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Christine Geffers, MD
University Medicine Berlin
Berlin, Germany
Barry M. Farr, MD, MS
University of Virginia
Charlottesville, Virginia

Bacteremia Due to *Streptococcus agalactiae*

To the Editor:

Streptococcus agalactiae bacteremia is common in neonates and sometimes occurs in females after obstetric or gynecologic surgery. However, it is unusual in males.¹ During a 3-year prospective survey of streptococcal bacteremia in three university hospitals in the Slovak Republic, we analyzed 32 cases of *S. agalactiae* bacteremia; data are summarized in the table. Twenty occurred in neonates and 12 in patients 24 to 82 years old. Surprisingly, 9 of the patients were male, and only 4 of them had identified risk factors (dialysis, 2; abdominal surgery, 2). The other five males had no underlying risk factors for bacteremia. They had been healthy and had not been in other hospitals. The 20 neonates with bacteremia were presumably infected at birth, despite implementation of the 1990 guidelines for prevention of *S. agalactiae* bacteremia.

Six of the 32 patients had bacteremia due to erythromycin-resistant, 2 due to trimethoprim/sulfamethoxazole-resistant, and 6 due to doxycycline-resistant strains. One strain isolated from blood culture was penicillin resistant (minimum inhibitory concentration, 0.5 µg/mL). Six of the 32 patients died, all of whom were

TABLE
RISK FACTORS AND OUTCOMES OF *STREPTOCOCCUS AGALACTIAE* BACTEREMIA IN THE 32 PATIENTS

Factor	All Patients (N = 32)	No. (%) of Neonates (n = 20)	No. (%) of Others (n = 12)
Male	18	9 (45)	9 (75.0)
Diabetes	4	0 (0)	4 (33.3)
Age > 65 y	7	0 (0)	7 (58.8)
Catheter	24	19 (95)	5 (43.0)
Dialysis	2	0 (0)	2 (17.0)
Surgery	5	0 (0)	5 (41.6)
Ventilator	8	6 (30)	2 (17.0)
Previous antibiotic therapy	6	5 (25)	1 (8.3)
Gestational age < 32 weeks	6	6 (30)	0 (0.0)
Birth weight < 1,500 g	6	6 (30)	0 (0.0)
Erythromycin resistant	6	2 (10)	4 (33.3)
TETs and TMP/SMX resistant	2	2 (10)	0 (0.00)
Complications	2	0 (0)	2 (17.0)
Death	6	6 (30)	0 (0.0)

TETs = tetracyclines; TMP/SMX = trimethoprim/sulfamethoxazole.

neonates with very low birth weights (< 1,500 g). The attributable mortality rate was 18.5%. In comparison of our results with those of the largest *S. agalactiae* bacteremia study, which included 41 cases from Spain,² the rates of erythromycin resistance were similar. Penicillin resistance was not observed in the Spanish study, despite high rates of penicillin resistance in pneumococci and viridans streptococci in Spain. We have no explanation for 12 cases with no risk factors leading to *S. agalactiae* bacteremia in patients other than neonates and women. Five of the nine male patients were young and previously healthy without a history of urinary tract infection. More studies on *S. agalactiae* are needed.

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Marianna Mrazova, MD, PhD
Postgraduate Medicine School
Bratislava, Slovak Republic
**Vladimir Krcmery, Jr., MD, DSc, FACP,
FRCP**
Margareta Kacmarikova, PhD, ME
School of Health
Trnava University
Trnava, Slovak Republic
Jadwiga Fargasova, PharmD, PhD
Department of Clinical Pharmacology
Kosice, Slovak Republic
Andrea Docze, MD, PhD
Pavol Beno, PharmD, PhD
School of Health
Trnava University
Trnava, Slovak Republic



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