Revised Nomenclature of *Alloiococcus otitis*

The species named *Alloiococcus otitis* by Aguirre and Collins (1, 2) should be renamed *Aloiococcus otitidis*. Rule 12c of the Bacteriological Code (3) states that a specific epithet must be treated as an adjective, as a substantive in apposition in the nominative case, or as a substantive in the genitive case. "*A. otitis*" would belong to the second category ("otitis," the nominative case, meaning "ear inflammation"), but such a combination does not make sense from a grammatical point of view. Rather, the genitive case, i.e., *Aloiococcus otitidis* ("of the ear inflammation"), analogous to *Neisseria meningitidis* or *Pseudomonas pseudomallei*, must be applied to this new species.

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A Case of Infectious Bovine Rhinotracheitis Virus Contamination

The recent article on contamination of commercially supplied A549 cells by infectious bovine rhinotracheitis virus (IBRV) (2) points out the risk of adventitious viral agents in biological materials. In the case cited above, there were multiple isolates of an agent which caused a cytopathic effect (CPE) somewhat resembling the CPE caused by herpes simplex virus. The agent was also present in two uninoculated control tubes, suggesting an adventitious agent. The Viral and Rickettsial Disease Laboratory (VRDL), California Department of Health Services, had a recent experience with IBRV which involved only a single specimen and which would probably have remained unidentified except for reference to the report cited above.

In April of 1991 the VRDL received from a county public health laboratory a cell culture-passaged specimen from a tracheal aspirate obtained from a 71-year-old male for identification. The isolate, submitted in African green monkey kidney cells, was reported to cause an enterovirus-like CPE and to be neutralized by Lim and Benyesh-Melnick (LBM) pools ABE and H. This combination of pools does not identify a virus, and an enterovirus was considered unlikely diagnosis, on the basis of the type of CPE. The agent was identified as a herpesvirus-like virus by electron microscopy. However immunofluorescence (IF) assays for herpes simplex virus types 1 and 2, varicella-zoster virus, and cytomegalovirus were negative. Further investigation into the origin of the specimen revealed that it had been initially isolated by a third laboratory in commercially prepared primary rabbit kidney (PRK) cells and then passaged into primary rhesus monkey kidney cells. The possibility of herpes B virus, originating from the monkey cells, was ruled out by testing done on an aliquot of infected cell culture material sent to the Southwest Foundation for Biomedical Research, San Antonio, Tex. A variety of immune sera to simian herpesviruses were tested by indirect IF, and all were negative. Likewise, normal rabbit and human sera were negative in the indirect IF assay. There was weak staining with human herpesvirus 6 immune and negative control sera (Granbio) and with one rabbit preimmune serum. Upon becoming aware of the report by Fong and Landry (2), Dr. Fong was contacted, and she agreed to test our isolate and subsequently identified it by IF. Repeat testing of the LBM pools with the isolate at the VRDL resulted in no neutralization even with a very low virus dose.

IBRV is a known contaminant of fetal bovine serum (1). The commercial supplier of the fetal bovine serum and the PRK cells was informed that IBRV, most likely originating from PRK cells or serum purchased from them, had been identified. They indicated that they were aware of IBRV contamination and have incorporated culture of serum samples and filtration of serum to 0.1 μm in order to control this potential problem. Our experience points out the difficulty of identifying a rare adventitious virus, expecially when there is only a single isolate, and also the need for a complete history of agent passage in cell culture for reference laboratories to work efficiently with submitted specimens.

The need to recognize different types of CPE and to consider adventitious viruses when unusual CPE occurs or when an isolate cannot be identified remains an important potential problem of which diagnostic and reference virology laboratories must be aware.

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