

AHA Provides Strategies for Implementing Safer Needle Devices

The American Hospital Association (AHA) has developed a publication outlining programs to get safer needle devices into the hands of healthcare workers. This 40-page booklet, *Implementing Safer Needle Devices*, contains an update on federal legislative and regulatory initiatives, a summary of the New York State pilot study of needlestick prevention devices, updated data on occupationally acquired HIV, case studies of hospitals that have successfully implemented safer needle devices, tools for collecting needlestick injury data and evaluating products, and resources on product availability.

To order the booklet, call the American Hospital Association, Order Processing, at 1-800-AHA 2626 (catalog no. 196310).

State TB Control Laws Antiquated

Many states established TB control statutes at the turn of the century, focusing on power to quarantine, isolate, or commit to a state facility, according to Lawrence Gostin in his survey of all 50 states. However, only half the states specifically grant health officials the power to impose treatment or protect the confidentiality of patients with communicable diseases. Gostin recommends future TB control laws balance public health and human rights with a flexible range of public health powers. Compliance-enhancing strategies are also key, Gostin said, and should include incentives, social support, education, treatment, and housing.

FROM: Gostin LO. Controlling the resurgent tuberculosis epidemic: a 50-state survey of TB statutes and proposals for reform. *JAMA* 263:255-261;1993.

First Serologically Documented Cases of Hepatitis E Among U.S. Travelers

Acute hepatitis E infection has been documented among six persons in the United States who returned from international travel from 1989 through 1992. A recent report from the CDC describes four of these cases in detail.

Outbreaks of hepatitis E (ie, enterically transmitted non-A, non-B hepatitis) have occurred in some parts of the world and have been generally related to fecally contaminated water. Until recently, when research-based serologic antibody tests were developed for hepatitis E virus (anti-HEV), no serologic test was available to identify HEV infection. Diagno-

sis depended on a history of exposure and exclusion of other causes of viral hepatitis. However, the sources of infection could not be established. The four persons reported by the CDC represent the first serologically documented cases of HEV among U.S. residents who have returned from travel abroad.

Prophylaxis with immune globulin prepared from plasma collected in the United States is unlikely to prevent HEV infection. When traveling to developing countries, travelers must diligently avoid food and water that is potentially contaminated with human feces.

FROM: CDC. Hepatitis E among U.S. travelers, 1989-1992. *MMWR* 42:1993.

Guidelines Available for Managing TB and HIV in the Workplace

The National Leadership Coalition on AIDS recently issued the first guidelines to be published that deal with both HIV and TB in the workplace. This free publication, *Managing TB and HIV in Today's General Workplace*, provides answers to the most commonly asked questions and addresses key issues, such as screening of employees, risks of transmission, return to work policies, and implications of the Americans with Disabilities Act. To order, call 202-429-0930.

New York Begins 24-Hour Hotline for AIDS Clinical Drug Trial Information

The New York State Health Department started a 24-hour hotline to keep doctors and patients informed about the latest drug treatment for HIV-infected persons. The telephone line also gives information on clinical drug trials and how these drugs are available to those who can't participate in clinical trials. Through an interactive system, updated daily, the callers can give details about specific illness (eg, T-cell counts), and drug information is then matched to these details. The toll-free number is 1-800-MEDS4HIV. Out of state, call 212-239-5523.

Glaxo, Inc., Releases Video on Preventing Occupational HIV Infection in Healthcare Workers

An educational video and 30-page monograph, *HIV and the Healthcare Worker*, discuss HIV prevention and demonstrate universal precautions, with particular emphasis on managing "sharps." A model postexposure management program is featured,

based on the program at San Francisco General Hospital. Legal, ethical, and emotional issues following accidental exposures are also discussed. Copies of *HIV and the Healthcare Worker* are available by calling the Glaxo Video Library at 1-800-824-2896.

New CDC Recommendations Call for Voluntary Testing of Hospital Patients

CDC new recommendations call for routine assessment of patients' HIV risk and the offering of voluntary testing to patients at risk. Decisions to offer routine HIV counseling and testing of patients in acute-care hospitals may be based on the HIV seroprevalence in the patient population. Hospitals can use either the HIV seroprevalence rate or the AIDS diagnosis rate ([annual number of AIDS patients/annual number of discharges] x 1,000). Those hospitals and healthcare providers with an HIV seroprevalence rate of >0.1% or an AIDS diagnosis rate >1/1,000 discharges should strongly consider offering HIV testing to patients ages 15 to 54 years.

These guidelines also stress voluntary testing with informed consent, confidentiality, appropriate pre- and posttest counseling, provision of optimum medical care even if patient declines testing, and referral for appropriate therapeutic and preventive services. HIV testing programs should not be used as a substitute for universal precautions and other infection control techniques, the guidelines state.

The CDC has also indicated that state and local health departments can provide assistance to hospitals in determining their AIDS diagnosis rate, training staff responsible for HIV testing and counseling, and providing prevention services for uninfected patients at high risk for HIV infection.

FROM: CDC. Recommendations for HIV testing services for inpatients and outpatients in acute-care hospitals. *MMWR*. RR-2:42:1-6;1993.

Kimberly-Clark Offers Toll-Free Hotline on Key Infection Control Issues

Kimberly-Clark's Helpline, originally a service to answer specific questions on OSHA's Bloodborne Pathogen Rule, has expanded to include information and resources on other healthcare worker risk issues. Registered nurses at Kimberly-Clark's Helpline answer questions on key infection control issues, such as tuberculosis, medical waste, recycling, and bloodborne pathogens. A common question from callers is how to select a protective garment that is an appropriate barrier and also comfortable to wear, in order to comply with OSHA standards. Audio and video training tapes are also available, as well as key OSHA documents related to the Final Bloodborne Pathogen Rule. Call Kimberly-Clark's Partners in Quality™ helpline at 1-800-KC-HELPS (1-800-524-3577).