

# SHEA News

## THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

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## Research and Training Fellowship Announced

The National Foundation for Infectious Diseases (NFID) and Marion Merrell Dow Inc. have joined forces to establish the NFID/Marion Merrell Dow Postdoctoral Fellowship in Nosocomial/Gram-Positive Infection Research and Training. The fellowship is intended to encourage and assist a qualified physician researcher to become a specialist and investigator in the field of nosocomial infections. Announcement of the fellowship was made at the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) held October 11-14, 1992, in Anaheim, California.

The fellowship, made available by an educational grant from Marion Merrell Dow, will be competitive, with selection being made by a committee of peer investigators appointed by NFID. Selection criteria will include but not be limited to: applicants record of scholarship performance and professional qualifications; scientific merit of research project proposed; validity of research rationale; and adequacy of facilities available to the applicant, host department, and host institution.

The fellowship will include a stipend of \$18,000 for the year. To receive further information and application instructions, contact

the NFID, 4733 Bethesda Ave., Suite 750, Bethesda, MD 20814. Applications must be postmarked no later than February 15, 1993.

Notification of the award will be made by April 20, 1993, with the fellowship beginning in July.

## New Journal Editor Appointed

At its October meeting, the SHEA Board approved the Chief Editor Search Committee's recommendation that Michael D. Decker, MD, MPH, be the next Chief Editor of *Infection Control and Hospital Epidemiology*.

Dr. Decker has been known to *Journal* readers as the *Journal's* Section Editor for "Beyond Infection Control: The New Hospital Epidemiology." He was

also recently elected to a two-year term (1993 through 1995) as a SHEA Councilor.

Dr. Decker, who was chosen from an outstanding list of candidates, begins his five-year editorial appointment January 1, 1993, at which time the editorial office will move to Vanderbilt University in Nashville, Tennessee.

## NIOSH Recommendations Contested

**The SHEA News** and **SHEA Newsletter** have carried a series of reports over the past few months covering the escalating concerns of the Centers for Disease Control (CDC), of the Occupational Safety and Health Administration (OSHA), and of the National Institute for Occupational Safety and Health (NIOSH) about transmission of tuberculosis in hospitals and clinics. As this issue of the *Journal* goes to press, the CDC is holding an expert meeting

in Atlanta, Georgia, to discuss the latest federal recommendations that are contained in a 55-page NIOSH report titled &commenced **Guidelines for Personal Respiratory Protection of Workers in Healthcare Facilities Potentially Exposed to Tuberculosis** (dated September 14, 1992, and embargoed until September 21, 1992).

While generally accepted administrative (e.g., rapid identification and treatment of pulmonary tuberculosis) and

engineering (e.g., negative pressure isolation) controls are cited, the controversial crux of the new NIOSH recommendations is that healthcare workers use powered, air-purifying halfmask respirators (Figure) or positive-pressure line halfmask respirators to assure protection against tuberculosis. In justifying this recommendation, NIOSH explicitly cites its "legal mandate . . . to develop criteria . . . which will describe exposure levels that are safe for various periods of employment, including but not limited to exposure levels at which no employee will suffer impaired health or functional capacities or diminished life expectancy as a result of his work experience."

The NIOSH report has sparked intense debate within the CDC, including an internal 52-point critique developed by the National Center for Prevention Services and the National Center for Infectious Diseases and a 27-page counter memo by NIOSH. A key issue of the debate appears to be whether there is any evidence that the current 1990 CDC Tuberculosis Control Guidelines (*MMWR*. 1990;RR-17:30) have failed. CDC staff involved in developing these guidelines say there is no evidence of failure, while NIOSH cites, without any details, unpublished "preliminary indications from



**FIGURE.** Example of a NIOSH-certified, powered HEPA-filter halfmask respirator (MSA OptimAir 6A, NIOSH approval TC-21C-513).

ongoing NIOSH investigations . . . indicate that TB transmission is still occurring, despite implementation of the full gamut of the 1990 Guidelines."

In a cover memo to CDC Director Dr. William Roper that accompanied the new recommendations, NIOSH Director Dr. J. Donald Miller allows that the impairments of voice communication, limited range of motion, and noise and appearance of the recommended respirators could result in disadvantages to patient care and that "these drawbacks could form a basis for criteria in considering several risk management options in the revised CDC guidelines."

Moreover, Dr. Roper, citing "the complexity of the issue" (and facing another confrontation with the medical community akin to the failed attempt to develop lists of "exposure-prone invasive procedures"), has organized the meeting noted above for October 22-23 to bring together experts from a variety of fields to assess the need to revise the 1990 CDC Tuberculosis Guidelines.

SHEA representatives have been active in responding to the NIOSH recommendations and will have attended the CDC's October meeting.

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**Brief items of interest for the SHEA News 07 Newsletter may be sent to Robert A. Weinstein, MD, SHEA, Newsletter Editor, Division of Infectious Diseases, Michael Reese Hospital, Luke Shore Drive at 31st St., Chicago, IL 60616; FAX (312) 791-3577. Copy should be typed, doublespaced, and should no exceed five pages.**



**The Third Annual Meeting of  
The Society for Hospital Epidemiology of America  
April 18-20, 1993 - Chicago, Illinois**

# **CALL FOR ABSTRACTS**

The Society for Hospital Epidemiology of America invites you to attend the 1993 annual meeting of the Society, April 18-20 in Chicago, Illinois. The two and one-half day program will be devoted to broad epidemiological issues relating to adverse clinical outcomes, nosocomial infections, occupational risks of health-care workers, and quality assessment in adult, pediatric, and long-term care settings. The conference will feature symposia with invited speakers, oral and poster presentations, and round table discussions with audience participation. The meeting is of immediate importance to physicians and infection control practitioners, quality assurance professionals, and administrators in all health-care settings.

## **CALL FOR ABSTRACTS**

To be considered, abstracts must be submitted on the official abstract form (see below) before January 8, 1993. A limited number of "Late Breaker" abstracts on recent investigations (e.g. outbreaks) or studies of national importance will be considered if submitted before March 5, 1993.

## **THE SUBJECT CATEGORIES**

- |                             |   |   |                          |
|-----------------------------|---|---|--------------------------|
| A. Outbreaks                | E. Product evaluation                                 | I. Quality Assessment                     | M. Pediatric             |
| B. Surveillance             | F. Disinfection and sterilization                     | J. Adverse drug event                     | N. Long-term <b>care</b> |
| C. Employee Health          | G. Prevention and control                             | <b>K. Non-infectious</b> adverse outcomes | O. LATE BREAKER          |
| D. Device-related infection | H. Antimicrobials-prophylaxis of nosocomial infection | L. HIV/AIDS/Hepatitis                     | P. Other                 |

## **ABSTRACT FORMS**

To obtain an official abstract form, mail or fax the coupon below to SHEA headquarters or telephone (609) 8451720, fax (609) 853-0411

Please mail \_\_\_\_\_ Official Abstract Forms for the Third Annual Meeting of SHEA, to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_



# Membership Application

*The Society for Hospital Epidemiology of America*

Name \_\_\_\_\_

Degree ☐ MD ☐ CI PhD ☐ Other \_\_\_\_\_

Title (in hospital epidemiology) \_\_\_\_\_

Institution(s) name and address \_\_\_\_\_

City

State

Zip code

Business telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Area of interest within hospital epidemiology

☐ Hospital-acquired pneumonia ☐ Intravascular device-associated infection ☐ Nosocomial urinary tract infection

☐ Other (specify) \_\_\_\_\_

Bed size \_\_\_\_\_ Category ☐ CI Non-Teaching ☐ Teaching

Home address \_\_\_\_\_

City

State

Zip code

Home telephone (\_\_\_\_\_) \_\_\_\_\_

Indicate preferred address for membership directory ☐ Home ☐ CI Business

## Membership fees

Non-US members please pay with draft for US dollars.

**CI Active** membership-Calendar year dues: \$85

Applicants must hold a **doctoral degree** and **should either work in the field of hospital epidemiology or have a direct interest in hospital epidemiology.**

**CI Associate** membership-Calendar year dues: \$35 Fellowship ends (month)/(year) \_\_\_\_\_

**Applicants must hold a doctoral degree and be participating in an appropriate training program in the field of hospital epidemiology. Proof of training must accompany this application.**

Your membership fee includes a subscription to the Society's **official journal**  
*Infection Control and Hospital Epidemiology.*

Please make checks payable to The Society for Hospital Epidemiology of America.

Send application and remittance to:

SHEA Membership  
875 Kings Highway, Suite 200  
West Deptford, NJ 08096  
(609) 845-7220  
(609) 853-04 11 FAX