SHEA Newsletter

Edited by Robert A. Weinstein, MD

The Society of Hospital Epidemiologists of America

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SHEA/CDC Hospital Epidemiology Course-Another Hit

On March 29-31, 1989, SHEA and CDC conducted their second offering of the course entitled "Hospital Epidemiology" at the Centers for Disease Control (CDC) in Atlanta, Georgia. The pilot of this course was held last August.

"Hospital Epidemiology" is intended for infectious disease fellows and others with hospital epidemiology responsibilities, either anticipated or new. Demand for this course continues to grow; 36 individuals attended the second session, up from the 20 who attended the pilot. The overall reaction to the course continues to be enthusiastic and positive, and a number of individuals have already asked to be placed on the waiting list for the next offering.

SHEA awarded competitive scholarships to five students to help defray course expenses. The scholarships, made available by Merck, Sharp & Dohme, were awarded to: Dr David N. Burns, VA Medical Center, Washington, DC; Dr David L. George, Michael Reese Hospital, Chicago; Dr Tom F. Hrisomalos, Indiana University, Indianapolis; Dr Joanne Marie Langley, Hospital for Sick Children, Toronto; and Dr Rebecca D. Shadowen, Medical University of South Carolina, Charleston, SC.

Course faculty members were Drs Donald Goldmann, Allen Kaiser, and William Martone, Directors; Drs John McGowan, Bruce Hamory, William Jarvis, Walter Hierholzer, Jr, Ofelia Tablan, George Counts, and Michael Decker; Ms Julia Garner, and Mr Lee Bland. The course combined didactic sessions and practical "hands on" epidemiological problem-solving sessions covering a wide variety of infectious and noninfectious disease topics.

The course faculty is continuing to monitor and to revise the curriculum to best meet the educational needs of the students. The faculty was impressed by the apparent need for more basic descriptive and analytic material. These impressions were based on pretest results, as well as on informal interactions with the students.

Discussions are under way on how best to administer and to deliver the course. Key issues include location of regional course offerings, frequency of course offerings, course length, use of precourse reading assignments or expanded course content to fill gaps in knowledge of basic epidemiologic and biostatistical principles, criteria for competitive schol-

Please send me an application form and information about membership in The Society of Hospital Epidemiologists of America (SHEA). (Eligibility for membership requires a doctoral degree and either activity in hospital epidemiology or current participation in a training program in this field.)

My address is:
(Please print) _____

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Mail this request to Timothy R. Townsend, MD, SHEA Secretary, Brady 119, Johns Hopkins Hospital, 600 N. Wolfe St., Baltimore, MD 21205.

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arship awards, and the course fee.

The date, location, and application instructions for the next course session will be announced in upcoming issues of the *Newsletter*.

Donald A. Coldmann, MD
Allen B. Kaiser, MD
William J. Martone, MD, MSc
Course Directors

British Hospital Infection Society International Conference

The second International Conference of the Hospital Infection Society will be held in Kensington, London, Sept 2-6, 1990.

Advance programs, registration forms, and abstract forms will be mailed in the fall of 1989. Individuals interested in attending and/or presenting a paper at the conference can be placed on the mailing list by writing Conference Associates, Congress House, 55 New Cavandish Street, London W1M 7RE, United Kingdom.

Parvovirus B19 Infections

In the Feb 17, 1989 issue of the *Morbidity and Mortality Weekly Report,* the Centers for Disease Control published a report on risks associated with human parvovirus B19 infection. This report was developed to assist physicians, public health officials, and other health care professionals in responding to public concerns about recently recognized, serious complications of B19 infection, including transient aplastic crisis, chronic anemia, and fetal death. Nosocomial dimensions of parvovirus B19 are just beginning to be explored.

The CDC's report may be reproduced and distributed to interested individuals. To assist in duplication, camera-ready copies are available. To obtain these copies or to request further information on B19, please contact Tom Torok, MD, or Larry J. Anderson, MD, Chief, Respiratory and Enterovirus Branch, Division of Viral and Rickettsial Diseases, Centers for Disease Control, at (404) 639-3596.

Infection Control Meeting—China

Professor Wang Shu-qun tells us that the dates for the founding meeting of the Chinese Society of Nosocomial Infection Control and for the First Chinese National Conference of the Society (see April *Newsletter)* are set. These momentus events will begin on June 12, 1989.

Details about these meetings are available from Professor Shu-qun, Department of Epidemiology, 3 Yabao Road, Chaoyang District, Beijing, People's Republic of China.

SHEA Associates—The Cost-Effective Approach

SHEA encourages infectious diseases *fellows* to join its ranks and receive the journal as *Associate Members.* Infectious disease fellows wishing to take advantage of this reduced-rate category for trainees should contact SHEA secretary, Dr Timothy Townsend, Brady 119, Johns Hopkins Hospital, 600 North Wolfe Street, Baltimore, MD 21205.

Reader Inquiry

Dear *SHEA Newsletter:*

I have found the suggestions from "Interested Reader" and your other contributors to be very helpful.

I would like to share an observation that I have made during nosocomial outbreaks. Researchers always try to avoid the "Hawthorne effect" during prospective studies; ie, they try to insure that studying a problem doesn't change the problem or make it go away. Well, I have found that the Hawthorne effect is so common that if an outbreak doesn't disappear once you start to investigate it, you better realize that you are in deep trouble. And, the lack of a Hawthorne effect during an outbreak investigation should be a signal that all stops must be pulled out and all possible control measures must be instituted if the outbreak is to be brought under control.

Signed,
I've been tbere

Dear I.B.T.:

Thank you for sharing that "early warning sign" with us. Practical, useful suggestions from experienced hospital epidemiologists are always of great value. I might add as a corollary to your trouble marker that if you find that your primary control measure in an outbreak is "exhausting all susceptible" or "letting the outbreak burn itself out," you are in even deeper trouble!

Editor

Brief item of interest for the SHEA Newsletter may be sent to Robert A. Weinstein, Infectious Diseases, Michael Reese Hospital, Lake Shore Drive at 31st St., Chicago. IL 60616. Copy must be typed, doubles/mud, and may not exceed five pages.

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