

longer duration of benefits from the antiviral treatment. It is hoped that additional drugs or combinations of drugs will extend the benefits even further."

DDI and DDC Effective Therapy for HIV

Didanosine (ddI) and zalcitabine (ddC) were found to be similar in their safety and effectiveness for patients who have side effects or who do not benefit from zidovudine (AZT). This study, reported by Dr. Donald Abrams of the University of California, San Francisco, was conducted at 78 sites affiliated with the U.S. National Institute of Allergy and Infectious Disease (NIAID). The 467 participants in the study were randomly assigned, 230 to receive ddI and 237 to receive ddC, in an "open label" study; that is, both the researchers and the patients knew which drug the patients were receiving.

There was no significant difference in progression of HIV or mortality between the patients receiving ddI and ddC. Two thirds of the patients receiving either drug had significant side effects. The major side effect in patients receiving ddC was an increase in neurological pain in the legs; patients receiving ddI reported an increase in diarrhea, pancreatitis, and abdominal pain.

When this study began in December 1990, ddI was the only antiretroviral drug approved by the U.S. Food and Drug Administration to be used by patients with AIDS who were unable to take zidovudine, and ddC has only been approved for use in combination with zidovudine, not as a single therapy. Dr. Abrams said that this study suggests that ddC alone is as good as ddI and both should be available as single-agent therapies.

Homeless Advocates Sue State for Failure to Control TB

Efforts to halt the spread of tuberculosis among Chicago's homeless population have been inadequate according to a class-action suit filed against state, city, and county health officials by a group of homeless and other persons at high risk for being exposed to tuberculosis (TB). According to Laurene Heybach, the supervising attorney of Legal Assistance Foundations homeless project, who is representing the class members, "TB has reached epidemic proportions in Chicago's poorest neighborhoods because there are no effective programs to screen, report, and treat individuals who have contracted the disease. The homeless population are at an increased risk of TB because they often live in cramped shelters." The complaint charges that the city has conducted only limited diagnosis projects for homeless and intravenous drug users and that, for children at risk for

developing TB, screening has been nonexistent.

In a written statement, Chicago Commissioner of Health Sheila Lyne said that the city was battling TB on several fronts, with more than \$2 million in new federal funds earmarked to expand ongoing intervention programs for TB control. The programs include a computerized information system to link local TB service providers, a program to closely monitor patients' treatment, and a new shelter for homeless TB patients. The Chicago Department of Health already provides TB screening and treatment in a dozen homeless shelters and trains shelter managers to recognize TB symptoms, administer skin tests and make appropriate treatment referrals.

FROM: *Moore v. Illinois Department of Public Health*. Illinois Circuit Court, 93CH4312, May 10, 1993.

Courts Support Firing of Nurse Who Refused to Treat AIDS Patient

The U.S. District Court in Alabama recently ruled that a pregnant nurse who refused to treat an AIDS patient is not protected by the Civil Rights Act because the hospital treated pregnant and nonpregnant employees equally. The pregnant nurse was employed by the homecare division of a hospital in Alabama to visit and treat patients in their homes. The nurse informed her supervisor that she should not treat one of her patients with AIDS because she was pregnant and concerned about opportunistic infections common in AIDS patients. The hospital policy allowed no exceptions to treating AIDS patients and did not allow reassignment of AIDS patients to other nurses. After the nurse refused to care for the patient and was fired, she then filed a suit with the Equal Employment Opportunity Commission, seeking damages for loss of employment and insurance coverage.

The court ruled that since the hospital's policy was clearly applied to nonpregnant nurses as well as pregnant nurses, it was nondiscriminatory. To accept the nurse's argument that this situation should require an employer to make reasonable accommodations to the pregnant nurse is to require the employer to relinquish "virtually all control over employees once they become pregnant," the court found.

FROM: *Armstrong v. Flowers Hospital Inc.* DCM Ala, S Div., CV-92-1-101-S, Feb. 9, 1993.

Additional Medical News items in this issue: *Drinking Water a Source of Mycobacterium avium Complex Infection* (page 472), *Two New Videotapes on Tuberculosis Prevention* (page 475), *Increased Use of Vancomycin Related to Indwelling Vascular Devices in Hematology-Oncology Patients* (page 478), and *New AIDS Definition Increases AIDS Cases by 205%* (page 490).

1993 SHEA/CDC/AHA Training Course in Hospital Epidemiology Register Now

Program

The program will be held September 12-14, 1993 at the Edgewater Inn, Seattle, Washington. Donald A. Goldmann, M.D., William Martone, M.D., Peter Hashisaki, M.D., P.S., and Gina Pugliese, R.N., MS., will co-chair the program. Enrollment in the program is limited to 120.

Purpose

This program, developed by the Society for Hospital Epidemiology of America (SHEA), the Centers for Disease Control and Prevention (CDC), and the American Hospital Association (AHA), is intended for infectious disease fellows and new hospital epidemiologists. It emphasizes hands-on exercises in which participants work in small groups to detect, investigate, and control epidemiological problems encountered in the hospital setting. These work sessions are supplemented with lectures and seminars covering fundamental aspects of hospital epidemiology including epidemiology and surveillance, epidemic investigation, transmission and control of nosocomial infections, disinfection and sterilization, employee health, isolation systems, regulatory compliance, and quality improvement.

Who Should Attend

You should attend if you are a hospital epidemiologist or an infection control practitioner or if you are looking for a course that will provide you the most current information concerning infection control practices and epidemiological methods in health care. This fundamental program will provide you with the opportunities to find solutions to real situations that will occur in the hospital setting. Intensive problem solving sessions are supplemented with lectures and seminars presented by leading authorities.

Fees

Individual Registrants	\$495
Fellows in Infectious Disease	\$350

Credits

The Centers for Disease Control and Prevention (CDC) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Centers for Disease Control and Prevention designates this continuing education activity for up to 21 hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

General Course Information

Information regarding the schedule, hotel and travel accommodations, and discount airfare is available from SHEA. Contact Ian Dockrill at (609) 845-1720.

Scholarship Awards provided in part by an educational grant from

