Letters to the Editor

Online Services

To the Editor:

Online services provide a powerful form of communication that apparently is not being used to its full potential by professionals. These services allow infection control practitioners to post comments, questions, and answers on forums. Additionally, articles, documents, and program files can be uploaded to, and downloaded from, the forums' libraries.

Subscribers to CompuServe can leave infection control messages on the public health forum, communicable diseases section. (I assume other online services have similar forums.) Other sections in this forum include Legislative Issues, Information/Science, Health Administration, and Environment and Health. Recent issues of the *MMWR* can be downloaded from the Public Health Library.

Messages posted on the forum can be read by any online subscriber. This means that a message posted on a forum can be read and responded to by millions of people—within minutes of being posted. Readers can respond to posted messages publicly via the forum or privately via e-mail. Forum postings do not require specified recipients as opposed to e-mail messages. The implications of this form of communication are incalculable.

There has been a lot written about the World Wide Web and how it is going to change forever how we communicate and conduct business. In 1996, the Association for Practitioners in Infection Control and Epidemiology (APIC) debuted its Web homepage. As of August 1996, APIC has 11,500 individual members.[1] The 1996 APIC membership directory (based on 1995 membership data) lists approximately only 80 e-mail addresses. This number can be expected to rise dramatically in the next few years.

TABLE
SURVIVAL OF VANCOMYCIN-RESISTANT ENTEROCOCCI ON A COUNTERTOP

	Inoculum		
Day	**Stool**	**VRE Colonies**	**Control**
1	+	+	−
7	+	+	−
22	−	+	−
46	−	+	−
58	−	+	−
129	−	−	−

Abbreviation: VRE, vancomycin-resistant enterococci.

REFERENCES

1. Guilliam CH. Join us for another year! *APIC News* 1996;15:7.

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Long-Term Survival of Vancomycin-Resistant *Enterococcus faecium* on a Contaminated Surface

To the Editor:

Several recent articles in *Infection Control Hospital Epidemiology* have emphasized the possible importance of the environment in the transmission of vancomycin-resistant enterococci (VRE).[1,2] We evaluated the long-term survival of VRE on an inanimate environmental surface.

In the Infectious Diseases laboratory, a countertop that had been shown to be culture-negative for VRE was inoculated with two samples. One area (approximately 70 cm^2) was swabbed with a small amount of stool collected on a cotton-tipped applicator stick from the rectum of a patient known to be colonized with VRE. A second 70 cm^2 area was inoculated with several colonies of vancomycin-resistant *Enterococcus faecium* that were grown on trypticase soy agar with 5% sheep blood and that originally had been isolated from the same patient. A third area that had not been inoculated was used as a control.

At subsequent time points over 4 months, cultures of the inoculated and control surface areas were obtained by swabbing a 4 cm^2 area with a sterile cotton swab moistened with sterile 0.9% NaCl. The swabs were streaked onto bile esculin agar containing 10 µg/mL vancomycin and 10 µg/mL gentamicin. Black colonies were sampled and were identified as enterococci if they were gram-positive cocci that were catalase-negative and able to grow in 6.5% NaCl.

Vancomycin-resistant enterococci persisted for at least 1 week on the area inoculated directly from the rectal swab and for at least 2 months on the area of the counter inoculated with colonies of VRE (Table).

Our findings support other observations of the survival of VRE on surface areas contaminated with stool and extend the length of time previously noted for environmental survival of VRE by Noskin et al.[1] Survival on inanimate objects may well be important in persistence of VRE in hospitals and may contribute to the spread of the organism from patient to patient.[2-4] However, in vitro observations such as ours do

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