isms was associated with infection, and all 6 patients survived. Vancomycin-resistant enterococci or other vancomycin-resistant gram-positive organisms were not found in 663 patients treated with vancomycin for documented gram-positive infections or in 1,027 patients where perioperative vancomycin was used. It was concluded that the use of vancomycin as the primary therapeutic agent in seriously burned patients was not associated with increased risk of VRE isolation or VRE infection.

FROM: McManus AT, Goodwin CW, Pruitt BA Jr. Observations on the risk of resistance with the extended use of vancomycin. *Arch Surg* 1998;133:1207-1211.

Survival of Enterococci on Dry Surfaces

Wendt and coinvestigators from the Institute of Hygiene, Free University, Berlin, compared the abilities of *Enterococcus faecium* strains (three vancomycin-resistant enterococci [VRE] and five vancomycin-susceptible enterococci [VSE]) and *Enterococcus faecalis* strains (one VRE and 10 VSE) to survive under dry conditions. All strains survived for at least 1 week, and two strains survived for 4 months. Survival was not associated with the species (*E faecalis* vs *E faecium*), the source of isolation (patient vs environment), or the susceptibility to vancomycin (VRE vs VSE). Resistance to dry conditions may promote the transmissibility of a strain, but VRE have no advantages over VSE with respect to their ability to survive under dry conditions.

FROM: Wendt C, Wiesenthal B, Dietz E, Rüden H. Survival of vancomycin-resistant and vancomycin-susceptible enterococci on dry surfaces. *J Clin Microbiol* 1998;36:3734-3736.

Abbreviated Regimens of Zidovudine Reduce Risk of Perinatal HIV Transmission

The Pediatric AIDS Clinical Trials Group Protocol 076 reported a reduction in the rate of perinatal transmission of HIV from 25.5% to 8.3% with a three-part regimen of zidovudine given antepartum, intrapartum, and to the newborn. Wade and colleagues from the New York State Department of Health and the University of Albany, New York, School of Public Health, recently examined the effects of abbreviated zidovudine regimens on perinatal HIV transmission using data from the HIV polymerase chain reaction (PCR) testing service of the New York State Department of Health.

Rates of perinatal HIV transmission varied, depending on when zidovudine prophylaxis was begun. When treatment was begun in the prenatal period, the rate of HIV transmission was 6.1% (95% confidence interval, 4.1%-8.9%); when begun intrapartum, the rate was 10.0% (3.3%-21.8%); when begun within the first 48 hours of life, the rate was 9.3% (4.1%-17.5%); and when begun on day 3 of life or later, the rate was 18.4% (7.7%-34.3%). In the absence of zidovudine prophylaxis, the rate of HIV transmission was 26.6% (21.1%-32.7%).

These results confirm the efficacy of zidovudine prophylaxis and suggest that there are reductions in the rates of perinatal transmission of HIV even with the use of abbreviated regimens that are begun intrapartum or in the first 48 hours of life. These abbreviated preventive regimens may be particularly suitable for use in parts of the world where the prevalence of HIV infection is high and resources are severely limited.

FROM: Wade NA, Birkhead GS, Warren BL, Charbonneau TT, French PT, Wang L, et al. Abbreviated regimens of zidovudine prophylaxis and perinatal transmission of the human immunodeficiency virus. *N Engl J Med* 1998;339:1409-1414.

Reducing Vancomycin Use Utilizing a Computer Guideline

Minimizing vancomycin use represents a key strategy in preventing the spread of vancomycin-resistant enterococci. Shojania and colleagues from Brigham and Women's Hospital, Boston, conducted a study of a computerized guideline to reduce vancomycin use. At the time of physician order entry into the computer, the screen displayed an adaptation of the CDC's guidelines for appropriate vancomycin use. The main outcome measures were the frequency of initiation and renewal of vancomycin therapy and the duration of therapy.

The study included 396 physicians and 1,798 patients in a tertiary-care teaching hospital. Compared with the control group, intervention physicians wrote 32% fewer orders (11.3 vs 16.7 orders/physician; $P=.04$) and had 28% fewer patients for whom they either initiated or renewed an order for vancomycin (7.4 vs 10.3 orders/physician; $P=.02$). In addition, the duration of vancomycin therapy attributable to physicians in the intervention group was 36% lower than the duration of therapy prescribed by control physicians (26.5 vs 41.2 days; $P=.05$). Pharmacy data confirmed a decrease in the overall hospital use of intravenous vancomycin during the study period. The authors concluded that implementation of a computerized guideline using physician order entry decreased vancomycin use. Computerized guidelines represent a promising tool for changing prescribing practices.

FROM: Shojania KG, Yokoe D, Platt R, Fiskio J, Ma'luf N, Bates DW. Reducing vancomycin use utilizing a computer guideline: results of a randomized controlled trial. *J Am Med Inform Assoc* 1998;5(6):554-562.

SHEA

The Society for Healthcare Epidemiology of America

1999 SHEA/CDC Training Course in Hospital Epidemiology

Program

The program will be held May 1-4, 1999 at the Wyndham Franklin Plaza Hotel, Philadelphia, Pennsylvania. Timothy W. Lane, M.D., Gina Pugliese, R.N., and William R. Jarvis, M.D. will chair the program.

Purpose

This program, developed by the Society for Healthcare Epidemiology of America (SHEA), and the Centers for Disease Control and Prevention (CDC), 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 work sessions are supplemented with lectures and seminars covering fundamental aspects of hospital epidemiology and surveillance, epidemic investigation, transmission and control of nosocomial infections, disinfection and sterilization, employee health, isolation systems, regulatory compliance, and quality improvement.

Who Should Attend

You should attend if you are a hospital epidemiologist or an infection control practitioner or if you are looking for a course that will provide you the most current information concerning infection control practices and epidemiological methods in health care. This fundamental program will provide you with the opportunities to find solutions to real situations that will occur in the hospital setting. Intensive problem solving sessions are supplemented with lectures and seminars presented by leading authorities.

Scholarships

Scholarships in the amount of $1,000 will be awarded to infectious disease fellows for the program to defray the special course fee for fellows of $350 and expenses incurred in attending the training program.

Interested fellows must submit a letter of no more than one page describing why they would like to have additional training in hospital epidemiology. A letter from the fellow's program director outlining the applicant's qualifications and suitability for the course also is required. The deadline for receipt of scholarship applications for the course is March 26, 1998.

The SHEA Educational Activities Committee will select the scholarship recipients based on review of these letters. Winners will be notified in April.

Nominations

Please send scholarship applications to:

Timothy W. Lane, M.D.
c/o The Society for Healthcare Epidemiology of America
19 Mantua Road
Mt. Royal, NJ 08061

Fees

Individual Registrants	$495
Fellows in Infectious Disease	$350

Credits

The Society for Healthcare Epidemiology of America (SHEA) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

SHEA designates this continuing education activity for up to 23 hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

The SHEA/CDC Training Course is AACN (American Association of Critical Care Nurses) approved for 27 hours.

General Course Information

Information regarding the schedule, hotel and travel accommodations, discount airfare, and course fees are available from SHEA (609) 423-7222 x350. Note that application for a scholarship does not constitute enrollment in the program. This must be done separately.

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