

two different fragments when compared to the other nine isolates (DC > 0.9). The decision to add either a second enzyme in the PFGE protocol or another molecular typing method should be considered carefully because either one of these procedures will increase considerably the cost and may not improve the discriminatory power or provide new information.

Our results documented the widespread dissemination of a single clone of MRSA (SP) in several hospitals of Sao Paulo and raised important points about typing this organism. The small clonal variability among multidrug resistant MRSA and the wide spread of the SP clone could make the intrahospital epidemiologic evaluation of MRSA outbreaks very difficult since most of the typing methods

may not be able to discriminate epidemiologically unrelated strains. Furthermore, finding isolates that were genetically related but epidemiologically unrelated emphasizes the challenge of typing MRSA isolates and underscores the need to include a very select sample of control isolates.

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No HIV-2 Positive Blood Found After Almost Two Years of Testing

by Gina Pugliese, RN, MS
Medical News Editor

Since June 1992, the Food and Drug Administration has required all bloodbanks to test blood for human immunodeficiency virus (HIV)-2, at an estimated cost of \$30 million to test more than 20 million units. Not a single HIV-2-infected unit has been

found. Bloodbanking experts do not agree on the value of the testing. Dr. James MacPherson, head of the Council of Community Blood Centers, defended the testing and stated, "We are erring on the side of caution." However, Dr. Paul Holland, medical director of the Sacramento Medical Foundation Blood Center in California, said the testing represents a hope-

less attempt to make the blood supply 100% safe at a very high cost. Holland said, "In my opinion, it was not a good decision. . . . We had zero evidence that HIV2 was being transmitted by blood donors in this country."

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