to issue disinfection recommendations for facility operators. In both outbreaks, the hot tubs were located in hotels, and the chlorine levels were repeatedly below the state's required minimum of 1 mg/mL.

Factors that may have caused the low disinfectant levels included the use of an off-site contractor who could monitor chlorine and pH levels but could not change them; hotel employees with "minimal" understanding of pool monitoring, maintenance, and water disinfection; and a lack of on-site water monitoring to adjust for high bather loads, which can lower chlorine levels. Also, cyanuric acid was added to the pool and hot tub in one of the outbreaks; this chemical reduces chlorine loss from ultraviolet light exposure but also reduces the antimicrobial activity of chlorine.

To reduce the risk of *Pseudomonas* dermatitis and other infections from waterborne organisms, the CDC recommends that pool and hot tub operators do the following: (1) follow pool and hot tub recommendations and regulatory requirements for pH and disinfectant levels; (2) have a thorough knowledge of pool and hot tub operation; (3) provide training for staff members on the capabilities, maintenance, and emergency alert procedures of remote monitoring systems; (4) closely monitor pool and hot tub chlorine levels during periods of heavy use; (5) recognize that hot tub temperatures cause chlorine to dissipate rapidly; and (6) understand the appropriate use and effects of cyanurates on disinfection and testing.

FROM: Centers for Disease Control and Prevention. *Pseudomonas* dermatitis/ folliculitis associated with pools and hot tubs—Colorado and Maine, 1999-2000. *MMWR* 2000;49(48):1087-1091.