mined, we observed strong reactivity among sera from patients infected with HIV-1 and weak reactivity of antibodies in sera from blood donors.

Despite these considerations, this preliminary study supports the view that HHV-8 is easily transmitted by sexual routes, mostly among homosexual or bisexual men and patients with AIDS. It also emphasizes that HHV-8 circulates among healthy men in São Paulo. We are currently interested in expanding these data and searching for routes of HHV-8 transmission.

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Increased Incidence of Methicillin-Resistant Strains of Staphylococcus aureus in the Community

To the Editor—Adcock et al. [1] recently reported the frequent isolation of community strains of methicillin-resistant Staph-

ylococcus aureus (cMRSA) at two child care centers in Dallas. There has also been a recent increase in the number of community isolates with similar sensitivity patterns on the east coast of Australia [2]. Data of my colleagues and mine [3] and others [4] support the conclusions of Adcock et al. that there are now strains of MRSA that have become established in the community. These strains are unlikely to have been hospital strains that have gone into the community [1, 2]; instead, they represent strains of MRSA that are becoming more widespread in the community and are now coming into hospitals.

These strains differ in their sensitivity patterns from those that are found in hospitals. They usually remain sensitive to gentamicin, erythromycin, and tetracycline. This, however, may not continue. Many of the first strains of MRSA in an Australian hospital were sensitive to erythromycin and aminoglycosides [5]; however, within a number of years, multiresistance quickly developed.

My belief is that these strains are more widespread and are more common in the community than is commonly appreciated. In one area of New Zealand, 10% of all community S. aureus infections are now caused by cMRSA [3]. This has major implications, particularly for patients presenting with life-threatening infections. Standard therapy with β-lactam antibiotics is unlikely to be effective against cMRSA, and it may take 48 h before the methicillin resistance is determined. Indeed, given problems with identifying methicillin resistance, the resistance may not be detected at all, particularly if the organism is not multiresistant.

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