

provide guidelines for the management of patients who carry or are infected with resistant organisms. Certain patients may require isolation precautions; however, standard infection control practices, such as appropriate handwashing, environmental cleaning, and wound care, usually will be sufficient.

Long-term-care facilities should develop policies regarding transferring patients with resistant organisms to other institutions or accepting such patients from other institutions. In general, a resistant organism should not preclude transferring or accepting a patient. However, the institution that transfers the patient always should notify the accepting institution before the patient is transferred so that the staff of the latter can be prepared.¹³

REFERENCES

1. Kemper P Murtaugh C. Lifetime use of nursing home care. *N Engl J Med* 1991;324:595-600.
2. Warren JW. Catheter-associated bacteriuria. *Clin Geriatr Med* 1992;8:805-819.
3. Nicolle LE. Urinary tract infections in long-term care facilities. *Infect Control Hosp Epidemiol* 1993;14:22@225.
4. Smith PW. Infection surveillance in long-term care facilities. *Infect Control Hosp Epidemiol* 1991;12:5158.
5. McGeer A, Campbell B, Emori TG, et al. Definitions of infection for surveillance in long-term care facilities. *Am J Infect Control* 1991;19:1-7.
6. Gravenstein S, Miller BA, Drinka P. Prevention and control of influenza A outbreaks in long-term care facilities. *Infect Control Hosp Epidemiol* 1992;13:49-54.
7. Bennett RG. Diarrhea among residents of long-term care facilities. *Infect Control Hosp Epidemiol* 1993;14:397404.
8. Segelau J. Scabies in long-term care facilities. *Infect Control Hosp Epidemiol* 1992;13:421-425.
9. Schwartz B, Ussery XT Group A streptococcal outbreaks in nursing homes. *Infect Control Hosp Epidemiol* 1992;13:742-747.
10. Centers for Disease Control. Prevention and control of tuberculosis in facilities providing long-term care to the elderly. *MMWR* 1990;39(No. RR-10):7-13.
11. John JF Jr, Ribner BS. Antibiotic resistance in long-term care facilities. *Infect Control Hosp Epidemiol* 1991;12:245-250.
12. Kauffman CA, Bradley SE, Terpenning MS. Methicillin-resistant *Staphylococcus aureus* in long-term care facilities. *Infect Control Hosp Epidemiol* 1990;11:600-603.
13. Boyce JM, Jackson MM, Pugliese G, et al. Methicillin-resistant *Staphylococcus aureus* (MRSA): a briefing for acute care hospitals and nursing facilities. *Infect Control Hosp Epidemiol* 1994;15:105115.

RECOMMENDED READING

1. Smith PW, ed. *Infection Control in Long-Term Care Facilities*. 2nd ed. Albany, NY: Delmar Publishers, Inc; 1994.
2. Strasbaugh LJ, Joseph C. Epidemiology and prevention of infections in long-term care facilities. In: Mayhall G, ed. *Hospital Epidemiology*. Baltimore, MD: Williams & Wilkins. In press.

New Hepatitis Viruses Identified

by **Gina Pugliese, RN, MS**
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Abbott Laboratories recently announced the discovery of a group of viruses associated with one or more types of hepatitis that had not been identified previously in humans. These new viruses, known as GB viruses, may cause hepatitis that is distinct from that caused by hepatitis viruses A, B, C, D, and E.

At least one of these newly discovered viruses has been detected in hepatitis patients on the east and west coasts of the US, as well as in Canada, Peru, Egypt, and other parts of Africa, suggesting that it possibly is present worldwide.

The presence of the new virus first came to the attention of researchers when a Chicago surgeon with the initials GB contracted acute hepatitis

from an unknown source in 1964. Work on the GB viruses accelerated when scientists demonstrated that serum from GB, previously passaged in tamarins (small monkeys), still was able to produce hepatitis in the tamarins. Analysis of the viral genetic material indicated that there were two related but distinct viruses (GBVA and GBVB) in the tamarin's infectious serum. Comparisons with other known viruses suggest that the genomic organization of these GB viruses falls within the flavivirus family, whose members are associated with such diseases as yellow fever, encephalitis, and dengue.

Clinicians continue to observe cases of hepatitis that cannot be diagnosed with currently available tests. In attempting to determine the prevalence of GBV-A and B in human populations, researchers at Abbott identified a third virus related to but distinct

from GBVA and B and tentatively named it GB virus-C (GBV-C). GBV-C was found in sera collected over a number of years from non-A-E hepatitis patients, suggesting that at least one of these viruses may cause hepatitis in man.

Current evidence indicates that the GB viruses are not merely types or subtypes of the hepatitis C group of viruses, but rather they constitute their own distinct category of viruses. Although the nature of the GB viruses and their precise role in human disease has not been determined, there is a concern that they may resemble HCV in pathogenicity. Hepatitis C is a major cause of chronic liver disease, which is the ninth leading cause of death in the US.

FROM: Abbott Laboratories. Abbott scientists identify new hepatitis viruses. News release April 11, 1995.