

surveillance definitions are widely accepted. Comparison of rehabilitation infection rates to established acute care and long-term care standards must consider selection and misclassification bias even when the same definition is being used. Comparison of infection rates between rehabilitation facilities must be based on use of the same surveillance definition. It is also clear from the data presented here that even a definition representing an authoritative consensus can introduce bias that undermines the objectives of the surveillance program. This study illustrates this principle dramatically by applying existing definitions to a new and unstudied population, but the same phenomenon undoubtedly occurs to some extent whenever surveillance is being conducted, as for example when the same definitions are applied to hospitals with different patient mixes or to different subpopulations within a hospital. It is especially important to ensure that surveillance definitions establish an operational link between the surveillance data and the prevention of infection.

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International Conference on Bloodborne Infections and Occupational Risks and Prevention to Be Held in Paris in 1995

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The conference on Bloodborne Infections: Occupational Risks and Prevention will be held June 8-9, 1995, in Paris, France. The confer-

ence is being organized by the Health Service Section of the International Social Security Association. The goal is to provide an opportunity for international multidisciplinary exchanges on the risks involved, prevention strategies, equipment safety,

vaccinations and prophylaxis to prevent occupationally related bloodborne infections. For additional information write to: STRATIS, Colloque AISS, 39 rue Censier, 75005 Paris, France; telephone 1-43-31-44-11; FAX: 1-47-07-58-22.