

arisen are the following:

1. Review of applicable state and local statutes and regulations.
2. Wording of informed consent forms that specifically address potential side effects.
3. Questions of potential liability arising from either hospital administration of the vaccine or the hospital requirement of immunization as a condition of employment.
4. Adequacy of present hospital liability insurance coverage.
5. Possible applicability of the state worker's compensation law to any claim that arises.
6. Potential religious objections that might be raised requiring vaccination.
7. Employees' sick days with regard to any reaction to the vaccination.

We would certainly appreciate the use of any information that you might be able to send us concerning these issues.

Mark Vialpando
Administrative Resident
Saint Joseph Hospital
Denver, Colorado

The preceding letter was referred to William Schaffner, M.D., for his reply.

I congratulate the infection control team and administration of Saint Joseph Hospital in their commitment to provide a rubella control program for the benefit of their patients and employees. Hospitals across the country have recognized this as an important aspect of their infection control efforts.

Hospital rubella vaccination programs have potential medicolegal ramifications, especially *obligatory* programs such as the one proposed. Many of the issues raised in the letter are of this type. Adequate responses are dependent on local circumstances and are best addressed by the hospital's attorney. Indeed, the American Hospital Association has recommended that the hospital's legal advisors be consulted before a rubella vaccination program (voluntary or obligatory) is initiated.

At our hospital, potential vaccine recipients are counselled individually by nurse practitioners in our Occupational Health Service regarding the benefits and risks of the vaccine. If they elect to receive the vaccine, employees sign the

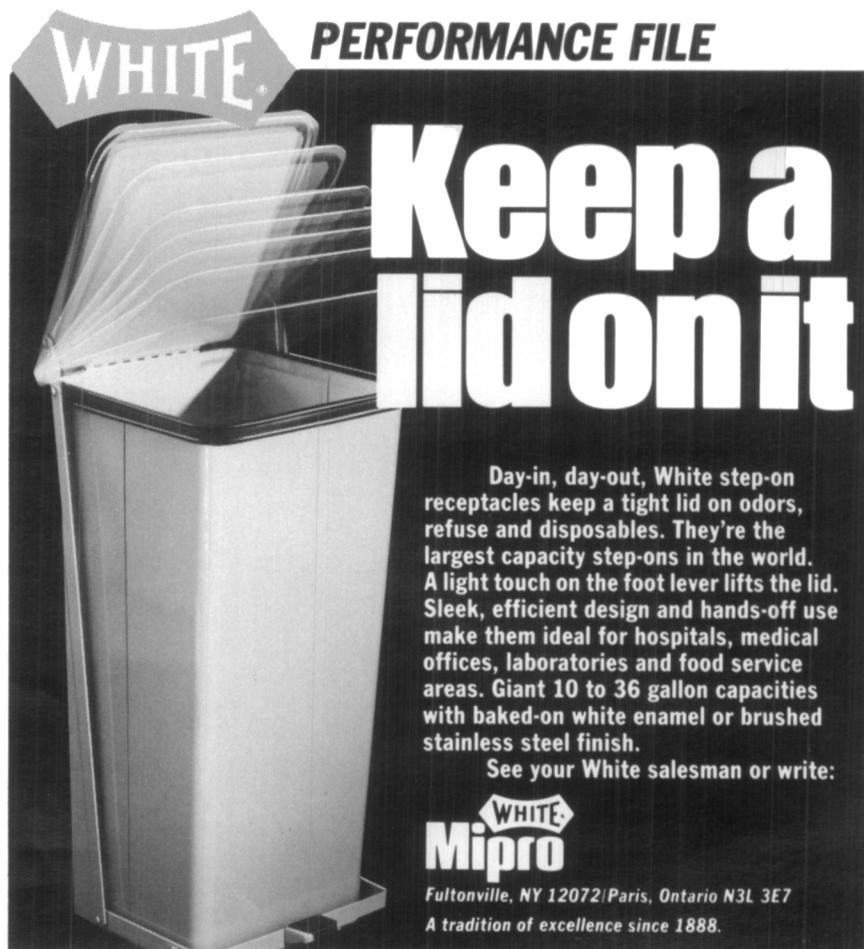
consent form (Figure).

All vaccination programs of which I am aware permit individuals to be exempted for reasons of religious belief.

The vaccine currently used in the United States is quite safe. Although arthralgia and arthritis occasionally result from rubella vaccine administration, this now is a low-frequency event and has not occurred in our program. Should this complication arise and oblige the employee to be absent from work, we would not charge this time against the employee's "sick days."

A final thought: one of the characteristics of infection controllers is their cheerful willingness to share information. Denver has many hospitals with vigorous infection control programs. I am sure that if you would personally contact their infection control practitioners, the design of your rubella vaccination program would benefit from their experience.

William Schaffner, M.D.
Hospital Epidemiologist
Vanderbilt University Hospital
Nashville, Tennessee



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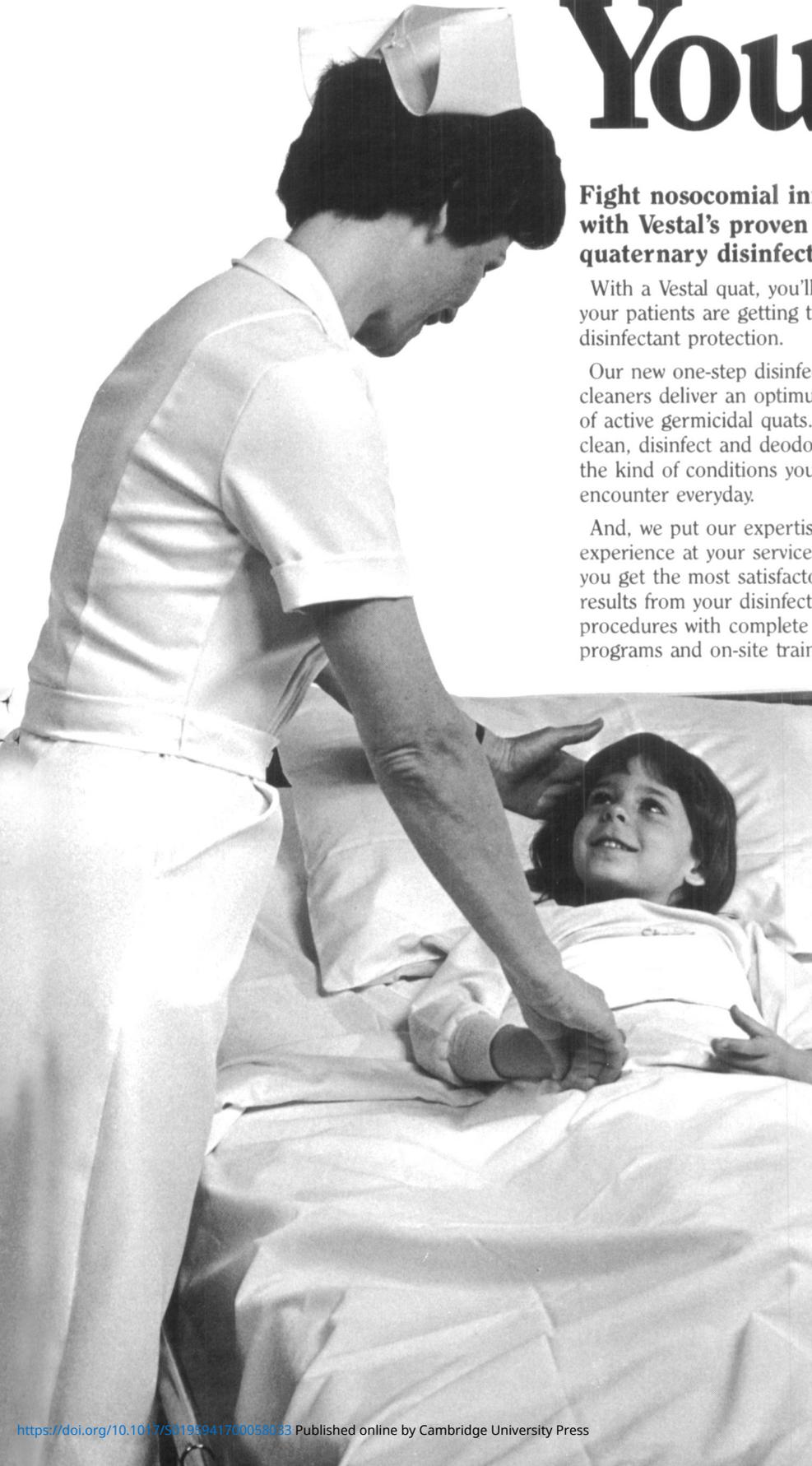
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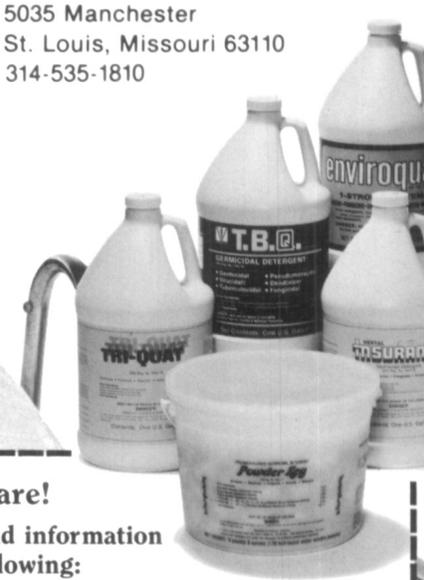
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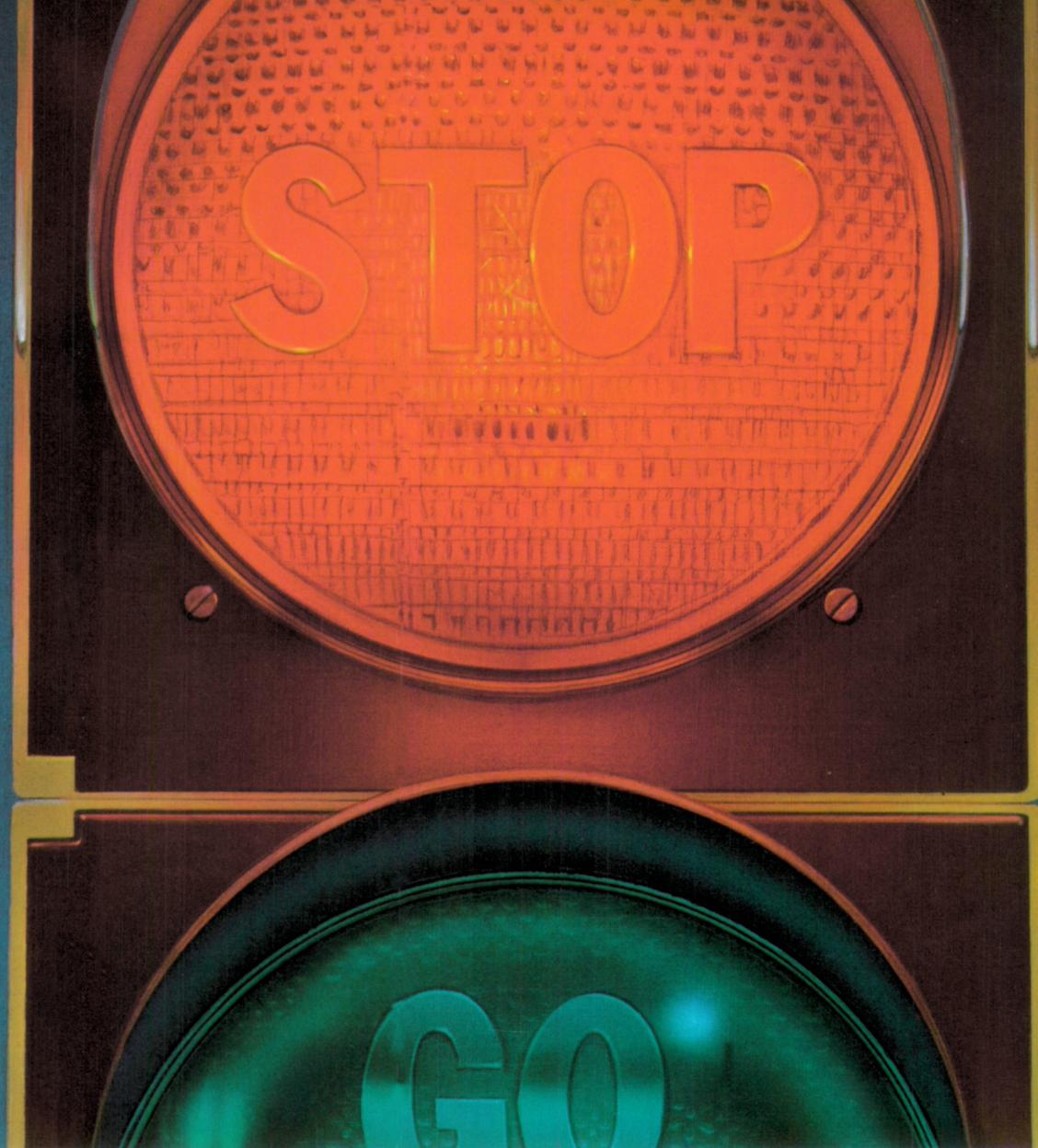
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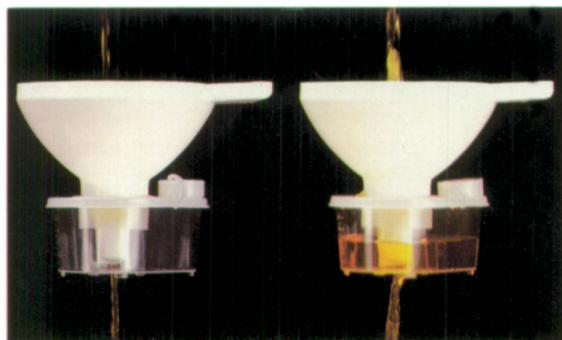
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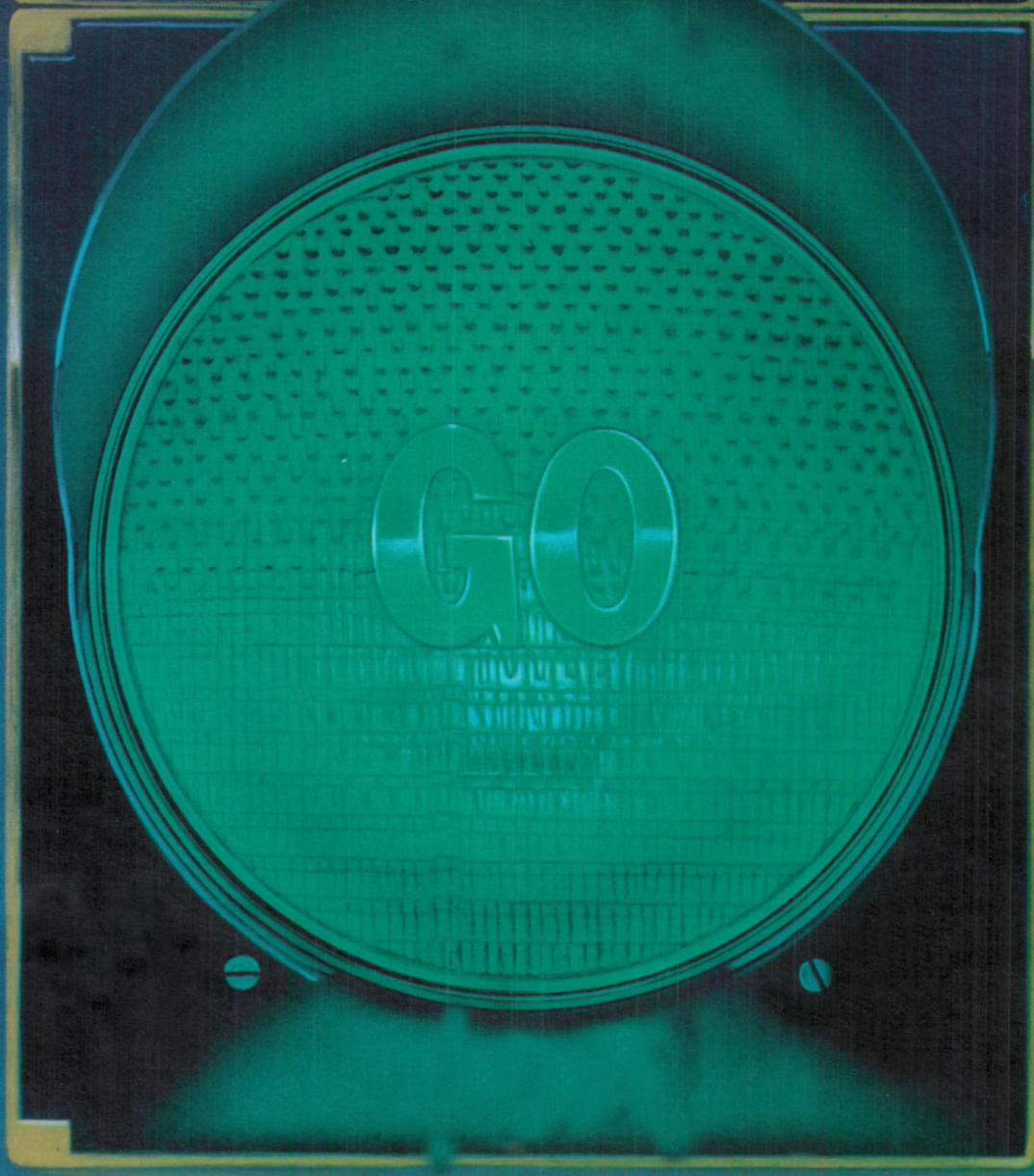
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From a total sample female population of 542 specimens, false positive* results were obtained in over 19% of cases with one of the leading mid-

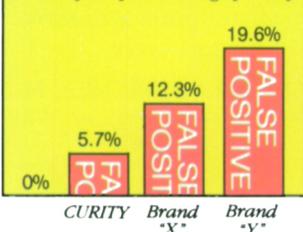
stream collection kits and over 12% with a second.

With the TruCatch kit, on the other hand, false positives were significantly reduced (see chart).

So if you value reliable testing, reduction of nursing time and ease of patient use, there's only one way to go.

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**False positive: a negative catheter specimen and a positive midstream specimen of 10⁴ colonies or more.*

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