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## Varicella Vaccine on the Horizon

Contrary to what you may have read in the newspaper or heard on the radio, as of press time, varicella vaccine has not yet been approved by the Food and Drug Administration (FDA). The FDA's Advisory Committee on Vaccines and Related Biological Products at its meeting on January 28, 1994, told the FDA that it considered the data sufficient to support the manufacturer's claims that the varicella vaccine is safe and effective for children and for adults. Since Merck is not pursuing an indication for use of this vaccine in immunocompromised persons, this issue was not addressed, although there are ongoing studies of the vaccine in

human immunodeficiency virusinfected persons. On February 23-24, the Advisory Committee on Immunization Practices (ACIP) considered draft guidelines for usage of this product, pending FDA action on licensure. It is expected that the final Guidelines will recommend one dose of vaccine to infants between age 12 and 18 months, preferably with measles-mumps-rubella, and a "catch-up" dose for children younger than 13 years who lack a reliable history of chickenpox. After age 13, a two-dose schedule, separated by 4 to 8 weeks, likely will be advised for adolescents and adults without a reliable history of chickenpox. ACIP will be

recommending that susceptible (immunocompetent) healthcare workers be immunized using the two-dose schedule. Whether or not to test healthcare workers for varicella susceptibility, or to consider those with a negative or uncertain history as susceptible, will be guided by individual organizations' costs for vaccine versus diagnostic testing. Routine serologic testing of vaccinees after two doses will not be advised because of the 99% efficacy of the two-dose schedule. However, if a vaccinee incurs a documented exposure to chickenpox, consideration should be given to serologic testing for immunity.

## SHEA/CDC/AHA Training Course in Hospital Epidemiology

The next SHEA/CDC/AHA Training Course in Hospital Epidemiology will be held May 7-10, 1994, at the Omni Shoreham Hotel in Washington, DC. The course provides an intensive training program for those who have responsibility for hospital epidemiology and infection control programs. The course is sponsored by three of the nation's most prestigious healthcare organizations dedicated to continuous quality improvement in infection control and the application of epidemiology within the hospital setting.

The distinguished faculty for this course includes Martin S. Favero, PhD, and William J. Mar-tone, MD, from the Hospital Infections Program at the Centers for Disease Control and Prevention; Jonathan Freeman, MD, ScD, from the Harvard School of Public Health; Donald A. Goldmann, MD, from The Children's Hospital in Boston; Robert W. Haley, MD, from the University of Texas Southwestern Medical Center in Dallas; David K. Henderson, MD, from the Clinical Center at the National Institutes of Health; John E. McGowan Jr, MD, from Grady Health Systems in Atlanta; Gina Pugliese, RN, MS, from the American Hospital Association; and Robert A. Weinstein, MD, from Michael Reese Hospital and Medical Center in Chicago.

The course is for hospital

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