

the approved HIV drugs, the manufacturer of the assay emphasizes the importance of monitoring the development of mutations so therapies can be appropriately combined and adjusted.

The test provides information relating to the development of resistance to individual and combination therapy. By obtaining resistance information, physicians can avoid using drugs that may not be effective and select more appropriate therapy based on resistance.

Health Advisory for New Asthma Drug

Zafirlukast (Accolate) has recently been associated with a rare and sometimes fatal condition known as Churg-Strauss Syndrome, according to a health advisory from the U.S. Food and Drug Administration. The manufacturer has reported that six patients with asthma who were taking zafirlukast developed the syndrome. It has not been definitely shown that the drug caused the condition.

In adults with asthma, the syndrome occurs as generalized, influenza-like symptoms. Patients also experience inflammation of blood vessels, primarily in the lungs. The FDA does not believe that patients should discontinue any asthma medication without consulting their physicians and continues to believe that the benefits of zafirlukast outweigh any of its known or potential risks.

All reported cases of the syndrome occurred in patients whose steroidal asthma medications were being gradually lowered or

discontinued while receiving zafirlukast. New labeling for the medication will warn physicians to monitor their patients carefully when corticosteroid use is being tapered or discontinued.

Health Care Workers and Hepatitis C Virus

The Centers for Disease Control and Prevention, in collaboration with the Hospital Infection Control Practices Advisory Committee, has issued recommendations for follow-up of health care workers after occupational exposure to hepatitis C virus (HCV). The recommendations were published in the July 4, 1997, issue of *Morbidity and Mortality Weekly Report*.

Health care workers are at occupational risk for acquiring this infection because HCV is transmitted by direct percutaneous exposure to blood. The CDC recommends that individual health care institutions consider establishing policies and procedures for follow-up of infection with HCV after percutaneous or permucosal exposures to blood. The CDC believes that, at a minimum, policies should include the following:

- For the source, baseline testing for anti-HCV.
- For the person exposed to an anti-HCV-positive source, baseline and follow-up (e.g., six months) testing for anti-HCV and alanine aminotransferase activity.
- Confirmation by supplemental anti-HCV testing of all anti-HCV results reported as repeatedly reactive by enzyme immunoassay.
- Recommending against post-exposure prophylaxis with im-

mune globulin or anti-viral agents (interferon).

- Education of health care workers about the risk for and prevention of bloodborne infections in occupational settings, with the information routinely updated to ensure accuracy.

The CDC report notes that follow-up studies of health care workers who sustained a percutaneous exposure to blood from an anti-HCV-positive patient have reported an average incidence of seroconversion after unintentional needlesticks or sharps exposures of 1.8 percent. In the absence of post-exposure prophylaxis, the CDC report lists six issues that need to be considered in defining a protocol for follow-up. These are: (1) limited data about the occupational risk of transmission, (2) limitations of available serologic testing for detecting infection and determining infectivity, (3) poorly defined risk for transmission by sexual and other exposures, (4) limited benefit of therapy for chronic disease, (5) cost of follow-up, and (6) medical and legal implications.

—VERNA L. ROSE

Answers to This Issue's Clinical Quiz

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|-------|----------|
| Q1. C | Q8. E |
| Q2. A | Q9. B |
| Q3. C | Q10. A |
| Q4. C | Q11. A,C |
| Q5. A | Q12. A,B |
| Q6. E | Q13. E |
| Q7. C | Q14. D |