TABLE
CASES BY UNIT, GENDER, AGE, AND PRESENCE OF URINARY CATHETER

	Gender		Age (y)				Catheter		
Unit	Male	Female	<2	18-40	41-60	>61	Yes	No	Total
1S	1	1	2				2		2
2E	2	3		1	2	2	2	3	5
2S		1				1	1		1
3E		1				1	1		1
3W		4		4			2	2	4
4E		1				1		1	1
4W	1	1			1	1	1	1	2
ER		2		1		1	1	1	2
L and D		2		2			1	1	2
OP	1	1		1		1		2	2
ICU	1				1		1		1
Total	6	17	2	9	4	8	12	11	23

Abbreviations: ER, emergency room; L and D, labor and delivery; OP, outpatient clinic; ICU, intensive-care unit.

ity pattern and biotype. Most of the patients had clinical evidence of infection. Several patients were treated for this organism.

Epidemiological investigation of the cases showed no pattern. Identical antibiotic susceptibility pattern, similar biotype, hospitalwide distribution of cases in both genders and in all age groups and a relatively uncommon organism, suggested that the "outbreak" might be artifactual. Further investigations identified the source of this cluster as contamination of the urine collection kit. A new lot of urine collection kits was placed in the laboratory; since then, the hospital has remained free of *P putida*.

Most pseudo-outbreaks involve microbial contamination.[1-3] Whenever an apparent increase in similar laboratory isolates is found or laboratory findings are discordant with expected epidemiological patterns, confirmatory testing by alternative methods should be performed.[2] This pseudo-outbreak emphasizes the need for meticulous quality control in the laboratory.[4]

REFERENCES

1. Cronin W, Rodriguez E, Valway S, Burr S, Hooper N, Smithwick R, et al. Pseudo-outbreak of tuberculosis in an acute-care general hospital: epidemiology and clinical implications. *Infect Control Hosp Epidemiol* 1998;19:345-347.
2. Weinstein RA, Stamm WE. Pseudoepidemics in hospitals. *Lancet* 1977;ii:862-864.
3. Stamm WE, Weinstein RA, Dixon RE. Comparison of endemic and epidemic nosocomial infections. *Am J Med* 1981;70:393-397.
4. Forman W, Axelrod P, St John K, Kostman J, Khater C, Woodwell J, et al. Investigation of a pseudo-outbreak of outbreak of orthopedic infections caused by Pseudomonas aeruginosa. *Infect Control Hosp Epidemiol* 1994;15:652-657.

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Does Steris Sterilize?

To the Editor:

The Steris company recommends in Germany the Steris System 1 "for a rapid, safe, and standardized sterilization of minimally invasive devices for operations and diagnostic procedures," but the Steris system probably is used mostly for disinfection of endoscopes. Steris guarantees to the German users that the system sterilizes, provided that certain precautions such as careful cleaning prior to disinfection are being taken. A guarantee for sterilization is misleading for several reasons. First of all, disinfection and sterilization strongly depend on the amount of biological material and the number of microorganisms present on the object prior to the disinfection or sterilization process. Second, manual cleaning prior to disinfection or sterilization is a nonstandardized procedure, which in addition could expose staff to pathogens. It is well known that in clinical practice routine cleaning rather often is not done very carefully. Finally, many pathogens still have not been tested or are not even recognized to produce disease. William Rutala and his group recently have shown that Steris with 0.2% peracetic acid at a temperature of 23° to 25°C does not kill *Cryptosporidium parvum* at 12 minutes, and Steris with 0.2% peracetic acid at a temperature of 48° to 50°C reduces the colony count of *Cryptosporidium parvum* by only 1.8 log, which is below the effect of high-level disinfection.[1]

There are several other problems associated with the use of Steris. Peracetic acid is more damaging to instruments and processors than many other disinfectants, eg, gluteraldehyde. It also is less stable and far more expensive than aldehydes are.

The National Reference Center for Hospital Epidemiology in Germany strongly recommends the use of washer disinfectors, especially for reprocessing of endoscopes. Automatic washer disinfectors clean, disinfect, and dry the devices without exposing the staff to pathogens and irritant or toxic substances.

Neither Steris nor other companies should give a guarantee for disinfection or sterilization for their products. Steris may not even provide high-level disinfection of devices contaminated with certain microorganisms.

REFERENCE

1. Barbee SL, Weber DJ, Sobsey MD, Rutala WA. Susceptibility of *Cryptosporidium parvum* to disinfection and sterilization processes. Presented at the Eighth Annual Meeting of the Society for Healthcare Epidemiology of America; Orlando, FL; April 5-7, 1998. Abstract M84.

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Editor's note: Please see page 798 for Dr. Rutala's discussion of low-temperature sterilization technology (LTST), where he points out that no LTST fulfills the FDA guidance document for sterilization, but that, with proper cleaning, LTST can provide clinically effective sterilization.