

EDITED BY C. GLEN MAYHALL, MD
MURRAYD. BATT, MD
EDWARD S. WONG, MD

SHEA News

THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

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Deadline Approaching for Abstracts for the Fourth Annual Meeting of SHEA

Abstracts for the Fourth Annual Meeting of SHEA must be received by December 6, 1993, on the official abstract form. Two forms are included in each registration brochure, or are available from SHEA, 875 Kings Highway, Suite 200, Woodbury, NJ 08096; telephone (609) 8451720; fax (609) 853-0411. Accepted abstracts will be presented as posters or platform presentations Sunday and Monday, March 20-21, 1994, at the New Orleans Marriott Hotel.

The seven scheduled symposia will deal with the latest

developments in Tuberculosis Transmission and Rapid Diagnosis, Pneumonia Diagnosis and Prevention, Quality Assessment, Nosocomial Infection Surveillance, Pathogenesis and Prevention of Device-Related Nosocomial Infection, and Gram-Positive Bacterial Antibiotic Resistance and the Control of Its Spread.

Theodore Eickhoff, MD, will deliver the SHEA Lecture on Sunday. In addition to the scientific paper presentations on Monday afternoon, there will be Meet the Consultant sessions on

diverse epidemiologic issues.

Two concurrent workshops will precede the annual meeting on Saturday afternoon, March 19. Emily Rhinehart, RN, and the Institute for Healthcare Improvement's Don Berwick, MD will collaborate with SHEA's Don Goldmann, MD, and Brian Simmons, MD, in the Quality Management and Clinical Epidemiology workshop. David Reagan, MD, and Robert Sherertz, MD, will teach the workshop on personal computers and specialized software in infection control.

OSHA'S Increased Interest in Tuberculosis

The Occupational Safety and Health Administration is increasing its interest in tuberculosis-related issues and healthcare worker protection. The major issues they will target include the following:

1. Do you have surveillance data on the incidence of tuberculosis at your healthcare institution? Are there more than five tuberculosis patients hospitalized per year?
2. Is a periodic tuberculin skin testing program in place for those healthcare workers at risk of exposure to tuberculosis patients? Do you have data on the annual rate of tuberculin skin test conversion in healthcare workers at your institution?
3. Do the hospital isolation rooms used for infectious

tuberculosis patients meet the guidelines of negative pressure, external exhaust, and six air exchanges per hour? Are the rooms checked frequently to assure maintenance of negative pressure? Are ancillary measures used in an effort to reduce the risk of exposure of healthcare workers to tubercle bacilli such as HEPA filtration or UV irradiation of recirculated air from the rooms of infectious tuberculosis patients? Are additional precautions being taken in high-risk areas such as bronchoscopy suites and congregate waiting areas?

4. Are the healthcare workers who care for potentially infectious tuberculosis patients using particulate respirators or equivalent respiratory protection when they

enter the rooms of identified patients? If particulate respirators are used, is there a fit testing procedure for the healthcare workers who use them?

Epidemiologists at hospitals in New York and Florida that have experienced outbreaks of multidrug-resistant tuberculosis can answer most of these questions affirmatively. The October 18, 1993 publication in the *Federal Register* of the newest proposed Centers for Disease Control and Prevention guidelines for the prevention of the transmission of tuberculosis in hospitals provides an opportunity for all U.S. hospital epidemiologists to do a self-assessment of their own institutions with respect to these issues.