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SHEA News

THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

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HIV/AIDS Training for Healthcare Facility Employees Mandated by the State of Washington

The AIDS Omnibus Bill was passed by the Washington State Legislature and signed into law on March 23, 1988. The law mandates HIV/AIDS education for all employees working in a licensed or certified healthcare facility. The law stipulated that healthcare workers in all healthcare facilities must be trained by June 30, 1990. The new bill also required that all new employees working in licensed and certified healthcare facilities be trained within 90 days after starting the job. Employees who had already received HIV/AIDS training for their professional licensure were not

required to participate in the training. The facilities were further required to keep records of training and to place such records in the individual employee's personnel file. The records had to contain the date and content of the training. Healthcare facilities were provided a training package by the Department of Social and Health Services entitled "KNOW-HIV/AIDS Prevention Education Curriculum for Health Care Facility Employees."

Washington is the fifth state of which we are aware that has passed legislation requiring infection control education for

physicians and other healthcare workers. It is likely that other states will follow suit, and we encourage SHEA members to take an active part in shaping such legislation in their states. Dale Gerding, MD, of the SHEA Board, is contacting SHEA members in all states in an effort to enroll SHEA members as local SHEA liaisons. It is hoped that local liaisons can help provide input as consultants to local and state governments on such issues as laws requiring infection control education for healthcare workers.

Conference to Be Held on Prevention of Transmission of Bloodborne Pathogens in Surgery and Obstetrics

This conference will be sponsored by The American College of Surgeons and The Centers for Disease Control and Prevention. The conference will take place at the Hilton Hotel in Atlanta, Georgia, on February 13-15, 1994.

The purpose of this conference is to provide information regarding the risk of transmission of bloodborne pathogens-including HIV hepatitis B and C viruses-during surgical and obstetrical procedures

and describe methods to reduce that risk. The conference will bring together surgeons, obstetricians, anesthesiologists, surgical and obstetrical nurses and technicians, hospital epidemiologists, and infection control practitioners. The program will include state-of-the-art lectures by experts in the field as well as presentations of abstracts of original research. Major topics will include:

- current data relating to the risk of transmission of bloodborne

pathogens to healthcare workers and patients in surgical and obstetrical suites,

- information on new devices, techniques, and personal protective equipment that may decrease occupational exposure in surgical and obstetrical suites,

- additional preventive measures, such as immunization and postexposure management, and

- methods to conduct and evaluate studies of risk factors and prevention measures.

ABSTRACT AND MEETING INFORMATION

Abstracts should be typed on plain white paper, single spaced, no longer than 250 words, with two-inch top and bottom margins, and 2 1/8-inch side margins. The abstract should be headed with title, author names with degrees and institution, city and state with an asterisk next to the presenting

author. This is to be followed with the objectives, methods, results and conclusions of the research. Abstracts will be printed exactly as received. Abstract and four copies should be mailed with presenting author's address and telephone number to: Bloodborne Pathogen Conference, HIV Infections Branch, Hospital Infections Program, Centers for Disease

Control and Prevention, Mailstop A- 07, Atlanta, GA 30333. Deadline for receiving abstracts is October 31, 1993.

For hotel information and registration forms, contact John I? Lynch, Organization Department, American College of Surgeons, 55 E. Erie St., Chicago, IL 60011-2797. Telephone (312) 664-4050.

SHEA Annual Luncheon

The Society for Hospital Epidemiology of America will host its annual luncheon during the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in New Orleans, Louisiana, at the Hilton Riverside and Towers on Tuesday, October 19, 1993 from 12:00 EM. to 2:00 EM. The featured luncheon speaker will be Michael I?

Osterholm, PhD, MPH, state epidemiologist in the Minnesota Department of Health. The title of his talk is "Partners in Pump Handles." Also featured at this luncheon will be an update of SHEA's activities. Come to the luncheon and bring a guest. Nonmembers are welcome. The cost for SHEA members preregistered by September 18,

1993 is \$30 and the cost for nonmembers is \$35 if preregistered by the same date. The cost for registration after September 18 is \$40. To register for the luncheon, write to: SHEA Annual Luncheon, 875 Kings Highway, Suite 200, Woodbury, NJ 08096. Telephone (609) 845-1636; FAX (609) 853-0411.

E coli O157:H7

At the May 1993 meeting of the American Society for Microbiology, Joy G. Wells and Patricia M. Griffin, MD, gave a presentation on the simplicity of screening stool samples from patients with bloody diarrhea for the presence of *Escherichia coli* O157:H7 by determining whether there are sorbitol-negative enteric organisms present. In Ms. Wells' experience, more than 95% of sorbitol-negative *E coli* O157 were confirmed to be O157:H7.

Dr. Griffin pointed out that clinical laboratories screening for this strain of *E coli* can help departments of public health in identifying clusters of this pathogen before rather than after a major outbreak of clinical disease is noted (as recently occurred at a restaurant chain in the Pacific Northwest).

Although there is no recognized effective antibiotic therapy for symptomatic or asymptomatic *E coli* O157:H7 infection, identification of this strain may help clinicians clarify the etiology of some episodes of severe bloody diarrhea and be aware of the possible development of the hemolytic uremic syndrome in their patients.

It may be useful to call this important, relatively simple screen to the attention of your clinical microbiologist. We would suggest that you also consider providing your laboratory with an

information sheet on *E coli* O157:H7 which would be given out with all positive results. Such a sheet could solicit important epidemiologic information about the clinical syndrome that led to the stool's being cultured, the presence or absence of bloody diarrhea, and whether there is a history of consumption of undercooked beef or raw milk or of swimming in or drinking contaminated water. It would also be important to identify associated, noncultured cases of diarrhea with shared risk factors.

Brief items of interest for the SHEA News or Newsletter may be sent to C. Glen Mayhall, MD, SHEA, Newsletter Editor, Division of Infectious Diseases, Department of Medicine, University of Tennessee, Memphis, 956 Court Ave., Memphis, TN 38163; FAX (901) 528-5854. Copy should be typed, double-spaced, and should not exceed five pages.