The optic neuritis induced by ethambutol may be early or late in onset. The early onset toxicity is due to an idiosyncratic reaction which leads to optic atrophy with irreversible loss of vision. The delayed onset toxicity is related to ocular atrophy, which has a much better prognosis and is often reversible. The optic neuritis may respond to treatment with corticosteroids and systemic corticosteroids may prove hazardous for the primary disease.

Discontinuation of ethambutol therapy after the onset of visual symptoms may not be helpful in restoration of vision. Therefore, it is imperative to diagnose optic nerve dysfunction before the onset of clinical symptoms.

A useful test is visual evoked response (VER), an electrical signal generated in the occipital cortex in response to a visual stimulus to the eye. The latency of the VER is the earliest to be delayed in optic nerve atrophy caused by ethambutol and can be detected before the onset of visual symptoms and abnormalities in the visual fields or colour vision. Furthermore, the VER is affected at a stage when there is functional damage to the neurones and recovery is possible on discontinuation of the drug. The presence of disc pallor on ophthalmoscopic evaluation, defects in the visual fields and colour vision abnormalities signify an organic damage to the neuronal tissue, which is often not reversible.

Therefore, we recommend that all patients must undergo a VER before initiation of ethambutol therapy and every six weeks thereafter, till the drug is stopped. Ethambutol should be discontinued if the latency of the VER is prolonged, implying a delay in conduction in the optic nerve.

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REFERENCES


Hospital Infection Control Committee

In a world of ever-increasing deadly pathogens, we face the problem of hospital-acquired infections. We suggest that all major hospitals in India should have Infection Control Committees, which will be responsible for creating awareness and preventing and controlling hospital infections. We summarize here what we feel should be the composition and functions of a Hospital Infection Control Committee (HICC).

Composition
An HICC should be headed by the Medical Superintendent. It should have faculty representatives from the Departments of Microbiology, Virology, General Medicine, General Surgery, Paediatrics, Community Health and Pharmacy. The Nursing Superintendent, General Superintendent, Supervisors of the Operation Theatre and Central Sterile supplies Department (CSSD) and the Hospital Infection Control Officer (HICO) should also be members of the HICC.

Functions
1. Controlling hospital-acquired infections
On suspicion of hospital-acquired infections, the nurse in charge of the ward should alert the HICO through a nosocomial infection reporting form. The Department of Microbiology should also inform the HICO when multi-resistant organisms are identified. The HICO should analyse data on nosocomial infection, identify outbreaks of infection, investigate clustering of infection, review charts of patients and initiate appropriate infection control measures.

2. Reporting community-acquired infections
The HICO should take the responsibility of reporting community-acquired infections to the local health authorities. When 'reportable diseases' are identified, the clinician should inform the HICO and the information should then be forwarded to the local health authorities.

3. Antimicrobial policy
The past few years have witnessed an increase in the number of antibiotic-resistant organisms, probably due to improper prescription of drugs. The HICO helps in framing antibiotic policies and recommending remedial measures when antibiotic-resistant strains are encountered.

4. Monitoring the hospital environment
The Department of Microbiology should routinely perform microbiological surveillance of the operation theatres, intensive care units, pharmacy, transplant units, dialysis units and CSSD. Drinking water should also be subjected to microbiological analysis. The HICO should alert the head of a particular unit if a pathogen is isolated and recommend remedial measures.

5. Waste management
The HICO should be responsible for planning strategies for segregation, transport, storage and final disposal of medical waste in keeping with the Biomedical Waste (Management and Handling) Rules 1998, framed by the Ministry of Environment and Forests. After provision of infrastructure, the HICO should conduct awareness programmes among the staff, emphasizing that management of medical waste requires a co-ordinated effort of all categories of health care workers and begins at the point of waste generation. Random supervision should be carried out by the HICO.

6. Employee health education
The HICO should help educate employees in matters regarding control of infection in the hospital by means of hand-outs, posters and lectures. Special emphasis should be given to universal precautions and prevention of spread of blood-borne pathogens.

We feel that the HICO should be a pro-active group of persons from the medical, surgical and allied health sciences, working together to ensure that hospital infection is prevented and controlled.

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