arrhoe bei 1337 Kindern der Universitätsklinik Mainz: Bedeutung von Salmonellen und Rotaviren. Klinische Pädiatrie 1993, 205: 9–13.
7. Vesikari T, Joensuu J: Review of rotavirus vaccine trials in Finland. Journal of Infectious Diseases 1996, 174, Supplement 1: 81–87.
8. Fairchild PG, Blacklow NR: Viral diarrhea. Infectious Disease Clinics of North America 1988, 2: 677–684.
9. Uhnoo IG, Wadell G, Svensson L, Olding-Stenkvist E: Aetiology and epidemiology of acute gastroenteritis in Swedish children. Journal of Infection 1986, 13: 73.
10. Hjelt K, Krasilnikoff PA, Grauballe PC, Rasmussen SW: Nosocomial acute gastroenteritis in a pediatric department, with special reference to rotavirus infections. Acta Paediatrica Scandinavica 1985, 74: 89–95.

Detection of Methicillin-Resistant *Staphylococcus aureus* Using the BBL Crystal MRSA Kit

The careful study of Zambardi et al. (1) illustrates clearly the accuracy of the BBL Crystal MRSA test system (Becton Dickinson, USA). The greatest potential value of this test lies in the fact that it can identify a strain of *Staphylococcus aureus* as MRSA more rapidly than conventional methods. However, the studies conducted by Zambardi et al. (1) and by other investigators (2,3) concentrated on evaluating the accuracy of the method rather than its overall speed of detection.

I suggest that the restrictions placed upon the way this test must be carried out, as specified by the manufacturer in the package insert, severely limit its usefulness in many laboratories. The problem arises because it is absolutely necessary to test colonies that have been grown on Trypticase Soy Agar + 5% sheep blood; no other medium is acceptable. This means that in laboratories where such a medium is not used for the primary isolation of staphylococci, additional sub-culture on sheep blood TSA is necessary before the BBL test can be carried out. This extra step negates any advantage offered in terms of speed of detection of MRSA.

In this laboratory, the primary isolation medium is Columbia agar + horse blood (the latter being cheaper than sheep blood); colonies positive in the Staphaurex test are subjected to a conventional methicillin sensitivity test which is read after overnight incubation, giving a result 48 h after receipt of the original specimen. If the BBL test could be carried out on colonies from the primary isolation plate this interval would be reduced to 16 h. Similarly, when screening for MRSA carriage on mannitol-salt agar, the ability to test directly colonies taken from the screening medium plate would also mean a result being available within 16 h.

It seems likely that many laboratories across the world do not use sheep blood Trypticase Soy Agar for the primary isolation of staphylococci, and will, thus, be unable to avail themselves of this potentially useful test.

J.M.T. Hamilton-Miller

Department of Medical Microbiology, Royal Free Hospital School of Medicine, Pond St., London NW3 2QG, UK.

References

1. Zambardi G, Fleurette J, Schito GC, Auckenthaler R, Bergogne-Berezin E, Hone R, King A, Lenz W, Lohner C, Makrishatis A, Marco F, Muller-Serieys C, Nonhoff C, Phillips I, Rohner P, Rotter M, Schaal KP, Struelens M, Viebahn A: European multicentre evaluation of a commercial system for identification of methicillin-resistant *Staphylococcus aureus*. European Journal of Clinical Microbiology and Infectious Diseases 1996, 15: 747–749.
2. Qadri SMH, Ueno Y, Imambaccus H, Almodovar E: Rapid detection of methicillin-resistant *Staphylococcus aureus* by Crystal MRSA ID system. Journal of Clinical Microbiology 1994, 32: 1830–1832.
3. Knapp CC, Ludwig MD, Washington JA: Evaluation of BBL Crystal MRSA ID system. Journal of Clinical Microbiology 1994, 32: 2588–2589.

Erratum

The final sentence of the manuscript of F. Najioullah et al., published in Volume 16, Number 4, pages 327–328, should read as follows:
To prevent HSV-1 peroperatory infections, when surgery is in contact with the dura, clinicians should analyse oral secretions prior to surgery in patients with a history of HSV-1 recurrence.