

Misuse of anesthesia could cause hepatitis virus transmission

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Hepatitis B virus (HBV) and hepatitis C virus (HCV) can be transmitted during intravenous (IV) administration of anesthesia, according to a new study in *Gastroenterology*, the official journal of the American Gastroenterological Association (AGA) Institute. In this study, doctors found that anesthesia contamination — not endoscopy contamination — was the cause of infection.

Efforts are needed to better educate the health-care community on the importance of strict adherence to sterile techniques when using any form of [anesthesia](#). The study findings highlight the fact that many instances of health care-related HBV and HCV [virus transmission](#) probably go undetected. The true magnitude of this problem is therefore unknown.

Doctors investigated an outbreak of acute HBV and HCV infections among patients who received anesthesia during endoscopy procedures from the same anesthesiologist in two different gastroenterology clinics. They identified six cases of outbreak-associated HCV infection and six cases of outbreak-associated HBV infection in one clinic; one outbreak-associated HCV infection was identified in a second clinic. All affected patients in both clinics received propofol from this anesthesiologist, who inappropriately used a single-use vial of propofol for multiple patients. Reuse of syringes to re-dose patients, with resulting contamination of medication vials used for subsequent patients, likely resulted in [viral transmission](#).

These findings are consistent with other investigations of HBV and HCV

infection in health-care settings: contamination of anesthesia or other IV medications was far more likely to be responsible for transmission of HBV or HCV than the equipment used in the patients' medical procedures.

The doctors' study results increase concerns regarding infection control practices and use of shared medication vials for anesthesia administration to multiple patients, especially in outpatient settings where infection control oversight is limited and procedures such as endoscopies are increasingly performed. Physicians diagnosing patients with acute viral hepatitis should report these cases to their local health department and carefully consider the role of health-care exposures, especially among those who do not report traditional risk factors for infection.

Together, increased education and policies limiting use of medication vials to single patients for IV anesthesia should reduce the risk for health care-associated HBV and HCV transmission.

Provided by American Gastroenterological Association

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