



Memorandum

Date June 8, 1982
From David K. Henderson, M.D. *DKH*
Hospital Epidemiologist, CC
Subject Recommendations regarding the NIAID protocol entitled "Study of etiology, pathogenesis, and treatment of immunosuppression in individuals with Kaposi's sarcoma and/or opportunistic infection"
To Mortimer B. Lipsett, M.D.
Director, Clinical Center

Please see the attached recommendations of the Hospital Infections Committee and the Hospital Epidemiology Service regarding the NIAID protocol patients. These recommendations were passed unanimously at the May 25th Hospital Infections Committee meeting.

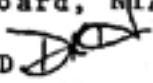
Do you recommend that the attached be implemented as Clinical Center policy? We would appreciate your review and comments.

Thank you for your assistance.

Attachment

Date: June 8, 1982

To: Institutional Review Board, NIAID

From: David K. Henderson, M.D. 
Hospital Epidemiologist, CC

Subject: NIAID protocol entitled "Study of etiology, pathogenesis, and treatment of immunosuppression in individuals with Kaposi's sarcoma and/or opportunistic infection"

The Hospital Epidemiology Service (HES) has been asked to comment on the issue of what precautions should be instituted with patients and samples of body fluids from patients admitted into the NIAID-CC protocol entitled "Study of etiology, pathogenesis, and treatment of immunosuppression in individuals with Kaposi's sarcoma and/or opportunistic infection."

Based on currently available information, the HES would make the following recommendations:

I. Isolation Precautions

Many of the patients admitted in this protocol will be carriers of the Hepatitis B Virus (HBV), and most, if not all, will be infected with Cytomegalovirus (CMV). For these reasons, all patients admitted to this protocol should be placed immediately on both blood and secretion precautions. Personnel who come into contact with the patient or with body fluids from the patient should be aware of the potential for transmission of both of these viruses. Female staff, in the childbearing years, should be made aware of the risks of CMV infection in pregnancy. Pregnant staff should not care for these patients.

Since many of these patients may be admitted with undiagnosed, symptomatic pulmonary infection(s), such patients should, until the diagnosis is established, be placed in Respiratory Isolation as well.

Once the patient's infection status is understood, precautions should be modified on a patient-by-patient basis.

Infections that have been common in these patients and appropriate isolation precautions for these infections are appended to this memorandum. (See Attachment)

Clinical Center personnel participating in the care of such patients should be made aware of both the known infectiousness of agents commonly infecting these patients (e.g., CMV, HBV) and also should be made aware that the etiology of the severe immunosuppression seen in this syndrome is as yet, unknown. Such personnel should be aware of the (apparently small) possibility that an unknown transmissible infectious agent may be

responsible for the immunosuppression seen in these patients. Although the epidemiology, route of transmission, etc. of this syndrome have not yet been delineated, the disease appears to mimic most closely the epidemiology of Hepatitis B (i.e., intimate exposure or parenteral transmission).

II. Laboratory Personnel

Laboratory personnel involved in studies on blood, urine, and other samples from such patients should be aware of the known potential infectiousness of such samples, and should also be aware that the etiology of the syndrome is, as yet, not known. Such personnel should be aware of the possibility (albeit apparently small) that an unknown infectious agent may be responsible for the severe immunosuppression seen in these patients.

Samples from patients with Hepatitis B should be labelled with the yellow stickers which state "Caution, Hepatitis." In addition, samples should also be identified as coming from a patient in this protocol.

Investigators and laboratory personnel involved in research studies on samples from such patients should be made aware of the potential for transmission and that the etiology of the immunosuppression is unknown. Although the epidemiology of the syndrome has not been worked out, the syndrome does not appear to be highly contagious and most closely resembles Hepatitis B in its epidemiology. Because of the known risk of CMV infection, pregnant personnel should be discouraged from handling specimens from these patients.

Attachment

**Attachment: Infections Commonly Occurring in
Gay-Immunosuppressed Protocol Patients**

<u>Disease</u>	<u>Category of Isolation</u>
Candida Infection	None
Chickenpox/Disseminated Zoster	Strict
Cryptococcosis	None
Cytomegalovirus (CMV)	Blood, Secretion*†
Giardiasis	Excretion
Gonorrhea	Secretion
Hepatitis B	Blood
Hepatitis, Non-A, Non-B	Blood
Herpesvirus hominis, local	Secretion
Herpesvirus hominis, disseminated	Strict
Infectious Mononucleosis (EBV)	Secretion
Lymphogranulous venereum	Secretion
Pneumocystis carinii infection	None*†
Syphilis	Secretion
Toxoplasmosis	None†
Tuberculosis, pulmonary	Respiratory
Tuberculosis, pulmonary, draining lesion	Secretion

For other infections, refer to the Centers for Disease Control Manual Isolation Techniques for use in Hospitals, or call the Hospital Epidemiology Service, CC (496-2209).

*Females in childbearing years should be aware of the risk of transmission from patient to staff; pregnant females should not care for the patient.

†Other immunosuppressed patients are at increased risk for infection and should not share room with patients infected with these organisms.