

the acute phase of infection is more effective than treatment begun early during the course of chronic hepatitis C infection, and many HCWs may resolve their infection without therapy. Furthermore, interferon and ribavirin are FDA-approved only for treatment of chronic hepatitis C (ie, HCV RNA-positive with abnormal ALT levels for more than 6 months).⁴ Although antiviral therapy might be beneficial when started early in the course of HCV infection, no guidelines exist for administration of therapy during the acute phase of infection. When HCV infection is identified early, the individual should be referred for medical management to a specialist knowledgeable in this area.

Most of the participants would recommend that the exposed HCW use condoms, abstain from donating blood or semen, and avoid pregnancy and breast-feeding. No one who is exposed to HCV should donate blood, organs, or semen until HCV infection has been ruled out. However, there are no data to indicate that such exposed persons should refrain from pregnancy or breast-feeding or should use precautions during sexual intercourse. Even for HCV-infected persons, there is no need to avoid pregnancy or breast-feeding and no need to change sexual practices for persons with a long-term steady partner, although couples should be informed of the potential risk to assist them in making an individual decision.¹

The appropriate administrative management of an HCV-infected HCW remains controversial and is rendered even more problematic by the lack of a marker of infectivity for HCV that is analogous to the hepatitis B e antigen. Less than one half of the participants were aware of the current CDC recommendation that the practices of HCV-infected HCWs need not be restricted. The panel discussed the extremely low risk for HCW-to-patient

transmission of HCV and concluded that precautions other than double gloving are not justified scientifically.

Our session underscored the need for more research into the natural history of occupationally acquired HCV infection and the need for a better understanding of the virological and immunologic events associated with acute HCV infection. Optimally, a randomized, placebo-controlled study that has meaningful end points is needed to determine if therapy of acute HCV infection is beneficial. Regardless of the current availability of data on efficacy (or lack thereof) of therapy for acute HCV infection, healthcare institutions must continue primary prevention efforts as the principal strategy to prevent occupationally acquired HCV infections. Preventing occupational exposures (and receiving hepatitis B vaccination) are the best available strategies to prevent occupational infections with bloodborne pathogens. Healthcare workers who sustain exposures to HCV should obtain proper follow-up to document infection and, if present, should be referred for medical evaluation and management.

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Clinical Specimens Contaminated With *M. gordonae* From Tap Water

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Contamination of clinical specimens by *Mycobacterium gordonae* is a significant endemic problem in many laboratories. Arnow and coinvestigators from the University of Chicago Hospital investigated and reported on this problem.

Eighty-four cases at one hospital were retrospectively identified during 20 months. The overall rate of specimen

contamination was 2.4%, and 72 of the contaminated specimens were respiratory. A case-control comparison showed that the risk of respiratory-specimen contamination was significantly increased if the specimen was expectorated (odds ratio [OR], 3.62; 95% confidence interval [CI]₉₅, 1.36-9.50) or if the patient consumed fluids within 2 days before specimen collection (OR, 8.92; CI₉₅, 1.40-71.20). Cultures of tap water, ice, and iced drinking water all yielded *M. gordonae* at 1 mL and 1/100 dilutions. A culture

survey of consenting patients showed contamination of 8 (24%) of 34 sputum specimens collected immediately after a tap-water mouth rinse. These findings demonstrate that endemic specimen contamination arises from mycobacteria in hospital tap water and provides a foundation for control efforts.

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