For example, the media suggested that patient A (identified by the media as Kimberly Bergalis) was infected by a sexual partner. The CDC explained that they were aware of the sexual activities discussed by patient A during a taped deposition. However, the important fact that patient A's two boyfriends had tested negative for HIV was omitted.

In another instance, the media suggested that patient B, an elderly woman, had been infected through an extramarital affair. However, the investigation showed that, since the late 1970s, her only sexual partner had been her husband, who is not infected. It was also implied that patient B had received a blood transfusion during surgery in the early 1980s, although her hospital charts showed no record of any transfusion.

One proposed theory was that the dentist intentionally transmitted these infections, and it was reported by the media that an acquaintance of the dentist reported that the dentist had implied that he had intentionally infected his patients. However, this same acquaintance said during a sworn deposition that the dentist specifically did not tell him that he had intentionally infected the patients. In addition, interviews with the family, staff, healthcare providers, patients, and others have not provided any support for this theory.

Dr. Ciesielski also discussed the available details of the epidemiologic investigation regarding the possibilities for HIV transmission to have occurred, including transmission from contaminated instruments and the patients being exposed to the dentist's blood from an accidental injury during the procedure. The CDC also presented the conclusions of the laboratory studies that showed that the DNA of the HIV strains that infected the six patients were closely related to the strain infecting the dentist. In a related article in the same issue of the *Annals*, Dr. Harold Jaffe et al report the conclusions of an investigation of another Florida dentist who died of AIDS and the lack of evidence for dentist-to-patient or patient-to-patient transmission of HIV among 1,279 patients.[2] The results of this investigation are consistent with other studies such as this, with the exception of the David Acer case in which transmission did occur. Over 22,000 patients are known to have been treated by HIV-infected dentists and surgeons and are not known to have been infected with HIV

REFERENCES

1. Ciesielski C, Marianos DW, Schochetman G, et al. The 1990 Florida dental investigation: the press and the science. *Ann Intern Med* 1994;121:886-888.
2. Jaffe HW, McCurdy JM, Kalish ML, et al. Lack of HIV transmission in the practice of a dentist with AIDS. *Ann Intern Med* 1994;121:855-859.

DOT Simplifies Requirements for Transport of Medical Waste

After 3 years of argument over a proposed and final rule pertaining to infectious substances and medical waste, the Department of Transportation (DOT) released proposed rules that are more reasonable.

The new rules define "infectious substances" (formerly termed *etiologic* agents), regulated medical waste, and the packaging and labeling requirements for each. In drafting these rules, the DOT responded to many concerns regarding the overly broad definition of regulated medical waste and the unduly strict packaging requirements for transporting regulated medical waste.

In a prior proposal, all regulated medical waste was to be considered "infectious substances" and subject to the mote rigorous packaging, transport, and recordkeeping requirements that are required of infectious substances. In the new proposed rule, infectious substances will be limited to "viable microorganisms ... which cause human disease." The only portion of regulated medical waste that would be considered "infectious substances" would be untreated cultures and stocks of infectious agents. Thus, hospitals that treat their cultures and stocks on-site would be exempt from these requirements.

The DOT also has simplified the definition of regulated medical waste to be more generic and based on criteria rather than a list. The new definition of regulated medical waste, in part, includes waste that "contains an infectious substance and is generated in the diagnosis, treatment, or immunization of human beings or animals, research, ... or the production or testing of biologic products." Originally, the proposed rules had an extremely broad definition of medical waste, and at one point even had considered including laundry among the materials to be regulated.

The new definition of medical waste would now allow healthcare facilities and states to define the content of regulated medical waste. A public meeting was scheduled for January 17, 1995, in Washington, DC. Written comments are due March 21, 1995.

FROM: *Federal* Register December 21, 1994; 59(244):65860-65869.

CDC Rates the Level of Sanitation of Cruise Ships

Every cruise ship coming into a U.S. port that has an international itinerary and carries 13 or more passengers is inspected semiannually by the CDC. A ship's inspection score is published every 2 weeks in the Summary of Sanitation Inspections of International Cruise Ships (ie, the "Green Sheet"). A ship's level of sanitation is acceptable if its score is 86% or higher.

The Green Sheet is available through the Internet, ftp.cdc.gov//pub/ship_inspections/shipscore.txt; the CDC FAX information Services, telephone (404) 332-4565 (request document no. 510051); or the CDC's National Center for Environmental Health, Vessel Sanitation Program, Room 107, 1015 North American Way, Miami, FL 33132; telephone (305) *5364307;* FAX (305) 536-4528.

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SHEA The Society for Healthcare Epidemiology of America

SATURDAY, APRIL 1, 1995

Workshop 1:
Computers in Infection Control

Workshop 2:
Issues in Development and Use of Indicators

SUNDAY, APRIL 2 - TUESDAY, APRIL 4, 1995

PLENARY SESSIONS:

Control of Antibiotic Resistant Organisms

- Where Have our Hard Work and Good Intentions Gotten Us?
- Microbiology Laboratory Policies: Maximizing the Impact
- What is the Track Record for Handwashing, Barrier Techniques, and Isolation Policies?
- Do Antibiotic Management Programs Work?

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Controversies in Prevention of Pediatric Nosocomial Infections

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- Fungal Infections: Risk Factors, Prophylaxis, and Treatment
- Bacterial Infections in Neonatal and Pediatric Critical Care Units: How to Prevent and Manage Infections with Resistant Organisms
- Coagulase-Negative Staphylococcal Bloodstream Infections: Risk Factors and Prevention

Fifth Annual Scientific Meeting

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Surgical Complications and Infections

- Mechanisms and Epidemiology of Prosthetic Joint Infections
- Changing Epidemiology of Nosocomial infections in Burn Patients
- Trends in Complications of Laparoscopic Procedures
- Coronary Artery Bypass Grafts

Blood borne Infections

- Hepatitis C Virus: Issues for the Hospital Epidemiologist
- Unusual Cases of Bloodborne Pathogen Transmission: Scientific Update and Implications for Prevention Recommendations

Controversies in the Prevention of Device Related Infections in Patients

- Upper Airway Infections Associated with Nasal Intubation
- Current Developments, Controversies, and Myths Regarding Sterilization and Disinfection Strategies Used in Hospitals
- Point-Counterpoint: Resolved: Routine Intravascular Catheter Changes. Reduce the Risk of Nosocomial Infection

Antimicrobial Resistance in the Intensive Care Unit
(supported by an educational grant from Zeneca Pharmaceuticals Group)

- Cross-resistance and Associated Resistance Mechanisms
- Trends in Antimicrobial Resistance in Intensive Care Units
- Monitoring Resistance in the Intensive Care Unit

Personnel Health: What's New in 1995?

- Immunizations for Health-care Workers
- Post-Exposure Management
- Selection, Implementation, and Evaluation of Safer Needle Devices

Unusual Infections

- Parasites
- Unusual Nosocomial Fungi: Lessons to be Learned
- Recent Trends in Nosocomial Pseudoinfection
- Most Bizarre Nosocomial Infection(s)

Late Breaker Session:

Review and Explanation of the Recently Published CDC Guidelines for Prevention of Tuberculosis Transmission. In this session you will have the chance to ask one the authors of the CDC guidelines unique and pertinent questions.
William R. Jarvis, MD, Centers for Disease Control and Prevention, Atlanta, Georgia

Ten Meet the Consultant Sessions where you can consult with specialists in your field of interest.

In The New HICPAC Guidelines for Prevention of Nosocomial Pneumonia and Control of Vancomycin Resistant Enterococci: Discussion with the Authors, and The New HICPAC Isolation Guidelines and Plans for Future HICPAC Guidelines **you will have the opportunity to ask the authors of the CDC guidelines specific questions that affect how you and your peers accomplish your work.**

For additional information regarding the SHEA Annual Meeting, please contact the SHEA Meetings Department; 875 Kings Highway, Suite 200, Woodbury, NJ 08096-3172, Telephone (609) 8451720 or Fax *(609)* **853-0411.** *NOTE: THE DEADLINE FOR EARLY REGISTRATION IS MARCH 10, 1995.*

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