Germicides in Health Care. Morin Heights, Ontario, Canada: Polyscience Publications, Inc; 1994.

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The author replies.

In response to Dr. Salkin's letter concerning my recent review of *Biohazardous Waste: Risk Assessment, Policy, and Management,* by Wayne L. Turnberg, I would like to say first that I have the utmost respect for Mr. Turnberg and his work. Mr. Turnberg and his associates, in their study of medical waste in the state of Washington, have produced perhaps the most in-depth study conducted to date of the potential hazards of medical waste. In the review's introductory paragraph, I stated that "In keeping with the stated purpose and the intended audience, the author provides an in-depth and critical discussion of potential medical-waste hazards, medical-waste handling procedures, and the regulatory framework surrounding treatment and disposal of medical wastes."[1] I also agree with Dr. Salkin, with the caveats discussed later, that the STAATT document could be an important guidance document for persons who must deal with the problems, both political and scientific, of medical waste.

I realize, as does Dr. Salkin, that reference books, such as Mr. Turnberg's, may contain some outdated information. Departments change, personnel change, telephone and fax numbers change, and one cannot necessarily rely solely on this type of reference source for such information. In consideration of the stated audience, I felt it was important to bring this to the reader's attention.

With regard to the various treatment technologies covered in the book, I cautioned potential readers to understand that "While this information is good from an historic perspective, it is subject to significant change as some technologies are discontinued and others are introduced." In my opinion, it is important for a reviewer to ensure that the audience is informed of potential problem areas.

Dr. Salkin seems to think that Turnberg's book would simplify information retrieval regarding medical waste-treatment systems when he states that "Without this information . . . [one] would have to . . . contact more than 40 manufacturers . . ." In light of the timeliness of the information provided, I would encourage anyone who was interested in getting up-to-date information to do just that.

In addition, Dr. Salkin appears to be saying that Turnberg's book is a source of ". . . legible and inexpensive copies of all applicable regulations . . .". It is not. The book provides names and addresses of the various state departments and personnel that were responsible for medical-waste regulatory compliance, *applicable at the time of publication.* One would still have to contact appropriate federal, state, and local agencies to obtain copies of applicable regulations, a job more efficiently performed by looking in the local telephone book.

The major thrust of Dr. Salkin's concern appears to be regarding the reviewer's warning that a major portion of the book consists of the STAATT guidance manual,[2] which has not been peer-reviewed appropriately. Time and space do not allow for an in-depth discussion of the STAATT document in this rebuttal. I would, however, like to make a few pertinent points considering Dr. Salkin's statements regarding it.

1. I agree, as mentioned previously, that there are some sections of the STAATT document that do, in fact, serve to alert the reader to areas that should be addressed in the handling of medical waste. However, I also believe there are some areas, particularly those dealing with the microbiological testing of alternative treatment methods, that should be evaluated critically prior to being "cast in stone" in either state, local, or federal regulations.

2. Dr. Salkin states that the development of the document was a joint effort by over 20 state and federal regulators, and intimates that this is a consensus document. In fact, the core states only numbered 6 or 7, while the other 13 or 14 states were represented only at the final meeting of the group. At least 30 states were not represented in the development of this document. My discussions with some of the participants indicated that there was not agreement among all of those in attendance as to either the content or the necessity for this particular document, another reason for further review and comment prior to publication and universal acceptance.

3. Dr. Salkin states correctly that I did not ". . . note that many of the members of the STAATT committee would be the same individuals who would be requested to provide peer reviews of the document." I know of no scientific journal that allows the authors of an article to review their own papers. There has been, to my knowledge, no published review of the STAATT document by members of the Society for Healthcare Epidemiology of America, the American Biological Safety Association, the American Society for Microbiology, the American Hospital Association, the Association for Practitioners in Infection Control, or any other like organization. I believe that the STAATT document should, at a minimum, have been sent out for review by persons who are knowledgeable in the field and were not involved in the document's development.

4. Dr. Salkin states that the STAATT document was ". . . the first and only attempt, until the publication of *Biohazardous Waste* to bring some order and stability . . . after the sunset of the federal Medical Waste Tracking Act . . .". Please note that the Agency for Toxic Substances and Disease Registry (ATSDR) report confirmed that medical waste was not a significant public health problem. The ATSDR findings and the fact that the federal Environmental Protection Agency did not expand the Act or develop new regulations should have indicated that a document such as this was not entirely necessary. The chaos Dr. Salkin was concerned about should have been stabilized by these facts.

5. Finally, the danger of publishing the STAATT document without some further review was demonstrated when at least one state incorporated a "draft" of the document into regulation without any external review, and in spite of public comment by knowledgeable people to the contrary, because "It is what everyone else is going to do, and we don't want to be the last"—an example of political pressure overcoming scientific reason.

In conclusion, I continue to praise Mr. Turnberg and his book with regard to the historical perspective provided for the handling of medical waste in an appropriate manner. However, I also would continue to caution the reader ". . . against unilateral acceptance of any single part of the recommendations . . . without review of current, applicable state, local, and federal regulations . . .", and to push for peer review of the STAATT document.

REFERENCES

1. Keene JH. A review of *Biohazardous Waste: Risk Assessment, Policy, and Management. Infect Control Hosp Epidemiol* 1997;18:530.
2. State and Territorial Association on Alternate Treatment Technologies. *Technical Assistance Manual: State Regulatory Oversight of Medical Waste Treatment Technologies.* STAATT; 1994.

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Correction

Primary Prevention and Rubella Immunity: Overlooked Issues in the Outpatient Obstetric Setting

In the September 1997 issue of *Infection Control and Hospital Epidemiology,* there were two errors in the article "Primary Prevention and Rubella Immunity: Overlooked Issues in the Outpatient Obstetric Setting" (1997;18:633-636). This new correction supersedes the correction that appeared in the December 1997 issue (1997;18:808).

Page 634, column 2, line 22, should have read, "Respondents from states with legal requirements for rubella immunity had a significantly higher rate of self-reported immunity compared to physicians from states without such laws (90.5% vs 78.7%, respectively; OR, 2.58; 95% confidence interval [CI_{95}], 1.70-3.92)."

Page 635, column 1, line 36, should have read, "The higher rate of immunity (90.5% vs 78.7%) among physicians in states with legal requirements suggests that enacting legislation may improve rubella immune status among practicing physicians, but this should be interpreted with caution, because there is insufficient evidence that a legal requirement will assure immunity."

We apologize for any inconvenience these errors may have caused our readers.

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