In the Literature


At least 13 distinct isolates of vancomycin-resistant Enterococcus carrying a vanA gene believed to have been transferred from Staphylococcus aureus have been identified. Now vanG has appeared in group B streptococci.

An 82-year-old woman with sepsis arising from an osteoarticular infection who had no recent antibiotic exposure to vancomycin developed sepsis due to Streptococcus agalactiae with a vancomycin minimum inhibitory concentration (MIC) of 4 µg/mL (penicillin G MIC = 0.06 µg/mL). Methicillin-resistant S. aureus was also present in her wound, and she was successfully treated with daptomycin followed by linezolid.

A 48-year-old man with end-stage renal disease with a history of anaphylaxis after penicillin administration who had recently completed an 8-week course of vancomycin for S. agalactiae sacroiliitis presented with chest wall cellulitis, and treatment was initiated with vancomycin 500 mg intravenously after each dialysis session. Blood cultures yielded S. agalactiae with a vancomycin MIC of 4 µg/mL (penicillin G MIC = 0.06 µg/mL), but this was not noted until 22 days later, at which time the infection had resolved. Vancomycin was discontinued, and no further antibiotics were administered. The 2 isolates appeared to be distinct and epidemiologically unrelated. They each carried vanG.