# Medical News

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## Delays in Identification of *M tuberculosis*

The CDC recently reported the mycobacteriology laboratory practices of 2,862 laboratories that are enrolled in federally approved proficiency testing (PT) programs. Enrollment in these PT programs is required by the 1988 Clinical Laboratory Improvement Amendments (CLIA).

Of the 2,862 laboratories, 2,179 reported performing primary culture for *Mycobacterium tuberculosis* (TB). Of these, 1,166 (54%) referred any AFB-positive isolates to another laboratory for identification and drug-susceptibility testing, 699 (32%) performed primary culture with identification, and 314 (14%) performed primary culture, identification, and drug susceptibility testing.

Rapid laboratory testing to identify and determine drug susceptibility of *M tuberculosis* isolates is vital to effective diagnosis, treatment, and control of TB in the community. The CDC noted that organism identifications and drug-susceptibility determinations may be delayed for a substantial proportion of TB cases, because at least 54% of laboratories referred AFB isolates to another laboratory for complete analysis.

Although solid and liquid media together are recommended for cultures of *M tuberculosis*, the liquid-culture method is needed to detect and isolate the organism. In addition, liquid-culture methods increase the sensitivity of culture for *M tuberculosis.* A 1992 CDC survey of 749 laboratories indicated that only 97 (13%) were using the recommended liquid-culture method. The exclusive use of solid-medium culture methods delays isolation of *M tuberculosis* by an average of 7 to 10 days. The CDC recommends that laboratories should select culture tests that provide rapid identification of *M tuberculosis* and drug-susceptibility test results, to enable early confirmation of the diagnosis and initiation of infection control measures and case-finding. Laboratories that perform only primary cultures should determine whether referral of the patient specimens, rather than the culture isolates, may decrease the time required for identification and drug-susceptibility testing.

FROM: Centers for Disease Control and Prevention. Laboratory practices for diagnosis of tuberculosis. *MMWR* 1995;44(31):587-590.

## Two Cases of HIV-2 Detected Among Blood Donors in US

Since the implementation of HIV-2 screening for all donated blood 3 years ago, two cases of HIV-2 infection have been identified.

In June 1994, a blood donation was discarded after it tested positive in a combination HIV-1/HIV-2 enzyme immunoassay (EIA) and indeterminate in a HIV-1 Western blot (WB) assay. The donor was born and resided in the United States and denied use of injection drugs, receipt of transfusion, and any travel outside the United States.

The second donation was serum and was rejected in November 1994 after it tested positive by combination HIV/HIV-2 EIA and an HIV-2 WB for research use only. This second donor was born in France and had lived in western Africa during 1979 and 1985 before moving to the United States. While in western Africa he was vaccinated on two occasions with needles that were wiped with cotton and reused between patients. He also received several tattoos in Africa and estimated 35 lifetime sex partners, most of whom were African.

In the United States, as of June 30, 1995, a total of 62 persons were reported with HIV-2 infection; 38 (66%) of 58 were male. At least 11 of the 62 had an AIDS-defining condition at the time of the report. Of these 62 persons, 42 (68%) were born in western Africa and two in Europe. Of the nine persons with HIV-2 infection born in the United States, six were adults, of whom four had either traveled to or had a sex partner from western Africa, and three were children born to mothers of unknown national origin.

In the US, HIV-2 infection among blood donors is extremely rare. Since the implementation of combination HIV-1/HIV-2 EIA screening of blood and plasma donations, an estimated 74 million donations have been tested for HIV. Including the two cases described here, three cases of HIV-2 infection have been detected among blood and plasma donors in the US. The first case was detected by HIV-1 screening in 1986.

FROM: Centers for Disease Control and Prevention. Update: HIV-2 infection among blood and plasma donors—United States, June 1992-June 1995. *MMWR* 1995:44(32):603-606.

## ACIP Expands Hepatitis B Recommendations

The Advisory Committee on Immunization Practices (ACIP) recently revised their recommendations for protection against viral hepatitis.[1] The revision includes expansion of the vaccine strategy to eliminate hepatitis B virus (HBV) transmission in the United States to include vacci-

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