its implementation in 1993. Although the sensitivity of the algorithm was only 61% during the first 24 hours of hospitalization, an additional five case-patients should have been placed in NPIRs at the time of admission had the algorithm been used correctly (potential sensitivity, 77%). The usefulness of the algorithm could be improved by increasing the index of suspicion of TB for any patient with an abnormal chest radiograph, especially the elderly, and promptly initiating an appropriate diagnostic evaluation.

Even if the algorithm is applied appropriately, nonclinical HCWs in the emergency room and clinic waiting areas may be exposed to patients at risk of TB before the diagnostic evaluation is initiated. Therefore, to limit the exposure of all HCWs to patients at risk of TB, we currently are designing an algorithm for use in the emergency department and ambulatory settings. This algorithm incorporates a simplified assessment of TB risk and may be performed by nonclinical HCWs.

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Group A Strep Cross-Infection

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Streptococcus pyogenes can cause a variety of diseases ranging from mild pharyngitis to severe toxic shock syndrome (TSS) and acute rheumatic fever. In the last 10 years, there has been a resurgence of severe group A streptococcal infections including TSS, necrotizing fasciitis, and myositis.

Dr. J.R. Dipersio and coinvestigators from Summa Health Systems in Akron, Ohio, described two settings where group A streptococci infections were transmitted among family members and healthcare workers. The first cluster involved two family members (one had TSS, and one had necrotizing fasciitis) and three healthcare workers who cared for one of the index patients and subsequently developed a pharyngitis infection. The second cluster included a mother who had necrotizing fasciitis of the hand and transmitted infection to her three children. Group A streptococci were isolated within both clusters and were common serotype and had identical fingerprints, as determined by pulsed-field gel electrophoresis. These clusters of Group A streptococcal infections underscore the potential from transmission of serious group A streptococcus disease among individuals in a home or healthcare setting and the need for healthcare workers to use standard barrier precautions for protection against drainage and secretions from infected patients.

FROM: DiPersio JR, File P, Stevens D, et al. Spread of serious disease-producing M3 clones of group A streptococcus among family members and healthcare workers. *Clin Infect Dis* 1996;22:490-495.