CO^2 content) and found 13 (21%) to be contaminated with opportunistic pathogens that could cause disease in immunocompromised patients, including *Klebsiella, Pseudomonas fluorescens, Pseudomonas putida, Acinetobacter* species, and *A hydrophila.*[3] Because mineral water usually is contaminated during the production process, we subsequently chose a company that agreed to improve their production line according to our suggestions. All of our hospitalized patients now receive mineral water that is free of potential pathogens.

From our studies and those published in the literature,[4-7] it can be concluded that household water filters should not be used (if used, the filtered water must be boiled) and that mineral water, especially uncarbonated mineral water, must be tested before it is given to immunocompromised patients.

REFERENCES

1. Daschner FD, Rüden H, Simon R, Cloteen J. Microbial contamination of drinking water in a commercial household water filter system. *Eur J Microbiol Infect Dis* 1996;15:233-237.
2. German Ministry of Health. Use of household water filters for health reasons mostly unnecessary. Press information by the German State Institute for Consumer Protection and Veterinary Medicine, January 5, 1998.
3. Daschner FD. Hygienic problems with mineral water. *Onkologie* 1997;20:70-71.
4. Hunter PR, Burge SH. The bacteriological quality of bottled natural mineral waters. *Epidemiol Infect* 1987;99:439-443.
5. González C, Gutiérrez C, Grande T. Bacterial flora in bottled uncarbonated mineral drinking water. *Can J Microbiol* 1987;33:1120-1125.
6. Manaia CM, Nunes OC, Mortois PV, da Costa MS. Heterotrophic plate counts and the isolation of bacteria from mineral waters on selective and enrichment media. *J Appl Bacteriol* 1990;69:871-876.
7. Morais PV, da Costa MS. Alterations in the major heterotrophic bacterial populations isolated from a still bottled mineral water. *J Appl Bacteriol* 1990;69:750-757.

Franz D. Daschner, MD
Institute for Environmental Medicine and Hospital Epidemiology
Freiburg, Federal Republic of Germany

European Glycopeptide Susceptibility Survey of Gram-Positive Bacteria

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

Felmingham and colleagues from the Public Health Laboratory, Addenbrooke's Hospital, Cambridge, United Kingdom, reported a study of glycopeptide susceptibility. In the European survey, 7,078 gram-positive isolates collected in 1995 from 70 centers in 9 countries of Western Europe were examined, using a standardized, quantitative susceptibility testing method. Of the 7,078 isolates, 6,824 (96.4%) were tested by the national coordinating centers.

Teicoplanin (mode MIC 0.5 µg/mL) was generally twice as active as vancomycin (mode MIC 1 µg/mL) against *Staphylococcus aureus* (n=2,852). All isolates were susceptible to vancomycin (MIC ≤4 µg/mL) and all but four to teicoplanin (MIC ≤8 µg/mL); these four isolates were of intermediate susceptibility (MIC 16 µg/mL). With coagulase-negative staphylococci (n=1,444), the distribution of MIC of teicoplanin was wider than for vancomycin. Of coagulase-negative staphylococci other than *Staphylococcus haemolyticus,* 2.2% required 16 µg/mL teicoplanin for inhibition (intermediate) and 0.4% ≥32 µg/mL (resistant). Among isolates of *S haemolyticus,* 4.4% were of intermediate susceptibility (MIC 16 µg/mL), and 3.3% were resistant (MIC ≥32 µg/mL) to teicoplanin. However, this species represented only 6.3% of the isolates of coagulase-negative *Staphylococcus* species. Generally, teicoplanin (mode MIC ≤0.12 µg/mL) was four to eight times more active than vancomycin (mode MIC ≤0.5 µg/mL) against the 770 streptococcal isolates. Glycopeptide-susceptible *Enterococcus* species (n=1,695) were generally four times more susceptible to teicoplanin (mode MIC 0.25 µg/mL) than to vancomycin (mode MIC 1 µg/mL).

Combined vancomycin and teicoplanin (*van*A phenotype) resistance was observed more frequently (9.3%) in isolates of *Enterococcus faecium* than in *Enterococcus faecalis* (0.8%). Four isolates of unspeciated enterococci (1.4%) also expressed this resistance phenotype. Four isolates of *E faecium* and four of *E faecalis* expressed the *van*B-type (low-level, vancomycin only) resistance. Spain was the only country not to submit resistant *E faecium* strains, whereas resistant *E faecalis* isolates came only from Spain and Italy.

From: Felmingham D, Brown DF, Soussy CJ. European glycopeptide susceptibility survey of gram-positive bacteria for 1995. European Glycopeptide Resistance Survey Study Group. *Diagn Microbiol Infect Dis* 1998;31:563-571.