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SHEA News

THE SOCIETY FOR HEALTHCARE EPIDEMIOLOGY OF AMERICA

Varicella Vaccine Results Survey

The first dozen respondents to April's occasional survey on use of varicella vaccine for healthcare workers (HCWs) stated that they were obtaining information on the susceptibility to varicella of their patient-care employees. None of these organizations are charging the individuals they immunize for the cost of the varicella vaccine or its administration. All are confirming susceptibility with serologic testing prior to offering the vaccine to employees or (in roughly half the cases) to their medical staff. With this incomplete organizational approach to immunizing varicella-susceptible healthcare workers, and with occasional reports of seropositive individuals who develop chickenpox, these survey data are compatible with the conclusion that, in the short run, the impact of using varicella vaccine for serologically susceptible HCWs will be to reduce, but not eliminate, nosocomial exposures of patients to HCWs with varicella infections.

Internet Subcommittee of SHEA Publications Committee

Although SHEA's home page on the Internet is not yet a reality, the new Internet subcommittee of the SHEA Publications Committee is working to improve the use of electronic communications within our organization. To share suggestions with the subcommittee contact the chair, Dr. John Sellick, at <jsellick@ubvms.ccbuffalo.edu>.

Postexposure Antiretroviral Prophylaxis

Julie Gerberding, MD, MPH, David K. Henderson, MD, and their collaborators at the University of California, San Francisco, and the Clinical Center, National Institutes of Health, currently are implementing their second clinical trial to evaluate the toxicity of postexposure prophylaxis for HCWs occupationally exposed to HIV. The new treatment regimen will include zidovudine (200 mg tid) and lamivudine (150 mg bid) for a total of 28 days. Indinavir (800 mg tid) will be added when the source patient is "experienced" (ie, likely to harbor virus resistant to both zidovudine and lamivudine) and for particularly high-risk exposures. Prophylaxis is initiated as soon as possible, preferably within 1 hour of the known or potential parenteral exposure to HIV. Participants are evaluated every 2 weeks while on treatment for signs of acute toxicity and are monitored for 12 months for evidence of HIV infection and delayed toxicity.

Investigators at hospitals where HIV exposure is not uncommon are invited to participate in this multicenter, unblinded, voluntary, open-label toxicity trial, but will need to obtain local IRB approval. The complete investigators' manual and further information may be obtained by contacting Dr. Gerberding by e-mail at <jlg@epi-center.ucsf.edu>.

Clinicians who would like to review the summary postexposure treatment protocol and implementation guidelines used at San Francisco General hospital may obtain them by mailing a request and a large (9 in × 12 in), self-addressed, stamped envelope to Rita Fahrner, Coordinator, Occupational Infectious Diseases Program, EPI Center/San Francisco General Hospital, Bldg 100, Room 301, 1001 Potrero Ave, San Francisco, CA 94110.

Brief items of interest for the SHEA News or Newsletter may be sent to Murray D. Batt, MD, SHEA News Editor, Washoe Medical Center, 77 Pringle Way, Reno NV 89520; fax (702) 328-4797.

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