

The most obvious benefit from a follow-up protocol would appear to be the opportunity for the healthcare worker to seek evaluation for chronic liver disease and treatment, if eligible. Studies have shown that alpha-interferon therapy may have a beneficial effect among some patients.¹² In these studies, however, the patients were highly selected and therapy resulted in sustained improvement in 20% or fewer of those treated; no clinical, demographic, serum biochemical, serological, or histological features have been identified that reliably predict which patients will respond to treatment and sustain a long-term remission.

In the face of all of these limitations and unknowns, it is difficult to formulate a rational policy for postexposure follow-up for HCV infection. Balanced against these difficulties are the individual workers' concerns about their risk and outcome. A definitive answer to this dilemma may have to await advances in our ability to diagnose, determine infectivity, estimate risks, and provide effective therapy for persons exposed to or infected with HCV. In the absence of either pre- or postexposure prophylaxis against this infection, prevention will continue to depend on measures such as universal precautions and other educational tools that limit the opportunity for exposures to occur in the occupational setting.

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CDC Releases Draft Guideline for Isolation Precautions in Hospitals

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The CDC has released the Draft Guideline for Isolation Precautions in Hospitals that will replace the 1983 edition. The draft guideline was published in the November 7, 1994, issue of the *Federal Register* [vol. 59(214):55552-70]. The draft guideline was prepared by the USPHS Hospital Infection Control Practices Advisory Committee (HICPAC) and the CDC. The revised guideline contains two tiers of precautions. The first tier is standard precautions designed for the care

of all patients; it combines the major features of universal precautions and body substance isolation. The second tier is precautions for patients known or suspected to be infected or colonized with epidemiologically important organisms, including airborne, droplet, and contact precautions. The CDC has suggested that healthcare facilities may wish to consider waiting until the final guidelines are completed in the fall of 1995 before changing current procedures.

Comments on this draft should be submitted in writing by January 6, 1995, to CDC, Attention: Isolation

Guideline Information Center, Mailstop A-07, 1600 Clifton Rd. NE, Atlanta, GA 30333.

The guideline can be viewed and photocopied from the *Federal Register* at any U.S. Government Repository Library or any library that receives the *Federal Register*. For the government library nearest you, call (202) 512-1800.

Copies of the draft guideline also are available from the American Hospital Association, by calling (800) 242-2626 (catalog no. 0094600; price \$7.95; includes shipping and handling).