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SHEA News

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The 1992 Conference for Hospitals Participating in the National Nosocomial Infections Surveillance System, November 19-20, 1992, Atlanta, Georgia

The National Nosocomial Infections Surveillance (NNIS) System began in 1970 when selected US hospitals routinely reported their nosocomial infection surveillance data for aggregation into a national data base. The NNIS system is comprised of 140 hospitals and is currently the only source of national data on the epidemiology of nosocomial infections in the United States. The lessons learned from 20 years of NNIS surveillance have proven useful in advising hospitals on effective methods for conducting surveillance of nosocomial infections. Periodically, meetings are held to discuss surveillance efforts of hospitals in the NNIS system. Over 155 people from 88 NNIS hospitals met at the Centers for Disease Control and Prevention for the 1992 Conference for Hospitals Participating in the National Nosocomial Infections Surveillance System, which was co-sponsored by The National Foundation for Infectious Diseases.

Although updates on a variety of recent developments in hospital epidemiology were discussed at the conference, the following conference highlights on NNIS methods and analyses may be of

general interest. The conference began with a discussion of the NNIS analyses of intensive care unit data. The major conclusions of previously published reports from these components remained (i.e., interhospital comparison of overall patient rates and patient day rates from these critical care areas continued to be strongly confounded by average length of stay and device use in the intensive care units). The preliminary but significant findings were the dramatic and steady decrease in mean ventilator-associated pneumonia rates in medical, medical/surgical, and surgical intensive care units over the last six years. In coronary intensive care units, the mean ventilator-associated pneumonia

rates decreased over a five-year period, 1987 through 1991 but rose slightly in 1992. However, the mean of the ventilator-associated pneumonia rates actually increased in the pediatric intensive care units. For catheter-associated urinary tract infection rates, the mean decreased only for medical and surgical intensive care units. For central line-associated bloodstream infection rates, no changes were noted in any of the intensive care unit types. Further work is continuing and details will be published at that time.

The highlight of the presentation on Surgical Site Infection (SSI) Analyses was the unveiling of a new method of classifying operations into one of four "risk strata" (low,

New Editors for SHEA News

Beginning with this issue, *SHEA News* will be edited by Dr. C. Glen Mayhall of Memphis and two Associate Editors, Dr. Murray D. Batt of Park Ridge, Illinois, and Dr. Edward S. Wong of Richmond, Virginia. The new editors succeed Dr. Robert A.

Weinstein of Chicago, Illinois, who brought *SHEA News* to its current high level of quality. The new editors are committed to a continued effort to further improve *SHEA News* and make it an even more effective communication for the SHEA membership.