

caring for TB patients, hence the exposure concern among the employees who complained. A facility not caring for TB patients therefore generally would not have employees perceiving and reporting an exposure concern to OSHA. It is also true, however, that a very small number of facilities were found to have a reasonable TB control program, despite OSHA having received an employee complaint.

CONCLUSION

Despite the availability of CDC guidance since December 1990 to protect HCW from TB, this study reveals that, in OSHA inspections covering the period 1992 to 1994, healthcare and other facilities at high risk for TB were not fully compliant with that guidance. Beyond the occupational focus of this study, these data should be of interest to all TB controllers due to the larger community's relationship with these high-risk facilities, via potential patient-client, family, and bystander exposures.

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High Mortality for HIV Patients Following Cryptosporidiosis

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In March 1993, a cryptosporidiosis outbreak occurred in Milwaukee, Wisconsin, following contamination of the municipal water supply. Dr. Vakil et al, analyzed the clinical condition, CD4 cell count, and survival rate of 82 HIV-infected patients who developed cryptosporidio-

sis during the outbreak. One year after the outbreak, 17% of the patients with biliary symptoms and 52% of the patients without biliary symptoms survived. Of the patients with biliary symptoms, 88% had CD4 counts of less than 50, compared to 63% among those without biliary symptoms. The researchers concluded that HIV-infected patients with CD4 counts of less than 50 per cu mm who are

exposed to cryptosporidium are at increased risk for biliary symptoms and for death within 1 year after infection.

FROM: Vakil N, Schwartz S, Buggy B, et al. Biliary cryptosporidiosis in HIV-infected people after the waterborne outbreak of cryptosporidiosis in Milwaukee. *N Engl J Med* 1996;334(1):19-23.