
Job Market, CDC

The Hospital Infections Program (HIP), the National Center for Infectious Diseases (NCID), is recruiting for a medical officer in the Prevention Section, Investigation and Prevention Branch (IPB). The medical officer will be responsible for updating existing Centers for Disease Control (CDC) infection control guidelines (approximately 1-2 per year) and writing new guidelines that address emerging issues. In addition, this individual will develop and conduct epidemiologic studies to evaluate the efficacy of techniques for preventing nosocomial infections.

Guidelines that are scheduled for revision include those for the prevention of intravascular, urinary tract, and surgical-wound infections. In developing guidelines, the medical officer will interact with members of the Hospital Infection Control Practices Advisory Committee, a newly created 12-member committee of experts from outside of the CDC charged with advising and guiding the director of HIP regarding the practice of infection control in U.S. hospitals.

Although the successful candidate's primary responsibilities are guideline development, evaluation, and research, he/she will have a wide range of opportunities to engage in other epidemiologic work.

IPB is seeking an MD with excellent writing skills and a strong background in one or more of the following areas: hospital epidemiology, clinical medicine, infectious diseases, or infection control. He/she should be a discerning reader who can evaluate published papers according to their scientific validity, and based on information gained, be able to develop

practical and cost-effective recommendations for infection control in hospitals.

For additional information about this position, please contact William R Jarvis, MD, Chief, IPB, HIP Mailstop A07. Centers for Disease Control, 1600 Clifton Road

NE, Atlanta, GA 30333. Telephone (404) 639-1550. Send completed SF 171 or curriculum vitae to: Ms Janis Oddy, CDC Personnel Management Office, Recruitment and Placement Branch, 1600 Clifton Road NE, Mailstop D01, Atlanta, GA 30333.

SHEA and Regulatory Agencies

The results of the membership survey, which were published in the last edition of the quarterly *Newsletter*, showed that the number-two ranked membership service of SHEA was "representing the interests of hospital epidemiology to regulatory agencies."

SHEA's Board has tried hard to respond to this need. SHEA reacted promptly to the ill-conceived, and now defunct, nosocomial infection screen of HCFA, repeatedly represented infection control interests during the public and political turmoil brought about by concerns for potential transmission of human immunodeficiency virus from healthcare workers to patients, and, in fact, had already published a substantial position paper before the furor began; responded

promptly and authoritatively, as noted below, to OSHA's proposed standards; and began a proactive program to identify high-profile or focal issues, such as medical waste, and to assign task forces to prepare position papers on these topics for use by the membership and for distribution to regulatory agencies.

SHEA's activities in the regulatory and public arena continue and include more, highly topical position papers; liaisons with other societies; and joint initiatives with other national associations. These achievements have been possible only because of strong leadership and because of SHEA members who are willing to contribute their time and energy to committee and task force activities.

SHEA Makes OSHA Recordbook

When the Occupational Safety and Health Administration (OSHA) final bloodborne pathogen standard appeared in the *Federal Register* on December 6, 1991, SHEA was catapulted into citation history because of the record-setting number of references to SHEA's input on many of the 171 pages of the Standard's explanatory preamble. Thanks to Dr. Michael Decker's careful and

thorough response to the proposed regulations, SHEA had as major an impact on the development of the standard as OSHA would accept. Who then is better prepared to analyze these standards for SHEA? Look in the first quarterly *Newsletter* of 1992 for Dr. Decker's commentary on the new standards, in which he expands his review that appeared in the February 1992 News.