risk assessment. We now urgently require additional observational and epidemiologic studies to confirm or refute these initial projections. Such studies should be designed to clarify the bi-directional risk of blood exchanges during invasive procedures and to stratify that risk by the type of procedure, the circumstances of the procedure, and the skill and experience of the individual who performs it. Epidemiologic studies-both prospective and retrospective—must be completed to resolve the question of how frequently these observed blood exchanges actually lead to infection with bloodborne pathogens.

We distinguished in our position paper between the fact of HIV seropositivity itself and the potential for neurologic or other forms of impairment that might occur with chronic infection with HIV. Institutions should have in place policies under which all healthcare workers who have physical, emotional, or neurologic impairments that may affect their fitness for certain aspects of work can be reviewed periodically and an appropriate determination made about necessary modifications of assigned tasks. State licensing boards also must make reasonable attempts to devise workable means for similar assessments of healthcare workers who function as independent contractors, in private offices, or in healthcare settings apart from institutional oversight. Since prejudice and fear continue to surround the HIV epidemic, institutions have a special responsibility to zealously guard the confidentiality of information regarding the serologic status of healthcare workers. Where seropositivity for any bloodborne pathogen has been determined, we find no requirement that individuals be required to disclose their status to any patient or colleague.

Since the publication of our position paper, the CDC has provided additional data regarding the possible transmission of HIV in a dentist's office practice. We have reviewed those data and concur with the likelihood that transmission of HIV did indeed occur in the course of dental practice. Whether such transmission occurred as a direct consequence of a major break in technique with blood contamination during an operative procedure, or whether such transmission occurred as a consequence of improper handling or inadequate sterilization of equipment remains unclear and probably will never be known with certainty. Such a rare transmission could have been and should have been anticipated, based on the hepatitis B model. Yet, all the existing serologic surveys reported to date from the professional practices of other HIV-infected healthcare workers performing invasive procedures have failed to demonstrate any evidence of transmission, emphasizing that the Florida case that has prompted so much concern remains at this moment a singular and unique event.

Major changes in healthcare policy should be based not on singular events, but rather on science, previous epidemiologic experience with other bloodborne pathogens, and a realistic assessment of the likelihood of a transmission occurring during a specific invasive procedure. Rather than hastening to mandatory programs of testing and practice restriction, we need additional studies, better engineering controls, better protective devices, and better training to enhance the safety of healthcare practice for patients and workers alike.

SHEA/CDC/AHA Hospital Epidemiology Training Program

The SHEA/Centers for Disease Control (CDC)/ American Hospital Association (AHA) Hospital Epidemiology Training Program will be held May 16-19, 1991, in Chicago, Illinois. The course is intended for infectious disease fellows and new hospital epidemiologists. It emphasizes hands-on exercises in which participants work in small groups to detect, investigate, and control epidemiological problems encountered in the hospital setting. These working sessions are sup plemented with lectures and seminars covering fundamental aspects of hospital epidemiology.

Donald Goldmann, MD, William Mar-tone, MD, and Robert Weinstein, MD, and Gina Pugliese, RN, MS, will co-chair the program. Meeting, hotel, and travel arrangements will be available through the AHA. The registration fee for this program is $495. The registration fee for infectious disease fellows is $250 if the application is accompanied by proof of training status. For general registration information call the AI-IA (Phil Gordon) : (312) 280-6764.

https://doi.org/10.1017/S0899823X00085184 Published online by Cambridge University Press

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