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An important reason for endorsement of the CDC Recommendations by the Association of State and Territorial Public Health Laboratory Directors is our belief that uniform and consistent guidelines are necessary for protecting health care workers. As a professional organization, the association has a responsibility to promote acceptable, uniform, national recommendations concerned with the potential of HIV infection, as well as other infections, in the work place. The association encourages other professional organizations to join in the endorsement of the CDC recommendations for Prevention of HIV Transmission in Health-Care Settings. Additional information regarding the content of these important biosafety guidelines may be obtained by contacting the state public health laboratory director in a particular state.

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Reusable Latex Gloves

To the Editor:

The Centers for Disease Control (CDC), the American Hospital Association (AHA), and the Association for Practitioners in Infection Control (APIC) have recommended that blood and body fluid precautions be practiced with all recipients of health care at all times.¹⁻³ In a study conducted at a state institution last year, it was determined that RNs have 13 patient encounters per shift whereas LPNs have up to 15 encounters, and nursing assistants 14 such encounters. The implementation of universal precautions will have a significant fiscal impact on health care facilities, estimated to be as much as \$65,000 annually in one 1,100-bed institution for the mentally retarded.

RECOMMENDED GLOVE USE IN INSTITUTIONAL SETTINGS

Sterile Procedures

High-risk patient care activities
Drawing blood
Cleaning blood spills
Oral hygiene, etc

Low-risk nursing activities

Changing bed pans
Handling soiled linen
Changing diapers
Giving enemas, etc

Sterile Gloves

Disposable Gloves

Reusable latex gloves

We are looking into the possibility of reusing heavy latex gloves for carrying out low-risk nursing activities. The CDC and OSHA (Occupational Health and Safety Administration) have been contacted regarding this proposal and have indicated that there are no regulations against the reuse of appropriate gloves (Personal communication, Walter Bond, MS, Hospital Infections Program, Centers for Disease Control, 1987). The Association for Practitioners in Infection Control has stated criteria for determining if a product may or may not be safely reused.⁴ These criteria are met by several available brands of heavier gauge latex gloves.

We recommend reusing latex gloves for low-risk activities due to the economic advantage and to combat any shortage of disposable gloves that may develop. The Maryland state contract price for one pair of disposable gloves is 15 cents while a suitable pair of reusable gloves costs 42 cents, thus ensuring that reusing the latter even three times makes it financially viable. Also, a longer cuff and heavier construction provide increased protection to hands of health care workers. We emphasize that reuse of gloves is suggested only for low-risk areas, where asepsis is not required and where digital dexterity is not a prerequisite (Table). Strict guidelines for washing gloves after each use and for discarding damaged gloves should be implemented.

We would like to offer reusable gloves as an option and would appreciate more information regarding evaluations performed in other jurisdictions. It is our view that institutions would benefit by using reusable gloves wherever possible and hiring additional infection control practitioners

with the resultant cost savings. We believe that reusable gloves effectively serve the dual purposes of protecting the patient and protecting the health care provider.

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AIDS in a Blood Bank Technician in Mexico City

To the Editor:

Since the AIDS epidemic began, health care workers have become increasingly concerned with the possibility of acquiring the infection during patient care. To date there have been at least nine accidental cases of infection in nurses and technicians from England, France, and the US.¹⁻⁷ Only one case of AIDS is reported among them. Here we report the case of a technician who acquired AIDS and died as a consequence of an accidental infection.

The patient was a 39-year-old male,

born and raised in Mexico City, who was married and had three children. From 1971 to June 1986 he worked as a laboratory technician in a company that processed blood and blood products. According to a report by the National Council for AIDS in Mexico,⁸ 40% of this company's paid blood donors were HIV-seropositive. Blood was handled with a total lack of precautions; the use of gloves, facemasks, or lenses was not customary.

In 1977, the technician suffered an episode of acute hepatitis that required hospitalization in another medical institution and from which he recovered completely. The patient never received a blood transfusion, and emphatically denied homosexuality or any previous episode of sexually transmitted disease. However, he recalled many accidents involving punctures or contact of blood with his teguments and mucosa. Of particular importance is an accident suffered in late 1985 in which a deep cut in his right hand was grossly contaminated with plasma.

In the first months of 1986 the patient had an acute illness characterized by fever and swollen lymph nodes, which disappeared spontaneously after several days. He was admitted to our hospital on December 11, 1987, with a seven-month illness characterized by persistent diarrhea, weight loss, persistent oral thrush, and intermittent fever. Dizziness, mental confusion and vomiting ensued two weeks before hospitalization. On admission, physical examination revealed a generalized lymphadenopathy, fever, anisocoria, and signs of meningitis. The CSF study showed

CNS cryptococcosis. The diagnosis of AIDS was established, and confirmed with positive EIA for HIV antibodies. Despite all therapeutic efforts, the patient died on December 18. The autopsy disclosed disseminated *Cryptococcus neoformans* infection. His wife was seronegative.

Exhaustive questioning of both the patient and his relatives indicated that he was not exposed to any other risk factors aside from his work. It is noteworthy that this patient's exposure to blood and blood products was particularly severe because of his working conditions. Although this is not the general situation of clinical laboratories in Mexico, it exemplifies the need for strict adherence to established recommendations for blood precautions.^{9,10}

To our knowledge, this is the first death reported as a consequence of AIDS from an accidental infection and also the first case of its kind reported from Latin America, despite the fact that Brazil, Haiti, and other countries, including Mexico, have already reported several thousands of AIDS patients.¹¹ The prevailing lack of facilities and precautions at most hospitals in developing countries should alert their medical authorities to increase the safety for health care workers before more cases are reported.

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