

regime until drug susceptibility studies are available, unless there is little possibility of primary resistance to INH.

Directly observed therapy (DOT) and HIV testing for all patients with TB are among the debated recommendations. In New York City alone, the cost of DOT is estimated to be \$20 million to \$30 million in one year. The HIV testing proposal calls for testing of all TB patients and those in close contact with them so that anyone infected with HIV can consider preventive treatment with INH.

In addition, the recommendations advise that anyone entering an isolation room should wear a disposable particulate respirator, another widely debated issue. Other recommendations include implementation of standard source control methods for negative pressure isolation rooms with exhaust air not being recirculated to other rooms or outside to sites near air intakes. Supplemental approaches for germicidal ultraviolet irradiation and high-efficiency particulate air (HEPA) filtration and strategies for recognizing and managing non-compliant behavior are also included.

These joint TB control recommendations provide guidance for a wide variety of populations and settings, including state, city, and county TB control programs; other health department or hospital outpatient programs, such as refugee programs, sexually transmitted disease clinics, HIV clinics; acute-care and extended-care facilities; substance abuse treatment programs; shelters for the homeless; day-care centers; and other institutions.

FROM: Control of tuberculosis in the United States. *Am Rev Respir Dis*. 1992;146:1623-33.

New AIDS Definition Effective 1993

Since 1981, about 250,000 individuals have been diagnosed as having AIDS and 160,000 have died. On January 1, 1993, a new definition of AIDS went into effect, resulting in thousands more individuals with the diagnosis of AIDS. The new definition adds diseases that are more common to women and intravenous drug users, including pulmonary tuberculosis (TB), recurrent pneumonia, and invasive cervical cancer.

Under the new definition, 90,000 more Americans are expected to be diagnosed as having AIDS this year, compared with an average of 50,090 under the old definition. The result will be a dramatic increase in demand for the already overwhelmed treatment and social services available.

One of the most important new indicators is those individuals with CD4 cell counts under 200. An estimated 1 million Americans are infected with HIV, and

up to 190,000 have CD4 counts less than 200. Experts believe that many of these individuals do not know they are infected with HIV.

CDC epidemiologists hope the new definition will draw attention to the importance of HIV testing and focus attention on the need for doctors to consider co-infection in patients with TB and cervical cancer who have never been tested.

Unions Ask OSHA for TB Enforcement Guidelines

A coalition of 11 unions and the AFL-CIO asked the Department of Labor at the end of 1992 to issue tuberculosis enforcement of strict TB controls in healthcare facilities and other workplaces in the country. The coalition view is that a permanent standard will be needed eventually to protect workers against TB.

The coalition also called for immediate release of a "Joint Advisory Notice" from OSHA and the Department of Health and Human Services (CDC) to all employers to provide guidance on protecting workers from occupational TB exposure.

Enforcement guidelines are already in place in some parts of the country. Federal OSHA's Region 2 (NY, NJ, PR, VI) issued enforcement guidelines for TB control in May 1992, which have been the subject of debate because certain recommendations go beyond the CDC's current December 1990 "Guidelines for Preventing Transmission of Tuberculosis in Healthcare Settings." On December 1, 1992, California OSHA issued interim TB control enforcement guidelines and has announced that there will be programmed inspections of high-risk work environments for TB, including extended-care facilities, hospitals, and prisons.

The CDC invited healthcare consultants and union representatives to a meeting on January 23, 1993, to review and discuss a revised draft of the CDC's December 1990 TB guidelines. The draft had more specific information on patient and healthcare worker education, the immunocompromised healthcare worker, and ventilation, including ultraviolet germicidal irradiation and HEPA filtration. Opinions from consultants differed greatly on the most appropriate type of respiratory protection.

Offering Influenza Vaccination to House Staff During Medical Conferences Achieves Compliance

Ninety percent of residents and junior medical students offered influenza vaccine were immunized during attendance at conferences and in clinics, com-

pared with only 87 (34%) of 442 of those receiving a memorandum outlining vaccine indications. Questionnaire results indicated that only 32% had ever been previously immunized against influenza, although 70% stated that they had worked despite having influenza-like symptoms.

The authors concluded that the best way to achieve a high rate of immunization of house staff and medical students is to offer the vaccine during conferences and in clinics.

FROM: Ohrt CK, McKinney P. Achieving compliance with influenza immunization of medical house staff and students. *JAMA*.1992;267:1377-1380.

Outbreak of Herpes Simplex I Virus in ICU

A cluster of four cases of herpes simplex virus type 1 (HSV-1) was identified in a medical intensive care unit of a university teaching hospital, leading to an epidemiologic investigation that documented horizontal transmission of the virus.

Restriction endonuclease analysis of DNA linked 2 healthcare workers and a family member to the index patient, a 64-year-old man with lymphoma being treated for perioral HSV-1 infection. The patient was receiving high-dose steroid therapy for bleomycin lung toxicity. HSV-1 keratoconjunctivitis developed in the physician one week after performing an emergency intubation and bronchoscopy on the patient. The physician, who wore contact lenses, was not wearing protective goggles and gloves. The patient's primary care nurse developed herpetic whitlow within one week of caring for the patient. The patient's grandson, who had no previous history of HSV1 infection, developed an oral lesion 5 days after visiting his grandfather and was reported to have kissed him on the face.

Infection control policies in this hospital require barrier precautions and handwashing after contact with patients with herpetic lesions. Gloves and protective eyewear are also required when there is any potential for contact with secretions. The authors

concluded that this cluster of HSV-1 cases probably occurred because of poor compliance with infection control or because of ineffective protocols. The authors recommend that implementation of mucous membrane barrier precautions, such as the use of goggles during invasive procedures like bronchoscopy and the use of gloves, in cases of HSV-1 respiratory infections such as pneumonia or tracheobronchitis, to prevent transmission of infection with this virus.

FROM: Perl TM, Haugen TH, Pfaller MA, et al. Transmission of herpes simplex virus type-1 infection in an intensive care unit. *Ann Intern Med*. 1992;117:584-586.

NIOSH to Expand Research on Workplace Transmission of Infectious Diseases

The National Institute of Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention, will expand several research projects in 1993 on work-related transmission of infectious disease. Brian Hardin, NIOSH's assistant administrator, announced at a recent National Safety Congress that the institute will conduct research programs on workplace risk reduction, training, and health hazard investigation.

Research into identifying strategies to reduce risk of HIV infection, including prevention of needlestick injuries, will continue to be among the priorities for NIOSH because needlesticks are the primary source of transmission of HIV in the healthcare setting.

Hardin also reported that NIOSH will conduct research regarding the issue of whether aerosols released during surgical manipulation of tissue and bone could expose surgeons and others to the virus, a widely debated topic. One specific project to begin in 1993 will include videotaping operations while other researchers simultaneously monitor airborne particulate levels.