Michigan, *Public Health Rep* 1965;80:365-369.
98. Bass JW, Stephenson SR. The return of pertussis. *Pediatr Infect Dis J* 1987;6:141-144.
99. Mortimer EA Jr. Pertussis and its prevention: a family affair. *J Infect Dis* 1990;161:473-479.
100. Mink CM, Cherry J, Christenson P. A search for *B pertussis* infection in college students. *Clin Infect Dis* 1992;14:464-471.
101. Nelson JD. The changing epidemiology of pertussis in young infants: the role of adults as reservoirs of infection. *Am/Dis Child* 1978;132:371-373.
102. Addiss DG, Davis JP, Meade BD. et al. A pertussis outbreak in a nursing home. J *Infect Dis* 1991;164:704-710.
103. Linnemann CC Jr. Nasenbeny J. Pertussis in the adult. *Annu Rev Med* 1977;28:179-185.
104. Kurt TL, Yeager AS, Guenette S, Dunlop S. Spread of pertussis by hospital staff. *JAMA* 1972;221:264-267.
105. Linnemann CC Jr, Ramundo N, Perlstein PH, et al. Use of pertussis vaccine in an epidemic involving hospital staff. *Lancet* 1975;2:540-543.
106. Valenti WM, Pincus PH, Messner MK Nosocomial pertussis: possible spread by a hospital visitor. *Am J Dis Child* 1980;134:520-521.
107. Steketee RW, Burstyn DG, Wassilak SGF, et al. A comparison of laboratory and clinical methods for diagnosing pertussis in an outbreak in a facility for the developmentally disabled. *J Infect Dis* 1988;157:441-449.
108. Steketee RW, Wassilak SGF, Adkins WN, et al. Evidence for a high attack rate and efficacy of erythromycin prophylaxis in a pertussis outbreak in a facility for the developmentally disabled. *J Infect Dis* 1988;157:434-440.
109. Fisher MC, Long SS, McGowan KL, Kaselis E, Smith DG. Outbreak of pertussis in a residential facility for handicapped people. *J Pediatr* 1989;114:934-939.
110. Biellik RJ, Patriarca PA, Mullen JR, et al. Risk factors for community and household-acquired pertussis during a largescale outbreak in central Wisconsin. *J Infect Dis* 1988;157:1134-1141.
111. Weber DJ, Rutala WA Management of healthcare workers exposed to pertussis. *Infect Control Hosp Epidemiol* 1994;15:411-415.
112. Lettau LA. Nosocomial transmission and infection control aspects of parasitic and ectoparasitic diseases, part III: ectoparasites/summary and conclusions. *Infect Control Hosp Epidemiol* 1991;12:179-185.
113. Meinking TL, Taplin D, Kalter DC, Eberle MW. Comparative efficacy of treatments for *pediculosis capitis* infestations. *Arch Dermatol* 1986;122:267-271.
114. Degelau J. Scabies in long-term care facilities. *Infect Control Hosp Epidemiol* 1992;13:421-425.
115. Pasternak J, Richtmann R, Ganme APP, et al. Scabies epidemic: price and prejudice. *Infect Control Hosp Epidemiol* 1994;15:540-542.
116. Yonkosky D, Ladia L, Gackenheimer L, Schultz MW. Scabies in nursing homes: an eradication program with permethrin 5% cream. J *Am Acad Dematol* 1990;23:1133-1136.
117. Clark J, Friesen DL, Williams WA Management of an outbreak of Norwegian scabies. *Am J Infect Control* 1992;20:217-220.
118. Corbett EL, Crossley I, Holton J, Levell N, Miller R, De Cock KM. Crusted ("Norwegian") scabies in a specialist HIV unit: successful use of ivermectin and failure to prevent nosocomial transmission. *Genitourin Med* 1996;72:115-117.
119. Sirera G, Rius F, Romeu J, et al. Hospital outbreak of scabies stemming from two AIDS patients with Norwegian scabies. *Lancet* 1990;335:1227.
120. Jack M. Scabies outbreak in an extended care unit-a positive outcome. *Journal of Infection Control* 1993;8:11-13.
121. Scott JR, Foster JD, Fraser H. Conjunctival instillation of scrapie in mice can produce disease. *Vet Microbiol* 1993;34:305-309.

Pyrogenic Reactions Following Cardiac Catheterization

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

Dr. Susan Cookson, of the CDC, and co-investigators recently reported an outbreak of pyrogenic reactions among 12 patients with 2 deaths, following cardiac catheterization associated with improper cleaning procedures used on cardiac catheters prior to sterilization.

A case-control study conducted on 12 case patients and 40 randomly selected control patients revealed no specific catheter was associated with case patients; however, exposure to intracoronary nitroglycerin (NTG) was associated significantly with the cases. A review of the procedures revealed that NTG or indocyanine green dye was poured into glass medicine cups that previously had been washed in an enzyme cleaner and then sterilized. The enzyme cleaner, used for an entire day, had elevated levels of gram-negative bacteria ($> 10^4$ colony-forming units/ml) and endotoxin (434 endotoxin units [EU]/mL]). The reprocessed cups had no live bacteria, but had elevated endotoxin levels (median, 2,250 EU).

The authors concluded that exposure to contaminated glass medicine cups probably resulted in pyrogenic reactions and contributed to the deaths of two critically ill patients.

FROM: Cookson ST, Nora JJ Jr, Kithas JA, Arduino MJ, Bond WW, Miller PH, et al. Pyrogenic reactions in patients undergoing cardiac catheterization associated with contaminated glass medicine cups. *Cathet Cardiovasc Diagn* 1997;42:12-18.

https://doi.org/10.1017/S0195941700086586 Published online by Cambridge University Press