Medical News

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Patient-to-Patient Transmission of Hepatitis B in a Dermatology Practice

Improper infection control procedures were blamed for patient-to-patient transmission of hepatitis B in a dermatologist's office from 1985 through 1991.[1] An investigation was begun by Florida public health officials in 1991 after recognizing that eight patients with acute hepatitis B virus (HBV) infection reported since 1985 had visited a Fort Myers dermatologist prior to the onset of their disease.

The investigation revealed the age-specific incidence of reported HBV infection in the practice from 1985 through 1991 was more than 12 times the expected rate. The dermatologist had no history of acute hepatitis or HBV immunization and in 1987 was found to be hepatitis B surface antigen (HBsAg) negative and hepatitis B surface antibody (HBsAb) positive, indicating prior exposure to HBV. He did not practice universal precautions nor sterile surgical technique. Seroprevalence of markers for HBV infection was highest (36.8%) among patients who had surgery on the same day that HBV apparently was acquired by the index case; seroprevalence was near the expected background level for patients not exposed to the index cases. Of HBV-infected patients with known dates of onset, 72% had surgery during their incubation periods. All of 30 HBV antigen specimens tested were of the same subtype.

Although HBV appears to have been transmitted freely in this investigation, the investigators did not find any evidence of transmission of human immunodeficiency virus (HIV). However, public health officials in Australia recently reported the transmission of HIV from one patient to four other patients who had surgery in a dermatologist's office on the same day; transmission is believed to have resulted from improper infection control practices.[2]

REFERENCES

1. Hlady WG, et al. Patient-to-patient transmission of hepatitis B in a dermatology practice. *Am J Public Health* 1993;83:1689-1693.
2. Cooper DA, et al. Letter: Paitent-to-patient transmission of HIV in private surgical consulting rooms. *Lancet* 1993;342:1548-1549.

Data Lacking for Postexposure Prophylaxis with Immune Serum Globulin Following HCV Exposure

The USPHS's Hospital Infection Control Practices Advisory Committee (HICPAC), at their recent meeting in Atlanta, agreed not to endorse the unproven practice of administering immune serum globulin to healthcare workers following blood exposures to known hepatitis C sources because of a lack of data to support this practice. This decision was based, in part, on data presented to the committee by Miriam Alter, PhD, of CDC's Hepatitis Branch, that included the results of one small experimental study in which acute hepatitis C was not prevented in two chimpanzees, one that received immune globulin prepared from anti-HCV positive plasma and one that received a standard preparation of immune globulin. HICPAC committee chairman Dr. Walter Hierholzer noted that given the lack of data, the risk of an unknown side effect to this practice may be as great as the benefit, if any.

HIV Testing Without Consent Determined Unconstitutional in Alabama

A portion of Alabama law that allows patients categorized as "high risk" to be tested for HIV without their informed consent was determined to be unconstitutional by a federal judge. However, the constitutionality of the law's two other conditions for HIV testing without consent were upheld: when the results may modify medical care and when knowledge of a patient's HIV status is necessary to protect healthcare workers from infection. This case, *Hill vs. Evans*, was argued in the U.S. District Court in Montgomery, Alabama, and is believed to be the first case to test a state law allowing HIV testing without informed consent. More than two dozen states allow HIV testing without a patient's consent under certain conditions, according to the Intergovernmental Health Policy Project, Washington, DC.

The 1991 Alabama statute does not authorize drawing a blood sample specifically for HIV testing. Such tests can be done only on blood already drawn for other medical reasons. In the Alabama case, the patient, an AIDS clinic volunteer, argued that being considered high risk under state law because he is 54 years old and single allows physicians to test his blood for HIV without his consent. Such testing, he said, would deny him protection from unlawful search and seizure. The judge agreed with him, ruling that Alabama's high-risk category violates constitutional equal-protection rights.

https://doi.org/10.1017/S0195941700020749 Published online by Cambridge University Press