

**Severe Acute Respiratory Syndrome Coronavirus on Hospital Surfaces**

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*Background.*—Health care workers continued to contract severe acute respiratory syndrome (SARS), even after barrier precautions were widely implemented.

*Methods.*—We explored the possible contribution of contaminated hospital surfaces to SARS transmission by swabbing surfaces in 2 hospitals and testing the swab samples by reverse-transcriptase polymerase chain reaction (RT-PCR) and viral culture.

*Results.*—Twenty-six of 94 swab samples tested positive for viral RNA. Swab samples of respiratory secretions from each of the 4 patients examined tested positive by RT-PCR, as were 12 of 43 swabs from patient rooms and 10 of 47 swabs from other parts of the hospital, including the computer mice at 2 nursing stations and the handrail of the public elevator. Specimens from areas with patients with SARS in the most infectious phase of illness (days 5-15 after onset) were more likely to be RNA positive than were swab specimens from elsewhere (24 of 63 samples vs. 2 of 31 samples;  $P = .001$ ). All cultures showed no growth.

*Conclusions.*—Although the viruses identified may have been noninfectious, health care workers should be aware that SARS coronavirus can contaminate environmental surfaces in the hospital, and fomites should be considered to be a possible mode of transmission of SARS.

► SARS is already a pretty scary prospect for most of us, but these authors are “upping the ante” by showing us that large droplet spread or direct contact may not be the only way this condition can be spread. Fomites and environmental surfaces within hospitals can apparently also be involved, providing us with a further justification for rigorous environmental hygiene.

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**Limited Value of Routine Stool Cultures in Patients Receiving Antibiotic Therapy**

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*Abstract.*—In the laboratory investigation of suspected community acquired diarrhea, stool cultures may be ordered on patients receiving antibiotic therapy. Because many antibiotics cause profound changes in intestinal microbial flora, the value of these cultures is not known. To determine the effect of concurrent antibiotic therapy on results of routine stool cultures in the isolation of enteropathogens, a retrospective analysis of fecal cultures submitted during a 14-month period was performed. Of 930 specimens from 856 patients, there were 236 samples (25.4%) from 223 patients