

SHEA News

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Report From the President

The glowing reports about the Annual Meeting are a tribute to the efforts of a great many individuals who helped to make the meeting successful—especially the Annual Meeting Committee chaired by Dr. C. Glen Mayhall. Special thanks are owed Dr. William Martone who led the development of the scientific program and Mr. Gregg Talley and the Talley Management Group who attended to myriad details.

Thanks, too, to those who submitted abstracts. The number (130) and quality of the submissions for oral and poster sessions were impressive. This outstanding response portends well for the future and the Society's goal to make its meeting "the place to be" for the presentation of cutting edge research in hospital epidemiology.

The meeting was not without its rough edges, and the feedback from attendees is being carefully considered in the already well-advanced planning for the 1993 annual meeting, which will be held at the Palmer House in Chicago on April 1820. Mark your calendars now and plan to attend!

John P. Burke, MD
President, SHEA

Wenzel to Step Down

One of the biggest "late breakers" at our recent Annual Meeting was the announcement that after 12 years at the helm of *Infection Control and Hospital Epidemiology*, Dr. Richard Wenzel has decided to move on to other

challenges. Because of Dr. Wenzel's years of dedication and commitment, SHEA has a thriving, highly visible, frequently referenced Journal. The search for Dr. Wenzel's successor is announced elsewhere in this issue.

New and Proposed Medical Waste Regulations

Dr. William Rutala, our "man on waste," filed this report.

There are increasing numbers of federal agencies involved in the regulation of medical waste (e.g., the Occupational Safety and Health Administration [OSHA] and the Department of Transportation [DOT]). In addition, there are two proposed bills in Congress that will significantly alter currently employed medical waste management practices. Listed below is a brief summary of the new and proposed requirements affecting medical waste management as of April 1992.

The OSHA final rule for Occupational Exposure to Bloodborne Pathogens was published on December 6, 1991. The OSHA standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious materials,

contaminated sharps, pathological waste, and microbiological waste. Included in the definition of blood and other potentially infectious materials are contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, and items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling. This rule requires that regulated waste be placed in containers and labeled or color-coded and discarded in accordance with applicable regulations.

On December 20, 1991, the Research and Special Programs Administration of DOT promulgated its final rule on "Performance-Oriented Packaging Requirements." This regulation provides specifications for packaging of regulated medical waste that is shipped off-site (e.g.,

leak-proof packaging and shipping papers to accompany waste). A petition for reconsideration of this rule has been filed by the American Hospital Association (AHA). They believe the DOT regulations should be prevented from becoming effective as scheduled in October 1992 because they were promulgated without a public comment period in violation of the Administrative Procedure Act. The AHA petition

is concerned that DOT significantly expanded its existing scope (e.g., substituted EPA's definition of "regulated medical waste" with DOT's definition of "infectious substance" [etiologic agent]) without demonstrable benefit.

It is also likely that when the Resource Conservation and Recovery Act is reauthorized this year, there will be a medical waste component. The two bills that are

currently being considered are S. 976 (Baucus) and S. 2108 (Durenberger). While both of these bills go beyond what is scientifically justifiable and impose needless excess costs, Senate bill 2108 is the more restrictive of the two bills and would expand the Medical Waste Tracking Act demonstration program to a national program.

William A. Rutala, PhD
Chapel Hill, North Carolina

NIH Town Meeting

Dr. Richard Garibaldi represented SHEA at the February 25, 1992, regional strategic planning session of the National Institutes of Health (NIH) that was held at the University of Connecticut. He filed the following report.

This meeting was one of five regional meetings being held throughout the United States to rekindle the partnership between the NIH and the scientific community and to develop a strategic plan for the NIH that will extend into the next century. Participants at our Connecticut meeting included more than 500 individuals. The meeting was lively and interactive.

Subgroups discussed five specific, trans-NIH objectives that relate to specific operational policies, including the setting of

priorities in critical science and technology; the targeting of our research enterprise to respond to current and emerging public health needs; the strengthening of our efforts to nurture and train new research talent; the establishment of an equitable system of management among the diversified basic and clinical research interests of the individual Institutes; and the maintenance of public respect, trust, and confidence in the scientific community. The entire group re-examined the NIH mission statement, its goals, and philosophy.

Despite the presence of an overwhelming preponderance of basic scientists, there was a strong endorsement of the NIH's role in bringing new biomedical knowledge to the bedside. The critical

nature of clinical trials and epidemiologic research was acknowledged and emphasized. Virtually everyone accepted the premise that the competitive RO1 mechanism for investigator initiated research funding must remain the bedrock of NIH funding. However, there was strong sentiment to encourage and support the training of new, young investigators in all aspects of biomedical research. Even though there was a reluctance to endorse specific research or disease priorities, there was a strong feeling that the NIH's responsibility extended beyond the laboratory to epidemiologic applications in clinical practice.

Richard A. Garibaldi, MD
Farmington, Connecticut

SHEA Scientific Meeting-Boffo in Baltimore

By all measures, the Annual Scientific Meeting in Baltimore, April 12-14, was extraordinarily successful. There were about 500 attendees—well above the projected 300-400. The exchange of up-to-the-minute information was electrifying, and although the weather was excellent, every scientific session had standing-

room-only crowds.

The annual business meeting was held in conjunction with the scientific meeting—rather than during the SHEA ICAAC luncheon—for the first time. (The luncheon will continue as an annual social and educational event.) At the business meeting, our secretary, Dr. William

Martone, reported that our membership is now over 600—strong and that a new membership directory is being sent to all members (those at the meeting received advanced copies). Our treasurer, Dr. Elias Abrutyn, reported that we remain solvent.