HIV-infected Egyptians unrelated to the 1993 epidemic were only 76% to 89% related to those from outbreak strains.

Based on the remarkable nucleotide sequence homology of the outbreak HIV strains analyzed, it was concluded that HIV infection was introduced into PCA and later into UCA from a common source late in 1992 or early in 1993. The authors pointed out that dialysis patients may be at risk for HIV infection if basic infection control guidelines are not followed.

From: El Sayed NM, Gomatos PJ, Beck-Sague CM, Dietrich U, von Briesen H, Osmanov S, et al. Epidemic transmission of human immunodeficiency virus in renal dialysis centers in Egypt. *J Infect Dis* 2000;181:91-97.

EPA Issues Stop Sale on Disinfectant Product

On December 23, 1999, the EPA issued a Stop Sale, Use, or Removal Order for a commercial disinfectant spray because of potential bacterial contamination in hospital and healthcare settings. The order halts sale by the manufacturer of Medaphene Plus Disinfectant Deodorant (EPA registration no. 11694-98) registered by ITW Dymon, Inc (Olathe, KS), until the agency can further evaluate the extent of the contamintaion. The Agency is working with the CDC to take appropriate steps to notify healthcare facilities nationwide of the order.

The product is currently used on environmental surfaces such as countertops, walls, chart racks, bedside furniture, and wheelchairs in hospitals, medical and dental offices, schools, and other healthcare facilities. It is not used on critical medical devices.

During testing, agency staff determined that three lots of the samples were contaminated with the microorganism *Bacillus subtilis,* a bacterium that may cause infections in immunosuppressed or traumatized patients. At this time, neither the agency nor the CDC have received any reports regarding incidents linking *B subtilis* infections to this susceptible group.

For further information, call Ellen Kramer, 202-260-4376.

FROM: EPA issues stop sale on disinfectant product [press release]. Washington, DC: Environmental Protection Agency; December 23, 1999.

Gender-Based Differences in Sepsis Outcomes

It has been hypothesized that among factors postulated to affect outcome in sepsis is the gender of the patient, with a suggestion that females may have lower mortality. Eachempati and coinvestigators from Department of Surgery, Weill Medical College of Cornell University, New York, conducted a study to test the hypothesis that female patients admitted to the surgical ICU (SICU) with a documented infection have a lower mortality rate. They performed retrospective analysis of a prospectively collected data set in an SICU of a university hospital medical center. They analyzed a consecutive series of 1,348 patients who had signs of systemic inflammatory response syndrome on admission to an SICU. A cohort of 443 patients (32.9%) admitted with documented infection—and who therefore had sepsis, severe sepsis, or septic shock—constituted the study population. For each patient, APACHE II and III scores, systemic inflammatory response syndrome score, gender, age, and hospital mortality were recorded. Chi-squared with Fisher's Exact Test was performed to compare mortality rates between males and females. Univariate analysis of variance was used to compare continuous variables in discrete populations. Multivariate analysis of variance (ANOVA) was used to determine which factors independently predicted mortality. Primary outcome measures were mortality, ICU length of stay, hospital length of stay, and maximal multiple organ dysfunction score. Outcomes were stratified by gender.

Patients had a mean age of 67 years and mean APACHE II and III scores of 20.1 and 67.7, respectively. There were no demographic differences between genders. Overall, 104 (23.5%) of 443 patients with sepsis died. The difference in mortality rates between female and male patients was not significant, except in octogenarians (P=.05). Multivariate ANOVA, APACHE III (P<.001), maximal multiple organ dysfunction score (P<.001), and female gender (P=.02) predicted mortality. In females, APACHE III (P=.03) and maximal multiple organ dysfunction score (P<.001) predicted mortality, but age did not.

It was concluded that female gender is an independent predictor of increased mortality in critically ill surgical patients with documented infection.

FROM: Eachempati SR, Hydo L, Barie PS. Gender-based differences in outcome in patients with sepsis. *Arch Surg* 1999;134:1342-1347.

Influenza Vaccination of HCWs Reduces Risk to LTCF Elderly

Vaccination of healthcare workers (HCWs) has been recommended to prevent nosocomial influenza infection of elderly patients in long-term care (LTC). Data are, however, limited on this strategy. Carman and colleagues from the Institute of Virology at the University of Glasgow, United Kingdom, conducted a study to determine whether vaccination of HCWs lowers mortality and the frequency of virologically proven nosocomial influenza in elderly patients in LTC facilities.

HCWs in 20 long-term elderly care hospitals (range, 44-105 patients) were randomly offered or not offered influenza vaccine. All deaths among patients were recorded over 6 months in the winter of 1996-1997. A random sample of 50% of patients was selected for virological surveillance for influenza, with combined nasal and throat swabs taken every 2 weeks during the epidemic period. Swabs were tested by tissue culture and PCR for influenza viruses A and B.

Influenza vaccine uptake in HCWs was 50.9% in hospitals in which they were routinely offered vaccine, compared with 4.9% in those in which they were not. The uncorrected rate of mortality in patients was 102 (13.6%) of 749 in vaccine

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