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persons with autoimmune hemolytic anemia who require immunosuppressive medications should be screened for hbv before beginning treatment and receive prophylaxis. persons who have received a total of 10.0 ml of blood products or 30.0 ml of pooled plasma-derived products (501), as well as persons who are candidates for exchange transfusion (13), should be given hepatitis b vaccine and receive hepatitis b immune globulin. injection of blood or blood products into the circulation might allow the virus to escape the initially infected tissue. preemptive therapy for recipients of blood or blood products (i.e., preventing infection of the recipient by hepatitis b) is recommended, but is not available outside blood banks and health departments. injections of blood into the bloodstream are associated with a very low risk for transmission, because the concentration of virus in the product is far below the concentration in a person's blood. alternatively, immune globulin can be administered as soon as possible after exposure (12). both the vaccine and immune globulin should be administered with sterile needles and syringes because of their potential to transmit bloodborne pathogens. injection of unheated or unscreened blood products is an extremely rare but important complication and should be managed immediately (12). blood exposure through needlestick injury or mucous membrane exposure might cause transmission of hbv. although the risk of transmission by a broken needle is low (7576), it is of theoretical importance because of the availability of blood products (75). screening and immunization of health care workers are important to reduce the risk of blood-borne pathogen transmission. injecting intravenous medication or drugs into the bloodstream might also lead to viral transmission (12). healthcare workers who are at high risk for blood-borne pathogens (e.g., those with multiple partners or early or late hiv infection) should receive hepatitis b vaccine and should be screened for hbv infection (13). anyone whose occupation exposes him or her to blood or body fluids should be considered at risk for hepatitis b virus exposure (29). although no specific guidelines have been developed to prevent transmission of hcv from transfusion of blood or blood products, persons who have received any blood products are at risk for infection with hcv and should be tested (29). because of the association between parenteral drug use and hcv infection, all persons with injections are at risk for hcv. hiv-infected persons who use intravenous drugs might be at risk for hcv infection because of injected drugs. persons who have injected drugs and have hiv infection are at risk for hcv infection (29). u.s. military persons might be at increased risk for hepatitis b virus or hcv infection because of occupational exposures to blood or body fluids (28).



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It is important that cultures and antimicrobial susceptibility testing be performed in a laboratory with quality control procedures that ensure proper performance. Culture and antimicrobial susceptibility testing of *N. gonorrhoeae* should be performed with a specimen obtained from a site where lesions are apparent and/or purulent material is present. Diagnosis of infection by a culture- or NAAT-positive test, with a positive culture and susceptibility test result, should be followed by therapy with a single-drug regimen effective against *N. gonorrhoeae*. In the absence of resistance to *N. gonorrhoeae* in the area, patients should receive doxycycline or a single-dose *N. gonorrhoeae* treatment regimen to follow the initial treatment regimen and test of cure (see "AMERICAN ACADEMY OF HEPATOLOGY: "DEFINITION AND TREATMENT OF INFECTION WITH GONORRHOEA ", GAUDI, A., ARMSTRONG, E., SEKUNDA, A., JUDGE, D., AND PICKERILL, K. J. MMD. STD/GUM. 2007; 12(5): 517-527.). For both intramuscular and oral doxycycline, the minimum inhibitory concentrations (MICs) that inhibit *L. infantum* are largely determined at the site of invasion (886). Doxycycline 100 mg twice daily has excellent efficacy for treatment of visceral leishmaniasis, has excellent safety, and has a favorable side effect profile. Oral treatment regimens have a higher rate of clinical cure than intramuscular treatment for visceral leishmaniasis, but this is mainly because of fewer relapses and a greater number of outpatient visits with monthly treatment rather than a difference in efficacy. The use of single-dose liposomal amphotericin B is complicated by a high rate of adverse events and requires three days of hospitalization for full dosing (884). Patients treated with antimony compounds with reduced dose intensification have a higher likelihood of experiencing treatment failure (884). Currently, *L. infantum* treatment in the United States is limited to a single intramuscular dose of antimony-containing regimens (884). 5ec8ef588b

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