vey, we defined positive rubella serology using indirect hemagglutination assay, because this has been the predominant assay method over the last 20 years. Titers obtained by newer assay methods in more recent years may have decreased the number of positive serology respondents; however, we feel this is highly unlikely, because most physicians do not make, or are unable to recall, this distinction. The gaps in knowledge of rubella immunity and lack of mechanisms to assure immunity in the practice setting documented in our current survey remain important public health concerns on their own.

The effectiveness of vaccinating substantial numbers of women of childbearing age to prevent congenital rubella syndrome has been insufficient in view of the estimated 11 million young women who currently may be rubella susceptible. The results of our survey suggest that an additional preventive strategy is emphasizing rubella immunity for physicians, nurses, and other healthcare workers, particularly for those providing outpatient obstetrical services. We recommend that screening and vaccination of susceptible physicians and healthcare personnel extend beyond the traditional hospital setting. Perhaps rubella immunity should be considered a condition of employment. Improved methods for effective implementation and documentation of existing guidelines need to be addressed, including cost-effectiveness analysis, particularly in office-based facilities.

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The HIV Postexposure Prophylaxis Registry

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The Centers for Disease Control and Prevention, Glaxo Wellcome, Inc, and Merck & Co, Inc, are jointly sponsoring the HIV Postexposure Prophylaxis (PEP) Registry, an important surveillance program designed to collect safety information on the use of antiretroviral drugs in non–HIV-infected healthcare workers who receive PEP for occupational HIV exposure.

Much remains to be learned about the management of exposure to HIV. Except for zidovudine, there is very little information on the use and toxicity of antiretroviral drugs in persons not infected with HIV. By collecting information on occupational HIV PEP, this registry will gather data that will help to clarify the safety and benefit of PEP use.

Healthcare providers who prescribe HIV PEP to healthcare workers for occupational HIV exposures are encouraged to enroll those healthcare workers in the registry. The information requested by the registry is likely to be collected as part of the usual management of occupational HIV exposure; additional visits or laboratory work is not expected. Information is obtained at the beginning of treatment, after completion of treatment, and 7 months after the exposure. Healthcare worker participation is voluntary and confidential.

For further information on the HIV PEP Registry, please call toll-free 888-737-4448.