addition, we avoided costly and time-consuming TST of potentially exposed healthcare workers. We estimated a savings of approximately $17,000 (administrative and supplies) for the two outbreaks through the use of immediate DNA fingerprinting. “Real time” DNA fingerprinting (where the initial positive culture from every new TB patient is sent for DNA fingerprinting) can have an almost insignificant cost compared to epidemiological investigations and erroneous treatment of patients, and may have a place in both laboratory quality assurance and in tracking or monitoring transmission.

REFERENCES

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Toll-Free Hot Line for Treating Occupational Bloodborne Pathogen Exposures

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The US Department of Health and Human Services launched a national toll-free hot line to help clinicians counsel and treat healthcare workers with occupationally related exposures to bloodborne pathogens. The National Clinicians’ Post-Exposure Prophylaxis Hot Line (PEPline) can be accessed from anywhere in the United States 24 hours a day. Trained physicians are prepared to provide information, counseling, and treatment recommendations for workers who have occupational exposures to bloodborne pathogens.

The hot line is a joint project of the Health Resources and Services Administration and the CDC, in collaboration with the San Francisco Department of Public Health and the University of California, San Francisco. The new hot line combines two existing programs at San Francisco General Hospital: the National HIV Telephone Consultation Service (or “Warmline”), and the University of California, San Francisco/San Francisco General Hospital Epidemiology and Prevention Interventions Center Needlestick Hot Line.

Codirectors of the new PEPline are Ronald H. Goldschmidt, MD, and Julie L. Gerberding, MD. Epidemiology and Prevention Interventions Center director. The hot line can be accessed by calling 888-448-4911.