

## Medical Students and Community Physicians Also Susceptible to Varicella-Zoster Virus

### To the Editor:

I read with great interest the article by Alter and colleagues<sup>1</sup> concerning an approach to the evaluation of immune status to varicella-zoster virus (VZV) in health care providers. This was a tremendous undertaking and has provided a valuable data base. I am concerned, however, about several issues. First, no mention is made of the medical students who may have performed rotations at this institution during 1984. Were student physicians included in the study? If not, were data available on their immune status from their medical schools? My colleagues and I have found at our institution that over the last 4 years 1.9% to 4.7% of entering medical students each year lacked detectable antibody to VZV.<sup>2</sup> As of 1983, however, only 18.8% of medical schools responding to our nationwide survey<sup>3</sup> were evaluating students' immune status to VZV.

Second, I am concerned about not surveying the community-based attending physicians. Was there a reason to suspect that they were 100% immune? It is possible that as many as 43 (using percentages of susceptible individuals on page 451) of these 853 physicians may lack immunity. Depending on their attendance and patient-care activities at the institution, they could, just as easily as employees, serve as vectors of nosocomial infection. This problem is not just true of VZV, but may also be true for rubella or measles virus. It depicts, to some extent, a "double standard," one set of requirements (screening) for employees, and a second set for physicians on staff. In my experience, this situation is more likely the rule rather than the exception in hospitals today.

Hospital-based screening programs

have not been successful in attracting physician participation in the past.<sup>4,5</sup> I would be curious to know how many of the 167 who elected not to participate in this study were physicians. I believe that part of the solution to this problem begins with better screening and preventive health programs in the medical schools along with beginning to dismantle the "double standard" practices by hospital administrations.

### REFERENCES

1. Alter SJ, Hammond JA, McVey CJ, et al: Susceptibility to varicella-zoster virus among adults at high risk for exposure. *Infect Control* 1986; 7:448-451.
2. Murray DL, Cleveland RP, Keefe C: Varicella-zoster dilemma: Common sense in medical education (Letter). *Am J Public Health* 1986; 76:1362-1363.
3. Murray DL, Weatherly MR, Sperling JL, et al: Identification and immunization of medical students susceptible to measles and rubella: A nationwide survey. *Am J Public Health* 1985; 75:556-557.
4. Polk BF, White JA, DeGirolami PC, et al: An outbreak of rubella among hospital personnel. *N Engl J Med* 1980; 303:541-544.
5. Orenstein WA, Heseltine PNR, LeGagnoux SJ, et al: Rubella vaccine and susceptible hospital employees. Poor physician participation. *JAMA* 1981; 245:711-713.

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### The authors respond to Dr. Murray's letter:

We appreciate Dr. Murray's comments concerning our paper. As he noted, we did not formally survey student physicians on rotation through this hospital nor the community-based physicians because it was not possible to assure a high level of participation from these groups. However, we agree that both these groups represent potential sources for the introduction of pathogens into the hospital, including VZV. We require documentation of immunity to rubella for students but only offer them VZV and hepatitis B serologic screening.

This hospital-based screening program for VZV immunity did include participation by a high proportion of physicians. It was advantageous for them to participate because we reassign our potentially

VZV-exposed employees to nonpatient care activities during the incubation period (or until they have been shown to be sero-immune) and we offered the VZV-susceptible individual participation in a live-virus vaccine protocol. Specifically, 13 of the 167 nonparticipants were physicians (6 faculty and 7 residents or fellows).

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## Metronidazole: Reference Correction

### To the Editor:

In a recently printed article (Eggleston M: Metronidazole. *Infect Control* 1986; 7:514-518), some important statements and tables were printed inadvertently without a reference. While no one party intentionally desired the omission of any reference, it appears that the inadvertent did indeed occur. It was the author's intention that this article be a thorough, educational review of the literature on metronidazole. In covering all of the subject literature, the author did not intend to not mention or give due recognition to the excellent work of Finegold SM: Metronidazole, in Mandell GL, Douglas RG, Bennett JE (eds): *Principles and Practice of Infectious Disease*, ed 3. New York, John Wiley & Sons, 1985, pp 220-224.

Through a combination of problems this noteworthy review of metronidazole was mistakenly omitted from the reference list and the unreferenced statements and tables. It is the author's sincere wish that this reference be recognized, and he apologizes for any trouble or discomfort it may have caused the journal, the editors, or the readers.

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