sion mainly is via hospital staff. MRSA remains endemic in most of Australia's large urban teaching hospitals; occasional outbreaks also occur, especially in intensive-care areas. The level of MRSA infection often is indicative of the total rate of nosocomial infection within an institution and may reflect overcrowding, heavy workloads, and understaffing of wards.

Standard precautions, isolation and cohorting of infected and colonized patients, screening of staff, handwashing campaigns, nasal eradication policies, and increased staff education all have been tried, with variable success. There is no universal formula, and local problems require local solutions plus commitment of local resources.

Dr. McDonald suggests that preventing surgical infection with MRSA first requires the application of surgical principles and then compliance with the national recommendation against routine prophylaxis with vancomycin.

FROM: McDonald M. The epidemiology of methicillin-resistant *Staphylococcus aureus:* surgical relevance 20 years on. *Aust N Z J Surg* 1997;67:682-685.

Laboratory Identification of VRE

Investigators from the CDC recently reported the findings of a study to determine whether hospital-based clinical laboratories conducting active surveillance for vancomycin-resistant enterococci (VRE) in three San Francisco Bay-area counties (San Francisco, Alameda, and Contra Costa counties) were reporting vancomycin resistance accurately.

Five vancomycin-resistant enterococcal strains and one vancomycin-susceptible ß-lactamase-producing *Enterococcus* were sent to 31 (97%) of 32 laboratories conducting surveillance. Each strain was tested by the laboratory's routine antimicrobial susceptibility testing method. An *Enterococcus faecium* strain with high-level resistance to vancomycin (minimum inhibitory concentration [MIC], 512 µg/mL) was reported correctly as resistant by 100% of laboratories; an *E faecium* strain with moderate-level resistance (MIC, 64 µg/mL) was reported correctly as resistant by 91% of laboratories; two strains of *Enterococcus faecalis* with low-level resistance (MIC, 32 µg/mL) were reported correctly as resistant by 97% and 56% of laboratories, respectively. An *Enterococcus gallinarum* strain with intrinsic low-level resistance (MIC, 8 µg/mL) was reported correctly as intermediate by 50% of laboratories. A ß-lactamase-producing *E faecalis* isolate was identified correctly as susceptible to vancomycin by 100% of laboratories and as resistant to penicillin and ampicillin by 68% and 44% of laboratories, respectively; all 23 (74%) laboratories that tested for ß-lactamase recognized that it was a ß-lactamase producer.

This survey indicates that, for clinically significant enterococcal isolates, laboratories in the San Francisco Bay area accurately identify high-level vancomycin resistance; however, there are problems in detecting low-to-moderate level vancomycin resistance. The authors suggest that increasing accuracy of detection and prompt reporting of these isolates and investigation of cases are the next steps in the baffle for control of the spread of vancomycin resistance.

FROM: Rosenberg J, Tenover FC, Wong J, Jarvis W, Vugia DJ. Are clinical laboratories in California accurately reporting vancomycin-resistant enterococci? *J Clin Microbial* 1997;35:2526-2530.

Conference on Emerging Infectious Diseases

The Centers for Disease Control and Prevention, the Council of State and Territorial Epidemiologists, the American Society for Microbiology, and the CDC Foundation, together with more than 50 other co-sponsors, will present the International Conference on Emerging Infectious Diseases on March 8-11, 1998, in Atlanta, Georgia. The purpose of the conference is to encourage the exchange of scientific and public health information on global emerging infectious disease issues, increase awareness, identify program gaps, and enhance partnerships in addressing emerging infectious diseases.

The meeting will consist of plenary sessions, symposia, roundtables with invited speakers, presentations on emerging infection activities, oral and poster presentations based on submission of an accepted abstract, and exhibits. Major topics will include current work on surveillance, epidemiology, research, communications, training, and prevention and control of emerging infectious diseases, as well as topics related to emergency preparedness and response.

Abstracts should address new, re-emerging, or drug-resistant infectious diseases that affect human health, and such topics as foodborne diseases, antimicrobial resistance, infectious diseases transmitted by animals and arthropods, infections acquired in healthcare settings, infectious diseases in immunodeficient persons, infectious diseases in hard-to-reach and other at-risk populations, infectious causes of chronic diseases, blood safety, host genetics, vaccines, global climate change, and immigration and travel.

Deadline for submission of abstracts is October 31, 1997. Register early as attendance will be limited to 2,500 participants. Additional information on abstract submission and registration can be obtained at www.asmusa.org, by sending an e-mail message to meetinginfo@asmusa.org, or by calling 202-942-9248. Proceedings of the conference will be published in the *Emerging Infectious Diseases* journal.

Additional news items in this issue: TB Skin-Test Conversion Rates Among Exposed Hospital Workers, page 824; Pyrogenic Reactions Following Cardiac Catheterization, page 871.

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SHEA

The Society for Healthcare Epidemiology of America

1998 SHEA/IHI
Improving Healthcare Through Clinical Epidemiology and Quality Improvement

Program

The second collaboratively sponsored course by SHEA and the Institute for Healthcare Improvement is scheduled to take place at the Marina Beach Marriott, February 7-9, 1998. Topics will include the role of quality improvement in contemporary healthcare, applying clinical epidemiology to prevention and control of adverse events (such as nosocomial infections and medication errors), using total quality management and statistical process control to improve surgical outcomes and reduce practice variation, improving meetings in real time, investigating special cause problems and outbreaks, measuring patient opinions, outcomes and reduce practice variation measurement and report cards, clinical decision aids and practice guidelines, measuring appropriateness of care, choosing and implementing a major healthcare improvement initiative, and data systems to support improvement. The course will prepare the participant to apply basic epidemiology, outcome measurment and quality improvement in their healthcare environment,

Who Should Attend

Both quality improvement and clinical epidemiology can provide healthcare professionals with powerful techniques to analyze and improve processes and outcomes of care. Unfortunately, individuals involved in improving care generally are not knowledgeable in both of these fields. This course will use lectures, interactive seminars, interactive storyboards, and hands-on problem solving exercises to teach participants specific QI statistical process control and epidemiology techniques, and will demonstrate how these tools can be used synergistically to improve infection control and other healthcare systems.

General Course Information

Information regarding the schedule, hotel and travel accommodations, discount airfare, and course fees are available from SHEA (609) 423-3195.

Funds provided by an educational grant from Bayer Pharmaceutical.

Bayer
Pharmaceutical Division

1998 SHEA/CDC
Training Course in Hospital Epidemiology

Program

The program will be held May 16-19, 1998 at the Omni Inner Harbor Hotel in Baltimore, Maryland. Timothy W. Lane, M.D., William R. Jarvis, M.D., and Gina Pugliese, R.N., MS., will co-chair the program. This program, developed by the Society for Healthcare Epidemiology of America (SHEA), and the Centers for Disease Control and Prevention (CDC), is intended for infectious disease fellows and new hospital epidemiologists. It emphasizes hands-on exercises in which participants work in small groups to detect, investigate, and control epidemiological problems encountered in the hospital setting. These work sessions are supplemented with lectures and seminars covering fundamental aspects of hospital epidemiology and surveillance, epidemic investigation, transmission and control of nosocomial infections, disinfection and sterilization, employee health, isolation systems, regulatory compliance, and quality improvement.

Who Should Attend

You should attend if you are a hospital epidemiologist or an infection control practitioner or if you are looking for a course that will provide you with the most current information concerning infection control practices and epidemiological methods in health care. This fundamental program will provide you with opportunities to find solutions to real situations that will occur in the hospital setting. Intensive problem solving sessions are supplemented with lectures and seminars presented by leading authorities.

Scholarships

Scholarships in the amount of $1,000 will be awarded to up to seven infectious disease fellows for the program to defray the special course fee for fellows of $350 and expenses incurred in attending the training program.

Interested fellows must submit a letter of no more than one page describing why they would like to have additional training in hospital epidemiology. A letter from the fellow's program director outlining the applicant's qualifications and suitability for the course also is required. The deadline for receipt of scholarship applications for the course is April 1, 1998.

The SHEA Educational Activities Committee will select the scholarship recipients based on review of these letters. Winners will be notified in April.

Nominations

Please send scholarship applications to:

Timothy W. Lane, M.D.
c/o The Society for Healthcare Epidemiology of America
19 Mantua Road
Mt. Royal, NJ 08061

Fees

Individual Registrants	$495
Fellows in Infectious Disease	$350

Credits

The Society for Healthcare Epidemiology of America (SHEA) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Society for Healthcare Epidemiology of America designates this continuing education activity for up to 23 hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

General Course Information

Information regarding the schedule, hotel and travel accommodations, discount airfare, and course fees are available from SHEA (609) 423-7222. Note that application for a scholarship does not constitute enrollment in the program. This must be done separately.

Scholarship Awards provided in part by an educational grant from Pfizer Pharmaceuticals.

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