

U.S. counterparts. For example, in a majority of Australian states and territories, legislation requires provider-authenticated documentation of immunization before school entry.<sup>3,4</sup> Children with incomplete immunization records are allowed to enroll but may not be allowed to attend school during an outbreak.<sup>4</sup> Moreover, in Australia, the Family Assistance Act provides a means-tested maternity allowance and universal child-care benefits, contingent on proof of vaccination (while permitting conscientious exemptions).<sup>3</sup>

Mandatory immunization is not the only tool available to immunization programs, and it may not be appropriate for all countries. It may be that school entry requirements are most useful in countries, such as the United States, that have fragmented health care systems. When health care is delivered and controlled by multiple entities, school entry provides a uniform time point relevant to almost all children. In other situations, such as in the United Kingdom and Australia, where health care delivery is more centralized, other approaches to maintain high coverage, such as physician incentives, may be more appropriate.

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## Case 15-2009: A Man with Coma after Cardiac Arrest

**TO THE EDITOR:** Kotton et al. (May 14 issue)<sup>1</sup> present the case of a 25-year-old man with cardiac arrest. The initial rhythm was ventricular fibrillation. Despite successful resuscitation, brain death was declared and the heart was procured for transplantation. Although no structural abnormalities were identified on echocardiography or cardiac catheterization, primary ventricular fibrillation has many causes that are not readily diagnosed,<sup>2</sup> and when idiopathic it has a high rate of recurrence.<sup>3</sup> Therefore, the suitability of the donor's heart for transplantation needs to be determined by means of a thorough anatomical and electrophysiological assessment, which may be difficult to perform under the time constraints of donor evaluation. An implantable cardioverter-defibrillator should be considered for the recipient.

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**TO THE EDITOR:** In Case 15-2009, the discussion focused mainly on the patient's colonic schistosomiasis and its implications for the recipients of his transplanted organs. Little was said about why this otherwise healthy 25-year-old man was seen to have had seizurelike movements and to have collapsed, without pulse or respirations. Examination by emergency medical personnel approximately 7 minutes after his collapse disclosed ventricular fibrillation. Later, urinalysis revealed the presence of cannabinoids and cocaine metabolites. An echocardiogram revealed no abnormalities and a normal ejection fraction, and a cardiac catheterization revealed no coronary artery dis-

ease. The most likely assumption seems to be that the patient died from a cocaine-induced arrhythmia. My question is whether the discussants agree, and whether the patient's schistosomiasis could have potentiated this fatal arrhythmia.

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**TO THE EDITOR:** The discussion of donor assessment by Kotton et al. suggests that exclusion criteria from the Centers for Disease Control and Prevention (CDC) (Table 3 of the article) are used to reduce the likelihood of transmission of the human immunodeficiency virus (HIV). In fact, the CDC's criteria do not have an exclusionary function but define a group of donors considered to have a high risk for transmission of HIV. The policy of the United Network for Organ Sharing does stipulate that transplantation centers must disclose this organ-specific information to potential recipients at the time the organ is offered, presumably during a discussion of informed consent.<sup>1</sup> The CDC's criteria were devised in 1994<sup>2</sup> in an effort to exclude donors with an unacceptably high risk of transmitting HIV. Fifteen years later, rising waiting-list mortality, improved prospective detection of infectious agents with nucleic acid testing, growing uncertainty regarding the effectiveness of the criteria, and the problem of promoting social bias against homosexual men have cast doubt on the importance of the criteria.<sup>3</sup>

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nancies, of donor origin. Richmond, VA: United Network for Organ Sharing, 2009. (Accessed July 23, 2009, at [http://unos.org/PoliciesandBylaws2/policies/pdfs/policy\\_16.pdf](http://unos.org/PoliciesandBylaws2/policies/pdfs/policy_16.pdf))

2. Guidelines for preventing transmission of human immunodeficiency virus through transplantation of human tissue and organs. *MMWR Recomm Rep* 1994;43(RR-8):1-17.

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**THE DISCUSSANTS REPLY:** Kamin et al. are correct that the CDC criteria have been used to define donors at higher risk for transmission of HIV. The criteria are generally considered to be outdated and less useful now than at the time they were developed, as the authors suggest.

Revision of these guidelines has been a work in progress for some time. Further guidance in this realm would help the clinicians involved with transplantation maximize the numbers of organs transplanted and minimize both the number of transplant-related infections and the mortality among patients on the transplantation waiting list.

Hauptman and Keller express concern about the use of this donor's heart. The cause of his ventricular fibrillation was presumed to be a cocaine overdose. Without further medical history, the surgeons involved in the case did not believe that placement of an implantable cardioverter-defibrillator for the recipient was indicated. Potentiation of this fatal arrhythmia by the donor's schistosomiasis also seems extremely unlikely. Given his epidemiologic history, myocarditis due to *Trypanosoma cruzi* could have been a risk factor for this arrhythmia, although his serologic screening for this disease was negative.

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## Vision 1 Year after Gene Therapy for Leber's Congenital Amaurosis

**TO THE EDITOR:** Leber's congenital amaurosis, a common cause of blindness in infants and children,<sup>1</sup> recently became the first human genetic retinal disease to show improved vision in response to treatment. Patients with mutations in

the gene encoding retinal pigment epithelium-specific 65-kD protein (*RPE65*) had gains in vision within weeks after subretinal injection of a vector containing the gene in one eye.<sup>2-5</sup> At 1-year follow-up after gene therapy, the three young