washer/decontaminators have a cleaning and a disinfection cycle. The user should decide what process or processes they want.

Let me address what appears to be your number one point and the one in which we differ. You believe that decontamination consists of cleaning and the application of an effective biocidal process. I hold to a more basic viewpoint that decontamination is simply physically removing the organisms.[1] When the microbes in the organic material have been physically removed, preferably by some washing mechanism, the microbes do not have to be disinfected because they are not there anymore; they went straight down the drain in the washing process.

You and I have had a professional difference of the definition of decontamination for years. We see the process from different perspectives. This seems logical because there is no scientific evidence to support either view.[2] At this point in time each person has to base his or her judgement on common sense.

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Prophylaxis for Caesarean Section: Where to Turn

To the Editor:

Cefotetan has often been recommended as prophylactic agent for women undergoing caesarean section[1] or vaginal[2] or abdominal[3] hysterectomy, and for therapy in established gynecologic infections.[4] For the last three years, cefotetan has been used in our hospital (a busy county hospital where approximately 50 caesarean sections per month are done) as the antibiotic of choice for prophylaxis in caesarean section. Recently, during a five-week period between May and June 1989, we experienced a series of seven infections among women undergoing caesarean section for term or post-term pregnancies, giving us a monthly infection rate of approximately 13%. All procedures were done urgently in the labor and delivery area of the hospital following skin prep with chlorhexidine gluconate. One patient received 2 grams of intravenously cefotetan two hours preoperatively, and four received initial doses of 1 to 2 grams of intravenously cefotetan intraoperatively. In two of the seven cases, the dosage of cefotetan prophylaxis used could not be documented. All seven patients developed clinically obvious postoperative wound infections within one week of surgery; three were also diagnosed as having chorioamnionitis or metritis.

Two patients, one with chorioamnionitis and one with metritis, received cefotetan as therapy postoperatively in spite of the fact that it had apparently failed as prophylaxis. The first patient received cefotetan plus a gentamicin-based regimen and recovered. The second received cefotetan alone for three days and was then switched to a gentamicin-based regimen ("triple" antibiotics) when she failed to respond.

All infections resolved without sequelae. The epidemic appeared to subside after substitution of cefoxitin as antimicrobial prophylaxis.

Unfortunately, bacterial cultures of infected sites were done in only three patients, and sensitivity testing to cefotetan was not done at all by the hospital microbiology laboratory. Factors other than microbial resistance to cefotetan, therefore, may have contributed to this outbreak. Still, cefotetan was a common factor in all these cases, and we feel that vigilance may be in order in hospital settings where cefotetan has been used intensively for prophylaxis in a specific group of patients. The possibility of nosocomial infection caused by resistant organisms should be kept in mind.

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Letters to the Editor should be addressed to INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY Editorial Offices, C41 General Hospital, University of Iowa Hospitals and Clinics, Iowa City, IA52242. All letters must be typed, double spaced, and may not exceed four-pages nor include more than one figure or table. The editors reserve the right to edit forpurposes of clarity or brevity.

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1990 SHEA/CDC
TRAINING PROGRAM FOR HOSPITAL EPIDEMIOLOGISTS

CALL FOR NOMINATIONS

PROGRAM The program will be held March 29-April l, 1990, at the Grand Bay Hotel in Coconut Grove, District of Miami, Florida. N. Joel Ehrenkranz, MD will host and Donald Goldmann, MD, and William Martone, MD, will co-chair the program. Enrollment in the course is limited to 40 persons. The fee for physicians in practice is $450 and the fee for fellows is $150.

PURPOSE This annual program, developed by SHEA and the CDC, is intended for infectious disease fellows and new hospital epidemiologists. It includes an introduction to epidemiologic methodology and hands-on exercises in which participants work in small groups to detect, investigate and control epidemiologic problems encountered in a hospital setting. These working sessions are supplemented with lectures and seminars covering fundamental aspects of hospital epidemiology.

AWARDS Seven scholarships in the amount of $1,000 will be awarded to infectious disease fellows to cover the registration fee and defray travel and accommodation expenses. Fellows interested in applying for the SHEA scholarships, funded by Merck, Sharp and Dohme, must submit a letter of not more than one page describing why they desire additional training in hospital epidemiology. A letter from the fellow's program director outlining the applicant's qualifications and suitability for the course is also required. The SHEA Education Activities Committee will select scholarship recipients based on these letters. Letters should be sent to the address below and be received no later than January 15, 1990.

REGISTRATION Course registration requests, accompanied by a check for the registration fee made payable to SHEA, should be sent to Dr. Donald Goldmann, Hospital Epidemiologist, Division of Infectious Diseases, Children's Hospital, 300 Longwood Avenue, Boston, MA 02115. Telephone (617)735-7623.

TRAVEL/ ACCOMMODATIONS Travel and hotel arrangements may be made through Harris Travel Service, Inc., 5884 Sunset Drive, South Miami, FL 33143. Telephone l-800-245-7287. Discount airfare is available from this agency, which also can provide ground transportation and pre- or post-conference tours. The Grand Bay Hotel is a luxury resort. Because it is anticipated that most participants will be on limited budgets, room-sharing can be arranged. Indeed, this is encouraged to facilitate an exchange of concerns and ideas and to promote collaborative problem solving while reducing costs to a tolerable range. If a single room is prefered, please advise Dr. Goldmann at the above address and phone by February 1.

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