**TABLE**
**INFECTIOUS DISEASES DESIGNATED AS NOTIFIABLE AT THE NATIONAL LEVEL-UNITED STATES, 1994**

AIDS
Anthrax
Aseptic meningitis
Botulism
Brucellosis
Chancroid
Cholera
Congenital rubella syndrome
Diphtheria
Encephalitis
*Escherichia coli* O157:H7
Gonorrhea
Granuloma inguinale
*Haemophilus influenzae*
Hepatitis A
Hepatitis B
Hepatitis, non-A, non-B
Hepatitis, unspecified
Legionellosis
Leprosy (Hansen disease)
Leptospirosis
Lyme disease
Lymphogranuloma venereum
Malaria
Measles
Meningococcal infection
Mumps
Pertussis
Plague
Poliomyelitis
Psittacosis
Rabies, animal
Rabies, human
Rheumatic fever
Rocky Mountain spotted fever (Typhus fever, tickborne)
Rubella
Salmonellosis
Shigellosis
Syphilis
Syphilis, congenital
Tetanus
Toxic shock syndrome
Trichinosis
Tuberculosis
Tularemia
Typhoid fever
Varicella (chickenpox) *
Yellow fever

* Although varicella is not officially a nationally notifiable disease. the Council of State and Territorial Epidemiologists encourage transmission of information about cases of varicella to the Centers for Disease Control and Prevention.
Reprinted from *MMWR* 1994;43:801.

## Two New TB Training Videotapes Available

Two new videotapes for training HCWs are available. Tracom has released three videotapes for use in healthcare facilities, institutional environments (eg, prisons, shelters, retirement homes) and for first responders. The videotapes review the epidemiology and modes of transmission of tuberculosis (TB), methods to recognize exposure situations, and strategies to reduce risks of exposure, including administrative and engineering controls and respiratory protection. For information, call Tracom at (800) 296-2660.

The American Journal of Nursing Company also released a videotape "TB or Not TB: New Guidelines for Prevention and Treatment." This videotape includes information on the epidemiology of TB, methods for assessing and screening patients, multidrug-resistant treatment regimens, and an overview of a respiratory protection program including the use of HEPA-filter respirators and fit testing. For information on purchase, rental, or preview, call (800) CALL-AJN.

## Survey: 1 in 4 Phlebotomists Stuck by Needle in 1 Year

According to a survey conducted by the National Phlebotomists Association, about 1 in 4 phlebotomists have been stuck by a needle during the past year. The high rate of needlesticks among phlebotomists is related to hospitals supplying unsafe needles and providing little or no safety training, according the National Phlebotomists Association, an affiliation of the Service Employees International Union (SEIU).

According to the survey, 25% of the respondents received no training on preventing needlesticks and hazards of blood exposure on the job. There are currently no regulations that specifically prohibit the use of the needle and syringes without safety features. The SEIU has campaigned for several years for hospitals and manufacturers to phase out the needle bearing devices that do not have safety features. Jamie Cohem, SEIU's Assistant Director of Health and Safety, said that cost is the most cited barrier to the wider adoption of protective devices, but that the price can be expected to drop as the old needles are removed from the market and the new technology comes on line in large numbers.

## Prompt Rabies Diagnosis Eliminates Costly Postexposure Prophylaxis

A high proportion of human rabies cases diagnosed in the United States have been acquired outside the country and have lacked a history of animal bite exposure. The CDC recently reported a case of rabies in a 40-year-old man who died in a hospital in Miami following a subacute and progressive neurologic syndrome; rabies had not been clinically suspected but was diagnosed postmortem. The man had frequently visited Haiti and is believed to have acquired his infection there.

Interviews with the family members indicated that

the patient had not reported an animal bite and that he avoided contact with domestic and wild animals. Sixteen hospital personnel (ie, a morgue technician who cut himself during the autopsy, 10 respiratory therapists, four medical residents, and one nurse in MICU) received postexposure treatment.

This case is the 20th case of human rabies to be reported in the United States since 1980. Of these 20 cases, 10 probably wee acquired outside the United States, and 14 had no documented history of animal bite exposure. As a result of exposures to 20 cases, 832 persons received postexposure rabies prophylaxis, representing an estimated cost of $850,000.

This case is also the third since 1993 that was diagnosed 1 month postmortem. Rabies should be considered early in the differential diagnosis of rapidly progressive encephalitic syndromes of suspected viral etiology, regardless of whether the patient had a history of an animal bite. Although early diagnosis alters neither the patient's treatment course nor prognosis, advantages of this approach include the prompt implementation of appropriate infection control measures, limitation of the number of persons who require postexposure prophylaxis, and prompt administration of prophylaxis to exposed persons.

FROM: Human rabies—Miami, 1994. *MMWR* 1994;43:773-774.

## ECRI Publishes 1995 Healthcare Standards Directory

ECRI's 1995 Edition of Healthcam Standards Directory contains more than 24,000 standards, clinical practice guidelines, laws, and regulations on a wide range of healthcare topics including medicine, surgery, nursing, dentistry, health administration, health facilities management and ancillary services. ECRI is a nonprofit health service research agency and a collaborating center of the World Health Organization that provides information and technical assistance to the healthcare community, For more information, call (610) 825-6000.

## CDC Initiates Pilot Program for National HCW Surveillance

The CDC is preparing to initiate a pilot program for surveillance of occupational exposures and infections among HCWs. Dr. Denise Cardo, the project officer and medical epidemiologist at the CDC's Hospital Infections Program has explained that the program will be similar to the CDC's National Nosocomial Infection Surveillance (NNIS) system that tracks patient infections. The 2-year pilot program will serve as the foundation for a national, computerized surveillance system to track and trend occupational exposures, infections, immunizations, and injuries. CDC's Hospital Infections Program will be collaborating on the project with CDC's HIV TB and immunization programs, as well as the National Institute for Occupational Safety and Health (NIOSH).

There are plans for six modules for surveillance of exposures to blood and bloodborne pathogens, exposures to blood during surgical or obstetrical procedures, exposures and infections from vaccine-preventable diseases (measles, mumps, rubella, influenza, and varicella), employee immunization, occupational exposures to TB, and routine TB skin testing. Plans also call for development of a computerized software program that will be provided to participating hospitals during the second year of the pilot project.

Among the new surveillance system objectives is the ability to assess the level of underreporting of occupational blood exposures in medical/surgical and dental settings and to identify and assess engineering controls, workplace practices, and protective equipment to prevent occupational exposures.

## Joint Commission-Accredited Laboratories Will Receive "Deemed" Status for CLIA

The Health Care Financing Administration (HCFA) recently announced that laboratories that are freestanding or associated with healthcare organizations will be "deemed" to meet the Clinical Laboratory Improvement Amendments of 1988 if they are surveyed and accredited after January 1, 1995, by the Joint Commission on Accreditation of Health Care Organizations.

## Huge Response to CDC's Voice/FAX Information Service

In response to the increased need for and use of public health information by health professionals and the public, the CDC Voice/FAX Information Service (CDC VIS) is available. With the CDC VIS, current and comprehensive information on disease risk and prevention strategies may be readily accessed and delivered by voice telephone or FAX, 24 hours a day, 365 days a year. The information on the CDC VIS has been prepared by CDC to assure the scientific accuracy and has been scripted to relate to the target population of the callers.

During 1994, the CDC VIS responded to 493,000 requests for voice information and 180,006 FAX request, resulting in the transmission of 432 documents totaling 1.3 million pages. Suggestions and comments received from callers have resulted in refinement of the system to make it more usable and tailored to the information needs of the users.

To access the CDC Voice Information System, telephone (404) 332-4555; to access the CDC FAX information system, telephone (404) 332-4565.

FROM: CDC Voice/FAX information service. *MMWR* 1994;43:775.