provide guidelines for the management of patients who carry or are infected with resistant organisms. Certain patients may require isolation precautions; however, standard infection control practices, such as appropriate handwashing, environmental cleaning, and wound care, usually will be sufficient.

Long-term-care facilities should develop policies regarding transferring patients with resistant organisms to other institutions or accepting such patients from other institutions. In general, a resistant organism should not preclude transferring or accepting a patient. However, the institution that transfers the patient always should notify the accepting institution before the patient is transferred so that the staff of the latter can be prepared.[13]

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New Hepatitis Viruses Identified

by Gina Pugliese, RN, MS
Medical News Editor

Abbott Laboratories recently announced the discovery of a group of viruses associated with one or more types of hepatitis that had not been identified previously in humans. These new viruses, known as GB viruses, may cause hepatitis that is distinct from that caused by hepatitis viruses A, B, C, D, and E.

At least one of these newly discovered viruses has been detected in hepatitis patients on the east and west coasts of the US, as well as in Canada, Peru, Egypt, and other parts of Africa, suggesting that it possibly is present worldwide.

The presence of the new virus first came to the attention of researchers when a Chicago surgeon with the initials GB contracted acute hepatitis from an unknown source in 1964. Work on the GB viruses accelerated when scientists demonstrated that serum from GB, previously passaged in tamarins (small monkeys), still was able to produce hepatitis in the tamarins. Analysis of the viral genetic material indicated that there were two related but distinct viruses (GBVA and GBV-B) in the tamarin's infectious serum. Comparisons with other known viruses suggest that the genomic organization of these GB viruses falls within the flavivirus family, whose members are associated with such diseases as yellow fever, encephalitis, and dengue.

Clinicians continue to observe cases of hepatitis that cannot be diagnosed with currently available tests. In attempting to determine the prevalence of GBV-A and B in human populations, researchers at Abbott identified a third virus related to but distinct from GBVA and B and tentatively named it GB virus-C (GBV-C). GBV-C was found in sera collected over a number of years from non-A-E hepatitis patients, suggesting that at least one of these viruses may cause hepatitis in man.

Current evidence indicates that the GB viruses are not merely types or subtypes of the hepatitis C group of viruses, but rather they constitute their own distinct category of viruses. Although the nature of the GB viruses and their precise role in human disease has not been determined, there is a concern that they may resemble HCV in pathogenicity. Hepatitis C is a major cause of chronic liver disease, which is the ninth leading cause of death in the US.

FROM: Abbott Laboratories. Abbott scientists identify new hepatitis viruses. News release April 11, 1995.

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