- fingerprinting of Acinetobacter calcoaceticus subspecies anitratus from intubated and mechanically ventilated patients. Infect Control Hosp Epidemiol 1990;11:531-538.
- Picard B, Goullet P. Epidemiological typing of Acinetobacter strains by esterase electrophoresis. FEMS Microbiol Lett 1990;72:229-234.
- 25. Gouby A, Carles-Nurit MJ, Bouziges N, Bourg G, Mesnard R, Bouvet PJ. Use of pulsed-field gel electrophoresis for investigation of hospital outbreaks of *Acinetobacter baumannii*. *J Clin Microbiol* 1992;30:1588-1591.
- Gerner-Smidt I? Ribotyping of the Acinetobacter calcoaceticus-Acinetobacter baumannii complex. J Clin Microbiol 1992;30:2680-2685
- 27. Gräser Y, Klare I, Halle E, et al. Epidemiological study of an *Acinetobacter baumannii* outbreak by using polymerase chain reaction fingerprinting. *JClin Microbiol* 1993;31:2417-2420.
- Johnson DR, Love-Dixon MA, Brown WJ, Levine DP, Downes FP, Hall WN. Delayed detection of an increase in resistant Acinetobacter at a Detroit hospital. Infect Control Hosp Epidemiol 1992;13:394-398.
- Garner JS, Jarvis WR, Emori TG, Horan TC, Hughes JM. CDC definitions for nosocomial infections. Am J Infect Control 1988;16:128-140.
- 30. Juni E. Interspecies transformation of *Acinetobacter*: genetic evidence for a ubiquitous genus. *J Bacteriol* 1972;112:917-931.
- 31. Seifert H, Schulze A, Baginski R, Pulverer G. Plasmid DNA fingerprinting of *Acinetobacter* species other than *Acinetobacter* baumannii. J Clin Microbiol 1994;32:82-86.

- Tjemberg I, Ursing J. Clinical strains of Acinetobacter classified by DNA-DNA hybridization. APMIS 1989;97:595-605.
- 33. Schumacher-Perdreau F, Jansen B, Seifert H, Peters G, Pulverer G. Outbreak of methicillin-resistant Staphylococcus *aureus* in a teaching hospital-epidemiological and microbiological surveillance. *Zentralblatt für Bakteriologie* 1994;280:550-559.
- 34. Bouvet PJ. Grimont PA. Taxonomy of the genus Acinetobacter with the recognition of Acinetobacter baumannii sp.nov., Acinetobacter haemolyticus sp.nov., Acinetobacter johnsonii sp.nov., and Acinetobacter junii sp.nov., and emended description of Acinetobacter calcoaceticus and Acinetobacter lwoffii. Int J Syst Bacteriol 1986;36:228-240.
- Mayer LW. Use of plasmid profiles in epidemiologic surveillance of disease outbreaks and in tracing the transmission of antibiotic resistance. Clin Microbiol Rev 1988;1:228-243.
- Vila J, Almela M, Jimenez-de-Anta MT Laboratory investigation of hospital outbreak caused by two different multiresistant Acinetobacter calcoaceticus subsp. anitratus strains. J Clin Microbiol 1989;27:1086-1089.
- Noel GJ, Kreiswirth BN, Edelson PJ, et al. Multiple methicillinresistant Staphylococcus aureus strains as a cause for a single outbreak of severe disease in hospitalized neonates. Pediatr Infect Dis 1992;11:184-188.
- Getchell-White SI, Donowitz LG, Groschel DH. The inanimate environment of an intensive care unit as a potential source of nosocomial bacteria: evidence for long survival of Acinetobacter calcoaceticus. Infect Control Hosp Epidemiol 1989;10:402-407.

## Outbreak of Mycoplasma pneumoniae Among Hospital Employees

## by Gina Pugliese, RN, MS Medical News Editor

Following the development of pneumonia in 14 internal medicine employees of a Texas hospital during the second week of August 1993, an investigation was conducted to determine the etiology and extent of illness, including the possibility of transmission to patients.

Between August 1 and November 14, 214 cases were identified. Radiographs showed pneumonia in 43 (20%) persons; 6 (3%) required hospitalization. There were no deaths. The attack rate among internal medicine employ-

ees was 26%. While all cultures were negative, 12 (21%) of the 58 case patients with paired serum specimens showed a fourfold rise in antibody titer to *Mycoplasma* species and 47 (71%) showed an elevated convalescent titer of ≥1:32. Western immunoblotting with patient sera identified *Mycoplasma pneumoniae* as the species causing disease. One (2%) of 47 patients discharged from medical wards and three outpatients cared for by ill physicians developed symptoms meeting the case definition.

The authors concluded that this outbreak of *M pneumoniae* caused significant morbidity among hospital employees and posed a potential risk to

patients cared for by ill physicians. The authors note that culture for *M pneumoniae* is difficult and the use of new serologic and molecular tests for *M* pneumoniae may be important to establish an etiologic diagnosis, facilitating antimicrobial therapy or prophylaxis to limit the spread of infection.

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