

plier to deal with, and an enormous reduction of workload for the ICP, but has the disadvantages of a delay in availability and an incomplete match of patients to those seen by the ICP. The latter would not have occurred in an "on-line" situation.

The electronic linking of laboratory data to hospital discharge data would further improve the quality of NI surveillance.

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TB Skin-Test Conversion Rates Among Exposed Hospital Workers

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A 4-year retrospective cohort study was conducted from January 1989 to December 1992 among employees at a large metropolitan hospital where a nosocomial outbreak of multidrug-resistant TB had occurred. The risk of tuberculin skin-test (TST) conversion among employees who worked on wards where patients with culture-confirmed TB were cared for (exposed) was compared with the risk among employees who worked on wards with no such patients (unexposed).

Exposed employees had a higher 4-year risk of TST conversion (14.5%) than unexposed employees (1.4%; adjusted relative risk, 13.4; CI_{95} , 5.1-35.2). Exposed employees had significantly higher risks of conversion than unexposed employees from 1989 through 1991, but not for 1992. Among the exposed, ward clerks had a risk of conversion (15.6%) only slightly lower than nurses (18.2%).

The authors concluded that employees who worked in areas where patients with active *Mycobacterium tuberculosis* infection were cared for, including workers

who did not provide direct patient care, had a higher risk of TST conversion than employees who did not work in these areas. Reasons for the decline in risk over time include outbreak termination, fewer admissions of patients with TB, implementation of effective infection control measures, and possible resistance to infection in some members of the study population.

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