

## Challenges and Controversies

Richard A. Garibaldi, MD; Richard P. Wenzel, MD, MSc

The discipline of hospital epidemiology, now in a period of growth and evolution, faces enormous challenges and opportunities. The Society of Hospital Epidemiologists of America (SHEA) and *Infection Control and Hospital Epidemiology* have attempted to capture the essence of these turbulent times in their first co-sponsored, joint conference "Hospital Epidemiology: New Challenges and Controversies." The March 1989 meeting in Baltimore was attended by more than 300 guests and participants. The organization of the conference, with its state-of-the-art presentations, panel discussions and extensive audience participation through question-and-answer sessions, reflected the dynamic nature of topics and concerns of the attendees.

The sessions were focused on the three major themes confronting the field of hospital epidemiology today: acquired immunodeficiency syndrome (AIDS), the expanding roles of hospital epidemiology and new issues for infection control. Discussions on AIDS always generate controversy and concern; our sessions were no exception. The topics reflected the important issues that affect hospital epidemiologists—issues regarding the risks of infection for health care workers, the pros and cons of widespread serologic testing, the maintenance of a safe blood supply and recommendations for dealing with H 1 V-infected health care workers. The discussions not only provided updates of available factual information, but also dialogues on the ethical, legal and social implications of the problems that were presented.

An entire day was devoted to the exposition of the expanding role of the hospital epidemiologist. It was evident that epidemiologic techniques are being used within the hospital to identify problems and evaluate

solutions in areas other than infection control. Quality assurance issues are reflected in all aspects of infection control activities. The same methodologies that we use for surveillance, rate calculations, analysis and control are exportable to other questions, such as quality of care, costs and utilization issues. The importance of stratification by level of disease severity to allow for more accurate assessment of the risk for complications was stressed. The domains of drug surveillance and noninfectious hazards in the workplace were also explored as other areas in the hospital where epidemiologic approaches could offer important insights for problem identification and resolution.

Finally, there was a broad-based update on new developments in the area of hospital-acquired infections—from the vantage point of both the microorganism and the host. There were examples of the application of new molecular probes to characterize and fingerprint nosocomial pathogens for epidemiologic studies as well as to analyze mechanisms of drug resistance. The new roles of fungi, viruses and bacteria, particularly gram-positive species, were discussed as pervasive pathogens for hospitalized patients. No discussion of hospital-acquired infection could be limited to microbiologic issues alone, nor was this one. The compromised host was reconsidered with particular emphasis on new, innovative strategies to reconstitute host-immune deficits and render patients less susceptible to infection.

The field of hospital epidemiology is indeed at a critical crossroads. New challenges and new controversies abound at every turn in the road. It is time for each of us to step forward and chart our course for the future. Our choices are many—each requires a restructuring and expansion of our roles in the hospital. The directions we choose will force us to initiate new programs and develop new alliances within the framework of our own hospital structures. It will not be easy for many of us who were just beginning to feel comfortable within the areas of infectious diseases and infection control. Nonetheless, we cannot stand still; the needs of the hospital and concerns of present day society must be addressed. This conference has focused on the scope of the opportunities and the breadth of the challenges that await us. The decision is ours.

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HOSPITAL EPIDEMIOLOGY:  
*New Challenges and Controversies*  
March 10-12, 1989  
Baltimore, Maryland

**DAY 1**

**AIDS**

FRIDAY, MARCH 10  
**UPDATE: RISK OF HIV  
INFECTION TO HEALTH CARE  
WORKERS**

Harold Jaffe, MD  
*Atlanta, GA*

**Panel**

Chairman: William Schaffner, MD  
*Nashville, TN*  
David K. Henderson, MD  
*Bethesda, MD*  
Mary Sinclair  
*New York, NY*

**SEROLOGIC SCREENING OF  
PATIENTS AND PERSONNEL**

Dennis G. Maki, MD  
*Madison, WI*

**Panel**

Chairman: Richard A. Garibaldi, MD  
*Farmington, CT*  
Alfred J. Saah, MD  
*Baltimore, MD*  
Robert A. Weinstein, MD  
*Chicago, IL*

**UNDERSTANDING  
PATHOGENESIS OF HIV  
INFECTION**

Chairman: Donald A. Goldmann, MD  
*Boston, MA*  
Martin Hirsch, MD  
*Boston, MA*

**PROTECTING THE BLOOD  
SUPPLY: IMPACT OF HIV-2/  
HTLV-I AND OTHER  
RETROVIRUSES**

Thomas F. Zuck, MD  
*Cincinnati, OH*

**THE HIV-POSITIVE HEALTH  
CARE PROFESSIONAL**

Peter N.R. Heseltine, MD  
*Los Angeles, CA*

**DAY 2**

**EXPANDING ROLES  
OF HOSPITAL  
EPIDEMIOLOGY**

SATURDAY, MARCH 11  
**QUALITY ASSURANCE**  
Sheldon Greenfield, MD  
*Boston, MA*

**Panel**

Chairman: Richard P.  
Wenzel, MD, MSc  
*Iowa City IA*  
James Roberts, MD  
*Chicago, IL*

**EMPLOYEE HEALTH:  
CHEMICAL EXPOSURES IN THE  
WORKPLACE**

William A. Rutala, PhD, MPH  
*Chapel Hill, NC*

**Panel**

Chairman: Bruce Hamory, MD  
*Hershey, PA*  
Elizabeth A. Bolyard, RN, MPH, CIC  
*Baltimore, MD*

**SEVERITY OF  
ILLNESS INDICATORS**

Chairman: Peter A. Gross, MD  
*Hackensack, NJ*  
Susan Horn, PhD  
*Baltimore, MD*

**PHARMACOEPIDEMOLOGY**

Chairman: John P. Burke, MD  
*Salt Lake City, UT*  
Hugh Tilson, MD  
*Triangle Park, NC*

**DAY 3**

**NEW PROBLEMS FOR  
INFECTIOUS CONTROL**

SUNDAY, MARCH 12  
Chairman: John E.  
McGowan, Jr., MD  
*Atlanta, GA*

**OPPORTUNISTIC FUNGI**

Michael A. Pfaller, MD  
*Iowa City IA*

**NEW VIRUSES (Non-HIV)**

Richard J. Whitley, MD  
*Birmingham, AL*

**GRAM-POSITIVE COCCI**

Dennis D. Schaberg, MD  
*Ann Arbor, MI*

**INFECTIONS IN  
IMMUNOSUPPRESSED HOSTS**

Chairman: Timothy R.  
Townsend, MD  
*Baltimore, MD*  
Lowell S. Young, MD  
*San Francisco, CA*

**THE FUTURE OF HOSPITAL  
EPIDEMIOLOGY**

Calvin M. Kunin, MD  
*Columbus, OH*

*Sponsored by Infection Control and Hospital Epidemiology and the Society of Hospital Epidemiologists of America (SHEA).*