

such devices as air-purification respirators when caring for patients with proven or suspected TB. However, we believe that the local hospital registry can and should be a focal point for determining the extent to which such measures are necessary at individual institutions. Perhaps more importantly, we believe that the registry is a logical focal point for determining that existing infection control recommendations are being carried out and that patients released from the hospital are not lost to follow-up. Infection control personnel are in a position to work with physicians, hospital staff, and health departments to ensure that this ancient enemy is confronted forcefully, one case at a time.

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High Prevalence of HIV-Positive Blood Samples Pose Risk to Laboratory Technologists

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Researchers from the Centers for Disease Control and Prevention found a 2% prevalence of HIV-1 among 55,613 specimens submitted to 10 large com-

mercial laboratories by general internists, pediatricians, and family practitioners. The prevalence among different laboratories varied 50-fold from 0.3 to 12.4% and the prevalence was not always consistent with the AIDS incidence served by the laboratories. The survey

sample did not include specimens from high-risk specialties, such as infectious disease.

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