

zymes alter the aminoglycoside molecule so that it binds poorly to the ribosome (the site of action of aminoglycosides). The fused enzyme that produces high level gentamicin resistance produces resistance to synergy with all other clinically used aminoglycosides except streptomycin. Thus if a patient has high level resistance to gentamicin, streptomycin is the only option for synergy. Unfortunately enterococci with high level resistance to both gentamicin and streptomycin, and therefore all aminoglycosides, occur. Four such isolates were found in our series. Such a finding has dire consequences for a patient with enterococcal endocarditis. The genes coding for these aminoglycoside-modifying enzymes are found on plasmids, with the exception of a 6'-acetyltransferase of *E. faecium* which is chromosomally encoded. This enzyme is produced by all strains of *E. faecium*, and inactivates tobramycin, netilmicin and kanamycin<sup>9</sup>. These drugs should never be used for synergistic action against *E. faecium*.

**References**

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**Update on bat lyssavirus**

The second meeting of the Lyssavirus Expert Group was held on 3 December 1996. The group reviewed new information on the virus. This included the first identification of lyssavirus in an insectivorous bat. A yellow-bellied sheath-tail bat, *Saccolaimus flaviventris*, was found on the ground and unable to fly, near Toowoomba, Queensland. Following euthanasia, the animal was found to have a non-suppurative encephalitis on histopathology and was lyssavirus positive by immunofluorescence.

Research priorities for the bat lyssavirus were discussed by the group. These included both wildlife and human aspects. This research will further inform public health action required for the control of the virus.

The group noted that while current advice to medical practitioners and public health authorities stands<sup>1</sup>, there is the possibility of inapparent exposure to lyssavirus. This has been the experience with rabies in the United States of America<sup>2,3</sup>. The group recommended that neurologists and intensive care physicians be alerted to look for lyssavirus infection in cases of unexplained encephalopathy. The recommendations of the National Health and Medical Research Council for post-exposure vaccination of previously vaccinated persons for rabies should be applied to lyssavirus<sup>4</sup>.

The group recommended that the National Health and Medical Research Council *Australian Immunisation Procedures Handbook* be updated to include advice on pre- and post-exposure prophylaxis for lyssavirus.

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