Medical News

Interstate Measles Transmission from a Ski Resort

The CDC recently reported a chain of measles transmission during April 1 to May 25, 1994, that began in Breckenridge, Colorado, and extended into nine additional states with a total of 247 measles cases. The source of the exposure was unknown but it is believed to have been an out-of-state tourist who probably visited Breckenridge during March because no measles cases had previously been reported in Colorado during 1994 and the only common exposure appeared to have been at a ski resort visited by many out-of-state travelers. Persons associated with the spread of measles from Breckenridge were predominantly school- and college-aged.

This interstate measles outbreak demonstrates the ability of measles virus to spread rapidly and widely among a highly mobile population. Among the factors that contributed to this interstate measles outbreak were the timing of the initial exposure during school spring break and exposure of an unvaccinated student who subsequently returned home to a community and school with many susceptible, unvaccinated persons.

The primary strategy to prevent measles outbreaks is achieving and sustaining vaccination coverage levels of at least 90% for a single dose among all age groups. Efforts are under way to increase measles vaccination coverage among preschool aged children and implement a recommendation that all school-aged and college-aged persons receive two doses of measles-mumps-rubella vaccine. However, additional strategies may be needed to ensure complete vaccination of adults and to prevent outbreaks in settings where large groups of adults gather (eg, resorts and restaurants).

FROM: Interstate measles transmission from a ski resort. *MMWR* 1994;43:627-629.

Prevention '95 Conference to be Held in New Orleans

Prevention '95, the 12th annual national preventive medicine meeting, will be held on March 30-April 2, 1995, in New Orleans, Louisiana. The meeting will be sponsored by the American College of Preventive Medicine and the Association of Teachers of Preventive Medicine in collaboration with the Centers for Disease Control and Prevention (CDC) and other national health agencies. Topics to be addressed include AIDS, preventive medicine education, prevention on injury and violence, clinical practice guidelines, infectious diseases, and national health objectives for the year 2000. Registration information is available from the Meetings Manager, Prevention '95, PO. Box 65686, Washington, DC 200355686; (202) 789-0006.

OSHA Develops Model Bloodborne Exposure Control Plan for Home Care

OSHA recently developed a model exposure control plan to serve as an employer guide to the OSHA Standard for Occupational Exposure to Bloodborne Pathogens. The plan outlines the method for determining employee exposure, implementing exposure control strategies including personal protective equipment, hepatitis B virus (HBV) vaccination, postexposure evaluation and follow-up, and recordkeeping. Sample forms are include for HBV vaccination, employee training, and evaluating exposure incidents.

Home health agencies are required to comply with the bloodborne pathogen standard. However, in 1993 the courts ruled that employers are not responsible for conditions at sites that they are unable to control or monitor; that includes activities that take place in clients' homes.

Copies of the exposure control plan are available from the Department of Labor electronic bulletin board, LABOR NEWS at (202) 219-4784. Callers must pay any toll charges: (300, 1200, 2400, 9600 or 14,400 BAUD; Parity: none; Data Bits = 8; Stop Bit= 1 (telephone [202] 219-8831).

49 Infectious Diseases Notifiable in the United States

A notifiable disease is one for which regular, frequent, and timely information on individual cases is considered necessary for the prevention and control of the disease. Currently, 49 infectious diseases have been designated as notifiable at the national level (Table).

In 1878, Congress authorized the U.S. Public Health Service (PHS) to collected morbidity reports on cholera, smallpox, plague, and yellow fever from U.S. consuls overseas; this information was used for instituting quarantine measures to prevent introduction and spread of these diseases into the United States. The authority for weekly reporting and publication of reports of notifiable diseases was expanded by Congress in 1893 to include data from states and municipal authorities. Today, public health officials at state health departments and the CDC continue to collaborate in determining which diseases should be nationally notifiable. However, reporting of nationally notifiable diseases to the CDC by states is voluntary. Reporting is only mandatory at the state level. Thus, the list of diseases that are considered notifiable varies by state. All states generally report the internationally quarantinable diseases (cholera, plague, and yellow fever) in compliance with the World Health Organization's International Health Regulations.

FROM: National notifiable diseases reporting. *MMWR* 1994;43:800-801.

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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