Medical News

EDITED BY ELAINE LARSON, PHD, RN

AMA Training Program on 'OSHA Regulations on Bloodborne Pathogens' Available for Hospitals and Clinics

The American Medical Association (AMA) has developed a training program on the new bloodborne pathogen regulations recently passed by the Occupational Safety and Health Administration (OSHA). The program was funded by an educational grant from Becton Dickinson and Company, Franklin Lakes, New Jersey.

The regulations, intended to protect healthcare workers from the occupational hazards associated with acquired immunodeficiency syndrome, hepatitis, and other bloodborne pathogens, became effective March 6, 1992, and affect hospitals, clinics, and physicians' offices. Training and documentation requirements must be completed by June 4, 1992, and overall compliance with the regulations will be enforced beginning July 6, 1992.

With program participation of AMA, OSHA, the Centers for Disease Control, the National League for Nursing, physicians, infection control experts, and Becton Dickinson, this training program is designed to facilitate both hospital and clinic compliance. The training program, entitled "For Your Protection: The OSHA Regulations on Bloodborne Pathogens," demonstrates the proper procedures for handling blood and blood products, including the use and disposal of sharps.

The program also outlines requirements for protective equipment, changes in work practices, postexposure management, and training and documentation procedures. The training kit includes a 25-minute video and teacher and study guides. Physicians and nurses enrolled in the program will qualify for continuing education credit.

For more information contact Becton Dickinson and Company, 1 Becton Dr., Franklin Lakes, NJ 07417-1880. Telephone (201) 847-6800.

From the Centers for Disease Control

MEASLES AT AN INTERNATIONAL GYMNASTICS COMPETITION—INDIANA, 1991

September 7, 1991, the Indiana State Department of Health (ISDH) was notified of three suspected measles cases among athletes from New Zealand (NZ) participating in an international gymnastics competition September 6-16, 1991, in Indianapolis (Marion County), Indiana. Among those potentially at risk for measles were approximately 700 athletes and 1,200 coaches, trainers, and managers from 51 countries; an estimated 2,500 volunteers and staff; international media, families, and employees; and approximately 60,000 spectators attending the competition. This report summarizes the epidemiologic investigation of these cases.

Sixteen NZ delegation members arrived August 29, 1992, and stayed on one floor of a hotel. Throughout the following week, they practiced in a curtain-divided area shared with three other teams and visited nearby shopping and eating establishments. On August 30, two 15-year-old female athletes (patients 1 and 2) developed cough, coryza, and conjunctivitis, followed by onset of rash on September 4. Patient 2's symptoms were mild and improved within 24 hours of onset or rash. A third athlete (patient 3), a l&year-old female, developed symptoms on September 5 and rash on September 7. All three patients had measles IgM antibody in the acute serum specimens (≥1:40 by indirect fluorescent antibody [IFA] test). Complement-fixation testing of both the acute and convalescent specimens collected seven weeks later demonstrated four-fold or greater rise in IgG measles antibody for patients 1 and 3 and a fourfold decline in measles IgG antibody for patient 2. The three patients had documented histories of live-virus measles vaccination in NZ at 11, 13, and 15 months of age and reported exposure to a person with physician-diagnosed mea-

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