Prevention of Blood-borne Infections in Anesthesia Personnel

To the Editor:—The debate on infection control practices in the operating room in a recent issue of Anesthesiology touches on several issues that warrant further comment. In their reply to a suggestion that all patients be screened for antibodies to the human immunodeficiency virus (HIV) so that additional precautions can be taken when caring for seropositive patients, Drs. Kunkel and Warner correctly point out that “all patients should be treated the same regardless of HIV serologic status.” The Centers for Disease Control has made recommendations for the use of barriers, such as gloves, gowns, and goggles, as a strategy for preventing transmission of HIV infection to health-care workers. The CDC’s guidelines indicate that these precautions be used routinely for all patients, regardless of the patient’s serologic status, known or unknown. The universal application of these precautions is also advocated by several groups, including the American Hospital Association Advisory Committee on Infections and the Association for Practitioners in Infection Control.

The CDC’s recommendations for preventing transmission of blood-borne infectious diseases should be followed in caring for all patients for several reasons. First, serologic results may not be available for certain types of patients, such as those being cared for on an outpatient or emergency basis. Second, it may take 6–12 weeks for a patient infected with the HIV to develop antibodies detectable by the usual screening tests. In this situation, the patient may be capable of transmitting HIV, but would test seronegative. Third, these precautions would also be effective in preventing other blood-borne infections, such as hepatitis B. Finally, implementation of the CDC’s guidelines for the care of all patients would represent a consistent application of infection control practice, and it would not be necessary to change clinical practice routines or standards of care for particular patients.

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REFERENCES

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Managing Patients with AIDS—Update

To the Editor:—The Centers for Disease Control (CDC) has recently issued new recommendations for prevention of the transmission of HIV (human immunodeficiency virus) in health care settings. The CDC report, plus our own data, have led us to modify the HIV and hepatitis control policy in the operating rooms at San Francisco General Hospital.

To determine the incidence of AIDS in our surgical population, we reviewed the preoperative evaluation of 13,684 patients who came to surgery at San Francisco General Hospital between January, 1985, and December, 1986. Only 81 patients, or .59% of the surgical patients, had the diagnosis of AIDS at the time of surgery. During the same period, the San Francisco Health Commission projected that as many as 22,800 people in the city had AIDS-related complex (ARC), a ratio of 8.6 ARC patients for every AIDS patient (22,800 ARC/2,654 cases of AIDS in San Francisco as of November, 1986). According to this ratio, our surgical population would include almost 700 ARC patients, even though the diagnosis of ARC was rarely noted at the preoperative evaluation. If the asymptomatic HIV antibody positive patient is also included in the infection control policy, with an estimated ratio of five asymptomatic seropositive patients for every ARC patient, the surgical population would include about 3,500 HIV-exposed people, none of whom were identified as AIDS patients. Since HIV carriers cannot be identified, we