The objective of this article was not to provide a definitive recommendation on the number of weekly visits for nosocomial infection surveillance but rather to contribute to decision making on this important issue.

REFERENCES

1. Haley RW, Culver DH, White JW, Morgan WM, Emori TG, Munn VP, et al. The efficacy of infection surveillance and control programs in preventing nosocomial infections in US hospitals. *Am J Epidemiol* 1985;121:182-205.
2. Scheckler WE. Continuous quality improvement in a hospital system: implications for hospital epidemiology. *Infect Control Hosp Epidemiol* 1992;13:288-292.
3. Freeman J, McGowan JE Jr. Methodologic issues in hospital epidemiology, I: rates, cases-finding and interpretation. *Rev Infect Dis* 1981;3:658-667.
4. Thompson RL. Surveillance and reporting of nosocomial infections. In: Wenzel RP, ed. *Prevention and Control of Nosocomial Infections.* 2nd ed. Baltimore, MD: Williams & Wilkins; 1987:70-82.
5. Rhame FS, Sudderth WD. Incidence and prevalence as used in the analysis of the ocurrence of nosocomial infections. *Am J Epidemiol* 1981;113:1-11.
6. Delgado-Rodríguez M, Cueto Espinar A, Rodríguez-Contreras Pelayo R, Gálvez Vargas R. Usefulness of Rhame and Sudderth's formula on nosocomial infection surveillance. *Rév Épidémiol Santé Publique* 1987;35: 482-487.
7. Garner JS, Jarvis WR, Emori TG, Horan TC, Hughes JM. CDC definitions for nosocomial infections. *Am J Infect Control* 1988;16:128-140.
8. Horan TC, Gaynes RP, Martone WJ, Jarvis WR, Emori TG. Centers for Diseases Control (CDC) definitions for nosocomial surgical site infections, 1992: a modification of CDC definitions of surgical wound infections. *Infect Control Hosp Epidemiol* 1992;13:606-608.
9. Medina-Cuadros M, Sillero-Arenas M, Martínez Gallego G, Delgado-Rodríguez M. Surgical wound infections diagnosed after discharge from hospital. Epidemiological differences with in-hospital infections. *Am J Infect Control* 1996;24:421-428.
10. Wenzel RP, Osterman CA, Hunting KJ, Gwaltney JM Jr. Hospital-acquired infections, I: surveillance in a university hospital. *Am J Epidemiol* 1976;103:251-260.
11. Haley RW, Schaberg DR, McClish DK, Quade D, Crossley KB, Culver DH, et al. The accuracy of retrospective chart review in measuring nosocomial infection rates. *Am J Epidemiol* 1980;111:516-533.
12. Wenzel RP, Osterman CA, Townsend TR, Veazey JM Jr, Servis KH, Miller LS, et al. Development of a statewide program for surveillance and reporting of hospital-acquired infections. *J Infect Dis* 1979;140: 741-746.
13. Kleinbaum DG, Kupper LL, Morgenstern H. *Epidemiologic Research.* Belmont, CA: Lifetime Learning Publications; 1982.

Osterholm Steps Down as Minnesota State Epidemiologist

Gina Pugliese, RN, MS
Martin S. Favero, PhD

Michael Osterholm, PhD, MPH, the internationally known public health expert, left his job as Minnesota state epidemiologist on March 2 to head his own company. During his career, Osterholm and his department have been credited with solving numerous disease outbreaks, including the 1994 Schwan's ice cream *Salmonella* outbreak and the discovery in 1981 of the link between toxic shock syndrome and tampon use. He also helped to educate the public about foodborne safety and pushed hard for irradiating food to protect against foodborne illness. Most recently, he led a national campaign to warn of the potential dangers of biological weapons in the hands of terrorists. A mutual interest of bioterrorism drew Osterholm and the late King Hussein of Jordan together in January at a private meeting outside London to discuss concerns with weapons of mass destruction. Later, in a long letter discussing his successor, Hussein included a section in which he wrote passionately about how bioterrorism represented the greatest threat to world peace.

Osterholm will remain a part-time consultant at the Minnesota Department of Health and will become chief executive of a new Minnesota-based company, Infection Control Advisory Network, that will offer programs and services to industry and the healthcare field to control infections and reduce overuse of antibiotics. Osterholm will be joined by two other Minnesota health department officials, Dr. Kristine Moore and Dr. Craig Hedberg. The new company was inspired during discussions with his colleagues, including Dr. Phillip Peterson, an infectious disease specialist at Hennepin County Medical Center. Joining the company will be other long-time colleagues in public health and infection control, including Mike Moen, a former health department official who will leave his post at Blue Cross and Blue Shield of Minnesota, and Gina Pugliese, RN, MS, a Chicago-based infection control consultant.

"I never had another job in my adult life," Osterholm said in an interview. "When you have the best job in the world, you only leave for the other best job." Jan Malcolm, Minnesota's new health commissioner, said the impact of losing Osterholm is "hard to quantify. He has made huge contributions to the state and to the department. He will be greatly missed." Dr. Richard Danila was appointed interim state epidemiologist, effective March 3.

FROM: Lerner M. Osterholm steps down as state epidemiologist. *Star Tribune* February 4, 1999; 1A.

Majeski T. Osterholm's new job title: CEO—epidemiologist leaves health department for private venture. *St Paul Pioneer Press* February 5, 1999; 1A.

Majeski T. King, Osterholm shared concern for bioterrorism—Minnesota's top epidemiologist felt King's greatness. *St Paul Pioneer Press* February 6, 1999; 6A.

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