# Letters to the Editor

## Questions Raised About June Issue

**To the Editor:**

I have just completed—cover to cover-the June 1989 issue of *Infection Control and Hospital Epidemiology* (Vol 10[6]). Surely this is a monumental effort to cover a very comprehensive symposium.

However, some issues were raised that deserve further comment. For example, Dr. Dennis Maki ("AIDS: Serologic Testing for the Human Immunodeficiency Virus-To Screen or Not to Screen") stirs us up with recurring questions and now also begins to confuse us with a new issue.

First there is the issue of screening for human immunodeficiency virus (HIV) antibodies. For several years now we have worked hard here in California to oppose laws allowing mass screening for fear of driving HIV-positive persons underground. I agree they already are. However, how can we now do an about-face and ask for permission to screen without raising the already high level of hysteria and paranoia occurring in society? How does Dr. Maki propose to handle or control such information? And, of course, the eternal question-who will pay for all of this? I do believe that knowledge of such information may alter behavior, but at what cost?

Secondly, we have come to promote universal precautions (UP) as a major step forward in infection control. Some have gone so far as to create a whole new class of isolation category (bloodstream infection [BSI]) as proposed by Jackson and Lynch. Now Dr. Maki is suggesting that this approach may not be effective; "a false sense of security." Rather, he suggests a retreat-a step back, possibly pressured by colleagues-to targeted precautions. The suggestion that "we do not know if UPs are more or less effective . . ." is absurd for several reasons:

- The practice hasn't been around long enough (less than two years);
- Theoretically it makes more sense to protect oneself under all circumstances (e.g., gastrointestinal bleeder with gastroenteritis may have *Shigella* species. Do we wait the three days for lab results or wear gowns and gloves now?);
- Costs may appear prohibitive, but the cost of gloves is far outweighed by costs incurred from occupational acquisition of a shigellosis (three weeks off in many cases); and
- If we change course now, without demonstrating its efficacy and, I believe, an eventual lowering of the national nosocomial infection rate (hovering at 5%), we will lose face with those who look to us for answers and solutions. We will appear to be unsure, vacillating and confused-hardly a testimonial to an "expert."

Finally, in reference to Dr. John E. McGowan's article ("Infection Control: New Problem Organisms for Infection Control"), he overlooks a suggestion made at the 1988 National American Society of Microbiology (ASM) meeting, that some organisms may actually develop resistance to antibiotics just because of their presence or proximity. We have all held the traditional view that development of resistance is a random event. But witness Dr. McGowan's own observation that methicillin resistant *Staphylococcus aureus* (MRSA) may develop resistance to Ciprofloxacin within three weeks of introduction of therapy. I propose that this notation may suggest further study before we can accuse physicians of drug abuse.

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*Drs. Maki and McGowan were asked to respond to this letter.*

Mr. Koransky is troubled by the conclusion that much wider testing for human immunodeficiency virus (HIV) infection is needed at the present time, in part because ". . . we have worked hard . . . in California to oppose laws allowing mass screening . . ."

As pointed out in the article, I believe that most HIV-infected persons have been far underground for a long time, having not availed themselves of numerous options for HIV testing, including anonymous testing in state counseling and testing centers. I further believe that the societal "hysteria and paranoia" about HIV infection and acquired immunodeficiency syndrome (AIDS) that Mr. Koransky fears derives in part from pervasive resistance to the use of HIV screening as a health promotion measure; resistance that has included legislation that implicitly discourages HIV testing. As pointed out in the article as well as in a recent essay on this subject written with Dr. Frank Rhame, we believe that much wider use of HIV testing could begin to reduce the reluctance to be tested among those who know they are at increased risk and could also begin to dissolve the insidious "we-they" mentality that has been so counterproductive to efforts to contain the spread of

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