

An employee suing under the ADA is not required to prove that he or she poses no risk to others. The burden of proof is on the employer. Doe's attorney, Jeanine Worden, said, "Most of the healthcare decisions under ADA have been very favorable to the employers. The courts have not been looking at the spirit of the ADA, and that is a sad story for people with disabilities."

"CDC should provide clearer guidance on the subject of doctor-to-patient transmission," Worden said. This decision may influence the way hospital administrators evaluate risks posed to patients by HIV-positive healthcare workers.

FROM: *Doe v. University of Maryland Medical System Corp.* CA 4, No. 94-1462. (4/3/95). Appeals court upholds firing of HIV-positive doctor. *AIDS Policy & Law.* (5/19/95); 10(6):1,8-9.

## Nosocomial Transmission of Tinea Corporis on a Pediatric Ward

Following the identification of a healthcare worker with biopsy-proven tinea corporis, a search for potential sources identified a 3-year-old child who had been hospitalized for over 2 months with unrecognized scalp lesions. Cultures of the child's scalp lesions grew *Trichophyton tonsurans*. The child was a favorite patient of the pediatric ward team and was held and cuddled frequently. Barrier precautions had not been used consistently. An investigation revealed lesions consistent with tinea corporis in 13 of 22 healthcare workers who reported frequent, direct, unprotected contact with the child. Diagnosis was confirmed in seven healthcare workers who had biopsy or scraping of the lesions. In contrast, none of the 10 healthcare workers with limited unprotected contact developed lesions. Lesions were identified in one additional pediatric patient with presumed nosocomial acquisition from an infected healthcare worker. No further nosocomial cases were identified after implementation of barrier precautions.

FROM: Calcutt JA, Goucher-Wilson S, Sulin CA. Nosocomial transmission of tinea corporis on a pediatric ward at Boston City Hospital. Presented at the 22nd Annual Meeting of the Association for Professionals in Infection Control and Epidemiology, June 6, 1995, Las Vegas, Nevada.

## CDC Investigates Meningitis Infections Linked to Contaminated Tissue From Cadavers

The CDC recently assisted in the investigation of hospital-acquired *Ochrabactrum anthropi* meningitis in three pediatric patients who had undergone neurosurgical procedures involving tissue grafts from cadavers. *O. anthropi*, a bacterium commonly found in the environment, has been reported only rarely as a human pathogen.

The three patients in this investigation had undergone neurosurgical procedures in which pericardial tissue from cadavers had been used to close dural surgical wounds. The pericardial tissue had been harvested at the medical examiner's office and processed at a different hospital. Early findings suggested that the tissue might have been contaminated by a salt solution used at the second hospital to prepare the tissue for transplant.

The investigation pointed to probable contamination of the grafts during processing at the second hospital. All cultures obtained after harvesting, but before processing, were negative for *O. anthropi*, ruling against intrinsic contamination. Positive cultures for *O. anthropi* were found in tissue and in an unpackaged bottle of salt solution. The salt solution was labeled as "for in vitro use only" and "sterile." Unopened bottles of salt solution from both the processing hospital and the manufacturer were negative for *O. anthropi*. However, some other unopened bottles contained other microorganisms. The Food and Drug Administration is conducting an investigation at the manufacturer's plant.

The CDC recommend that tissue harvesting for transplantation be conducted in a sterile field and with aseptic technique; all solutions used for harvesting be sterile and be for in vivo use; and all tissue be cultured routinely at the conclusion of the harvest, at conclusion of processing, and just before transplantation.

FROM: Chang H. Hospital infections program investigates infections linked to contaminated tissues from cadavers. *CDC/NCID Focus* March 1995;5(3):2.

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**Additional news items in this issue: CDC Issues Ebola Guidelines as Cases Continue to Occur, page 450; OSHA's Respiratory Protection Standard Will Not Apply to TB, page 458; HIV Transmission Reported in Dialysis Center, page 482; Increased Risk of Bloodstream Infection With Needleless Device, page 487.**

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