prospect that the treatment will help you feel better and keep you going for some time.

Some patients indicate that they wish to deny what is happening.

Mrs R: I'm going to get better aren't I?

Medical oncologist: What makes you ask that?

Mrs R: You and your team tell me that I have some kind of lymphoma. I can't accept that. I'm certain it is an infection I picked up when I was out in the tropics.

Medical oncologist: I don't want to argue with you about that. The key thing is that you continue with our treatment.

Mrs R: I'm happy to do that.

Conclusion

You may have noticed that the strategies we advise are determined by the patient's responses and not decided unilaterally by the doctor or nurse. We do not expect you to accept them unquestioningly but hope that you will try them out with patients in your care.

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1 Maguire P, Faulkner A. How to do it: improve the counselling skills of doctors and nurses in cancer care. *Br Med J* 1988 (in press).

2 Maguire P. Barriers to psychological care of the dying. *Br Med J* 1985;291: 1711-3.

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Prophylaxis against B virus infection

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A report of four patients infected with monkey B virus in Pensacola, Florida, illustrates once again the importance of care in handling monkeys, and it throws some new light on the role of acyclovir in managing those who handle monkeys and are at risk of contracting this potentially lethal infection.¹ The Pensacola experience suggests that treatment with intravenous acyclovir arrested the progress of the infection in two patients who were treated early, but it was ineffective for the other two in whom diagnosis was greatly delayed. Oral acyclovir was given to two patients, but its efficacy cannot be judged from this report.

The activity in vitro of acyclovir against B virus is similar to that against varicella zoster virus,² and as a high dose of oral acyclovir is beneficial in patients with shingles,³ there is now a case for reviewing our recommendations for preventive treatment for people who are exposed to B virus infection.⁴ Oral acyclovir seems to be a safe drug, with hardly any side effects, and it seems wise to give it to any person who is exposed to this virus. We therefore recommend the following procedure in the event of an injury (bite, scratch, cut, or abrasion), however trivial.

Recommendations

(1) The employee washes the wound copiously with water and if possible allows it to bleed.

(2) The employee attends the occupational health service where: (a) the wound is cleaned and treated with 10% iodine in alcohol; (b) unless the monkey colony is known to be B antibody negative the employee is treated with oral acyclovir 800 mg five times a day for three weeks; (c) the employee is told to report any symptoms of ill health, particularly skin lesions or itching, pain, or numbness near the site of the wound; (d) an incident card is issued that warns other medical practitioners of the potential problem and gives the telephone number from which information and help may be obtained at any time.

(3) The monkey is observed while conscious, and then examined under anaesthesia or deep sedation by a veterinary surgeon for signs of the disease, especially in vesicles in or near the mouth. If the monkey is well it is kept under observation for the next two weeks, and any signs of ill health are immediately notified to the occupational health service. A follow up examination of the monkey is carried out on the 14th day.

(4) The employee attends the occupational health service weekly for seven weeks so that his or her health

can be checked. After that the incident card is withdrawn.

(5) If during follow up any signs are found or later appear in the monkey (mild vesicular infection of the tongue, buccal mucosa, and lips analogous to primary herpetic stomatitis in man) or symptoms of ill health or signs develop in the employee he or she is referred to a consultant in an infectious diseases unit. The recommended treatment is acyclovir (10 mg per kg per dose) given eight hourly by intravenous infusion over one hour for 14 days. During treatment it is important to monitor renal function and maintain a high flow of urine.

(6) This procedure would also be used if an employee was injured when handling possibly infected unfixed monkey tissue, blood, monkey carcasses, or dirty instruments used in the preparation of specimens. Where there has been an incident involving a monkey carcass or a monkey which is to be killed a postmortem examination is undertaken.

Comment

These procedures should give considerable protection against B virus infection, but a long period of observation is important as the use of prophylactic acyclovir may delay the onset of symptoms. A further point which has emerged from the outbreak in Pensacola is that the application of hydrocortisone cream at the site of infection may have potentiated replication of the virus.

All monkeys should be considered as potentially infected and should be examined under anaesthesia or deep sedation to ensure that they are healthy and have no lesions which might be due to infection with monkey B virus. Those who handle monkeys should wear protective clothing, including gloves, face mask and visor, and should be trained in the safe handling of monkeys and given information on the nature and risks of B virus infection. It is also a sensible precaution to shower after being in the monkey unit.

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3 McKendrick MW, McGill JI, White JE, Wood MJ. Oral acyclovir in acute herpes zoster. *Br Med J* 1986;293:1529-32.

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