

eases. Our academic and personal links with the US scientific community are stronger than ever in all aspects of infectious diseases, including nosocomial infection, prevention, and control. However, we need to develop more effective training programs for infection control nurses, infection control practitioners, and hospital epidemiologists, and we need to find ways to convince our administrators of the real benefits and costs of the infection control programs.⁹

CONCLUSION

We still have a long way to go before our nosocomial infection control and quality assurance systems¹⁰ will equal those existing in the United States, but with a lot of helping hands working together on both sides of the Atlantic, we continue to pursue excellence.

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9,000 *E Coli* Cases in Japan

Gina Pugliese, RN, MS
Martin S. Favero, PhD
Medical News Editors

Nearly 9,000 Japanese have been infected with *Escherichia coli* O157:H7 since May; seven people have died. The cases have occurred throughout Japan; the most serious outbreak was in Sakai, a city near Osaka where more than 6,000 elementary school children became ill, presumably from contaminated lunches. The number of new cases had slowed by early August: hospital-

izations dropped to 440, from a peak of 595 in late July, and the number of elementary school children in serious condition dropped to 17 from more than 90.

By offering free screening, health officials have identified 284 infected but asymptomatic individuals. Japanese officials have been unable to find the source of most of the outbreaks. Officials reported that the organisms causing the outbreaks in seven of the affected areas were genetically similar, but different from the strain in Osaka. Experts on bacte-

rial infections from the CDC are conferring with health authorities in Tokyo.

Japan's Health and Welfare Ministry has decided to designate the infection as a serious communicable disease under a century-old anti-epidemic law that gives the government the power to screen those at risk and to restrict infected food handlers from work.

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