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Fluoroquinolone-Resistant *Neisseria gonorrhoeae*

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The fluoroquinolones ciprofloxacin and ofloxacin are among the antimicrobials recommended for treating uncomplicated gonorrhea. Fluoroquinolone-resistant strains of *Neisseria gonorrhoeae* have been identified frequently in the 1990s in the Far East. In the United States, fluoroquinolone-resistant *N gonorrhoeae* has been reported previously in only one person, who probably acquired the infection in the Philippines.

The CDC recently reported two cases of gonococcal infection in San Diego involving strains with a higher level of fluoroquinolone resistance than reported previously; there was clinical treatment failure in one case.

Because fluoroquinolone-resistant *N gonorrhoeae* is rare in the United States, the CDC recommends fluoroquinolones to treat gonococcal infections. However, ceftriaxone, cefixime, or spectinomycin should be used if the infection was acquired in Asia. In some areas of the United States, (eg, Cleveland, Ohio) where strains with decreased susceptibility to fluoroquinolones are endemic, fluoroquinolones should not be used to treat gonococcal infections, because these strains may represent a pool from which fluoroquinolone-resistant strains may emerge. Laboratories serving patients with gonococcal infections should maintain culture capabilities to evaluate patients with apparent treatment failures. Laboratories should report any isolate meeting proposed National Committee for Clinical Laboratory Standards criteria for resistance to ciprofloxacin (minimum inhibitory concentration [MIC] >1.0 µg/mL; zone inhibition diameter [5 µg disk] <27 mm) or ofloxacin (MIC >2.0 µg/mL; zone inhibition diameter [5 µg disk] <24 mm) to their state public health laboratory; CDC laboratories will confirm resistant isolates.

FROM: Fluoroquinolone-resistant *Neisseria gonorrhoeae*—San Diego, California, 1997. *MMWR* 1998;47:405-408.

Anesthetist Transmits Hepatitis C to 217 Patients

On April 28, 1997, the Valencia Health Department in Spain announced that 217 people who had surgery within the past year in two Valencian hospitals have been infected with hepatitis C virus (HCV). The source of the HCV infection was an anesthetist who had been working at the hospitals for the past 5 years.

The anesthetist, a morphine addict for many years, has the same HCV genome as the infected patients. It was reported that, in the immediate postoperative period, just before he gave intravenous opioid analgesia to patients, he gave himself part of the syringe contents and then gave the remainder to the patient via the same syringe. He had been obliged to retire from a post at another Valencian hospital when it became known that he had falsified signatures to obtain opioids from the pharmacy.

Health Department chief Joaquín Farnós said that more than 2,000 patients will be screened for HCV in the next few weeks. The results of the outbreak investigation, which may take approximately 3 months to complete, then will be sent to the appropriate court to decide legal action. The Health Department already has started disciplinary proceedings against seven of the anesthetist's colleagues for an apparent "silence pact," because none raised the alarm despite knowledge of these activities.

FROM: Bosch X. Hepatitis C outbreak astounds Spain. *Lancet* 1998; 351:1415.