

In the Literature

Park C, Nichols M, Shrag SJ. Two cases of invasive vancomycin-resistant group B *Streptococcus* infection. *N Engl J Med* 2014;370:885-6.

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*.