

18. Raviglione MC, Battan R, Pablos-Mendez A, Aceves-Casillas P, Mullen MP, Tatanta A. Infections associated with Hickman catheters in patients with acquired immunodeficiency syndrome. *Am J Med* 1989;86:780-786.
19. Tuazon CU, Sheagren JN. Increased rate of carriage of *Staphylococcus aureus* among narcotic addicts. *J Infect Dis* 1974;129:725-727.
20. Tuazon CU, Sheagren JN. Staphylococcal endocarditis in parenteral drug abusers: source of the organism. *Ann Intern Med* 1975;82:788-790.
21. Raviglione MC, Mariuz P, Pablos-Mendez A, Battan R, Ottuso P, Taranta A. High *Staphylococcus aureus* nasal carriage rate in patients with acquired immunodeficiency syndrome or AIDS-related complex. *Am J Infect Control* 1990;18:64-69.
22. Ganesh R, Castle D, McGibbon D, Phillips I, Bradbeer C. Staphylococcal carriage and HIV infection. *Lancet* 1989;2:558. Letter.
23. Goldblum SE, Reed WP, Ulrich JA, Goldman RS. Staphylococcal carriage and infections in hemodialysis patients. *Dial Transplant* 1978;7:1140-1148.
24. Valvano MA, Hartstein VH, Morthland ME, et al. Plasmid DNA analysis of *Staphylococcus epidermidis* isolated from blood and colonization cultures in very low birth weight neonates. *Pediatr Infect Dis J* 1988;7:116-120.
25. Yu VL, Goetz A, Wagener M, et al. *Staphylococcus aureus* nasal carriage and infection in patients on hemodialysis. *N Engl J Med* 1986;315:91-96.
26. Bary M, Cazala JB, Vittecoq D, Boucot I, Berche P, Bach JF. Central venous catheters (CVC) in AIDS: risk factors for bacterial infection. Proceedings of the Sixth International Conference on AIDS; June 1990; San Francisco, CA. Abstract Th.B.528.
27. Weinke T, Rogler G, Rohde I, Pohle HD. Bacteremia in adult HIV-infected patients. Proceedings of the Sixth International Conference on AIDS; June 1990; San Francisco, CA. Abstract Th.8.525.
28. Goldblum SE, Reed WP. Host defenses and immunologic alterations associated with chronic hemodialysis. *Ann Intern Med* 1980;93:597-613.
29. Cheesbrough JS, Finch RG, Burder RP. A prospective study of the mechanisms of infection associated with hemodialysis catheters. *J Infect Dis* 1986;154:79-89.
30. Vanherweghem JL, Dhaene M, Goldman M, et al. Infections associated with subclavian dialysis catheters: the key role of nurse training. *Nephron* 1986;42:116-119.
31. Hughes WT, Kuhn S, Chaudhary S, et al. Successful chemoprophylaxis for *Pneumocystis carinii* pneumonitis. *N Engl J Med* 1977;297:1419-1426.
32. EORTC International Antimicrobial Therapy Project Group. Trimethoprim-sulfamethoxazole in the prevention of infection in neutropenic patients. *J Infect Dis* 1984;150:372-379.
33. Gurwith MJ, Brunton JL, Lank BA, Harding GKM, Ronald AR. A prospective controlled investigation of prophylactic trimethoprim/sulfamethoxazole in hospitalized granulocytopenic patients. *Am J Med* 1979;66:248.
34. Gualtieri RJ, Donowitz GR, Kaiser DL, Hess CE, Sande MA. Double-blind randomized study of prophylactic trimethoprim/sulfamethoxazole in granulocytopenic patients with hematologic malignancies. *Am J Med* 1983;74:984.
35. Riben PD, Louie TJ, Lank BA, et al. Reduction in mortality from gram-negative sepsis in neutropenic patients receiving trimethoprim/sulfamethoxazole therapy. *Cancer* 1983;51:1587.
36. Kovatch AL, Wald ER, Albo VC, et al. Oral trimethoprim/sulfamethoxazole for prevention of bacterial infection during induction phase of cancer chemotherapy in children. *Pediatrics* 1985;76:754.
37. Abraham JL, Mullen JL. A prospective study of prolonged central venous access in leukemia. *JAMA* 1982;248:2868-2873.
38. Eyer S, Brummit C, Crossley K, Siegel R, Cerra F. Catheter-related sepsis: randomized study of three methods of long-term catheter maintenance. *Crit Care Med* 1990;18:1073-1079.
39. Stenzel JP, Green TP, Fuhrman BP, et al. Percutaneous central venous catheterization in a pediatric intensive care unit: a survival analysis of complication. *Crit Care Med* 1989;17:984-988.
40. Cobb DK, High KP, Sawyer RG, et al. A controlled trial of scheduled replacement of central venous and pulmonary-artery catheters. *N Engl J Med* 1992;327:1062-1068.

Endotoxins in Dialysate Cause Outbreak of Peritonitis

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

In August 1996, five states identified outbreaks of culture-negative peritonitis in peritoneal dialysis patients. The CDC investigated these outbreaks to determine the cause and extent of culture-negative peritonitis among New York patients on either continuous ambulatory peritoneal dialysis (CAPD) or continuous cyclic peritoneal dialysis (CCPD). Information from patients was obtained by a telephone survey of all New York outpatient dialysis centers, using a standardized questionnaire. Dialysis solutions from one manufacturer were tested by the FDA for bacterial and

endotoxin contamination. The results of the investigation found that 95 dialysis centers, with a total of 2,471 peritoneal dialysis patients, reported 97 cases (3.9%) of culture-negative peritonitis. This included culture-negative peritonitis in 79 (8.7%) of 1,554 CCPD patients compared to 18 (1.2%) of 907 CAPD patients. Among the CCPD patients, 27.2% (73/268) using products from company A developed culture-negative peritonitis, compared with 0.9% (6/639) using products from company B. No association was found between products used and culture-negative peritonitis in CAPD patients. Two samples of company A dialysate retrieved from CCPD case patients had high levels of endotoxin (>1.25

endotoxin units/mL). The investigation implicated the use of dialysate from company A by CCPD patients in the largest reported outbreak of culture-negative peritonitis in peritoneal dialysis patients. The authors conclude that current standards for testing dialysate solutions prior to sterilization may not protect these patients from illness due to residual endotoxin.

FROM: Hopkins DP, Cicirello H, Dievendorf G, et al. An outbreak of culture-negative peritonitis in dialysis patients. Presented at the 46th Annual Epidemic Intelligence Service Conference; April 14-18, 1997; Atlanta, GA.