Methods: This study was conducted at Saitama Medical School Hospital in Saitama, Japan. We examined the antimicrobial susceptibilities of clinical isolates of MDRP, that were resistant to imipenem, amikacin, and ciprofloxacin, in hematological ward between 1999 and 2001. Then we screened for the bla IMP gene, which produced the metallo-beta-lactamase IMP-1.

Results: A total of 16 isolated were detected in hematological disease patient in four years. We evaluated the clinical characteristics of 16 patients. MDRP organisms were isolated from stool sample (43.8%), urinary sample (25.0%) and respiratory sample (12.5%). Furthermore, the iatrogenic risk factor were anti-neoplastic agents (87.5%), IVH catheter (50.0%), steroids (43.8%), and urinary catheter (43.8%). The clinical significance of detected MDRP was infection (25.0%) and colonization (68.8%). Infection was thought to have been the possible cause of death in 3 patients: clinical sepsis in two patient and terminal pneumonia in a patient. All isolations were detected the bla IMP gene.

Conclusions MDRP is much detected from administration of anti-neoplastic patients in hematological ward. Infection-related death was more frequent in case MDRP were detected in blood samples.

Provision of safe potable water for immunocompromised patients in the Leeds Teaching Hospitals Trust

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Background: Efforts to ensure provision of microbiologically safe potable water for immunocompromised (IC) patients have focused on the elimination of C. parvum, although potable water may also contain opportunistic pathogens such as Gram-negative environmental bacteria. In the UK, official guidelines advise patients with compromised T-cell function to drink only cooled boiled water (CBW). The provision of large quantities of CBW at one hospital in Leeds was identified as presenting a safety risk for health care personnel and safer alternatives were sought.

Methods: A survey of provision of drinking water for IC patients throughout the Leeds Teaching Hospitals Trust was conducted. A range of options for potable water provision was then considered—CBW, carbonated and non-carbonated bottled water, sterile bottled water (SBW), mains water direct from the faucet (MW) and water filtered using commercial end-line filters (FW). The following criteria were examined: (1) microbiological safety, (2) end-user acceptability, (3) logistical considerations and (4) cost.

Results: Marked disparities in practice were identified, e.g. some units that provided CBW used sterile jugs, whereas others did not. Other areas provided only MW. Provision of CBW to HIV positive patients com-