

This study and previous reports suggest that the combined analysis of the MIE and a-sequence amplified products can be used for typing CMV strains. Although these regions represent relatively small samples of the whole viral genome, this PCR-based system was shown to be reproducible, stable, and discriminatory. The combined analysis of these two regions appears to be a reasonable alternative to traditional molecular analysis of CMV strains. This approach will facilitate epidemiological studies because it allows analysis of CMV strains directly from stored clinical samples and offers a rapid means for analyzing large numbers of specimens. RFLP analysis of PCR products also can be used as an important laboratory quality control procedure to differentiate wild CMV strains from laboratory control strains that might contaminate PCR reactions.

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Risk of HIV Transmission from Healthcare Worker to Patient Is Very Small

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The CDC recently reported the results of several investigations from health departments, hospitals, and other agencies that had elected to notify patients who had received care from HIV-infected workers.

As of January 1, 1995, investigations of 64 healthcare workers infected with HIV had been reported to CDC; HIV test results were available for 22,171 patients of 51 of the 64 healthcare workers. For 37 of the 51 workers, no seropositive patients were reported among 13,063 patients tested for HIV. For the remaining 14

healthcare workers, 113 seropositive patients were reported among 9,108 patients. Epidemiologic and laboratory follow up did not show any healthcare worker to have been the source of HIV for any of the patients tested.

This report summarizes the largest existing database on retrospective evaluations of patients treated by healthcare workers infected with HIV. Excluding the previously described Florida dental practice, no transmission of HIV from healthcare workers has been documented among the 22,171 patients tested.

The CDC concluded that, despite limitations, these data are consistent with previous assessments that the risk for transmission of HIV from a

healthcare worker to a patient during an invasive procedure is very small.

Many of the retrospective investigations involved intensive effort and the expenditure of substantial resources by hospitals, state and local health departments, and the CDC. Failure to find additional instances of transmission to patients supports current recommendations that retrospective patient notification need not be done routinely, but should be considered on a case-by-case basis, taking into account an assessment of risks, confidentiality issues, and available resources.

FROM: Robert LM, Chamberland ME, Cleveland JL, et al. *Ann Intern Med* 1995;122:653-657.