

Medical News

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FDA Approves Combination TB Drug

The U.S. Food and Drug Administration (FDA) recently approved the drug Rifater, a product that combines three existing tuberculosis (TB) drugs into a single tablet—isoniazid, rifampin, and pyrazinamide. The drug is designed to decrease the number of patients who do not comply with the standard long-term, multidrug regimen for treating TB. In addition, the use of Rifater will prevent inadvertent under- or overdosing.

Rifater, manufactured by Marion Merrell Dow, has been used in Europe, Africa, and Hong Kong since the mid-1980s. The use of combination products for treating TB has been recommended by numerous organizations, including the World Health Organization, and the Centers for Disease Control and Prevention (CDC).

FROM: *FDA Talk Paper* Rockville, MD: U.S. Food and Drug Administration Press Office; June 2, 1994.

CDC Releases Guidelines for Preventing HIV Transmission Through Organs

Exclusion of donors based on risk behaviors and screening of prospective donors of blood, organs and tissues for human immunodeficiency virus (HIV) has markedly reduced the risk of HIV transmission through transplantation. However, a 1991 case of HIV transmission from a screened, antibody-negative donor to several recipients raised questions about the need for additional federal oversight of transplantation of organs and tissues.

A working group formed by the Public Health Service (PHS) in 1991 to address these issues concluded that further recommendations should be made to reduce the already low risk of HIV transmission by transplantation of organs and tissues. In revising these recommendations, the PHS sought assistance from public and private health professionals and representatives of transplant, public health, and other organizations.

The revised guidelines address issues such as donor screening, testing, and exclusionary criteria; quarantine of tissue from living donors; inactivation or elimination of infectious organisms in organs and tissues before transplantation; timely detection, reporting, and tracking of potentially infected tissues, organs and recipients; and recall of stored tissues from donors found after donation to be infected. Factors considered in the development of these guidelines included differences between the screening of living and cadaveric donors; time constraints due to organ/tissue viability that may preclude performing certain screening procedures; differences in the risk of HIV transmission from various organs and tissues; differences between procuring and distributing organs and tissues; the effect of screening on the limited availability of organs and some tissues; and the benefit to the recipient.

FROM: Guidelines for preventing transmission of HIV through transplantation of human tissues and organs. *MMWR* May 20, 1994;43(RR-8):1-17.

Canada Announces Campaign to Inform Former Transfusion Recipients of HIV Risks

The Ontario Hospital Association (OHA) has announced Canada's first comprehensive campaign to inform patients who received blood between 1978 and 1985 that they may have been exposed to HIV. OHA officials have explained that, although people may be aware of the risk of infection through transfusion, many people don't remember or were never told that they had a transfusion as part of their medical treatment. The OHA public awareness campaign is using ads in French- and English-language newspapers, posters, flyers, public service announcements, and an information video to get the message out to the widest possible audience.

The OHA's provincewide campaign complements the efforts of local hospitals, which have launched their own community-based initiatives. The OHA campaign has been shared with the Canadian Hospital