Medical News

EDITED BY GINA PUGLIESE, RN, MS

CDC Releases Final 1993 TB Report

The Centers for Disease Control and Prevention (CDC) has released *Reported Tuberculosis in the United States, 1993.* The report includes the final tabulations of data for tuberculosis cases verified and counted by state and local health departments in 1993 and includes updated data submitted to CDC through September 30, 1994. Copies of this report (item no. 00-6481) are available from the CDC's National Center for Prevention Services (NCPS), Information Services, Mailstop E-06, 1600 Clifton Rd. NE, Atlanta, GA 30333; or from the NCPS Voice Information System, telephone (404) 639-1819.

Plans Under Way to Centralize AIDS Program Within CDC

The CDC is planning to restructure its human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) programs. Currently, the agency's research and prevention activities are divided among 10 departments coordinated by Dr. James Curran, who heads the CDC's Office of HIV/AIDS. Under a restructuring program, the majority of activities related to HIV or AIDS will be merged into one central office in Atlanta, CDC Director Dr. David Satcher has announced.

Plans include keeping the sexually transmitted diseases (STD) program within the National Center for Infectious Diseases (NCID), which now houses the CDC's Division of HIV/AIDS. The NCID's Division of HIV/AIDS and Curran's office of HIV/AIDS will move to the National Center for Preventive Services (NCPS). By moving to NCPS, HIV prevention programs will then be in the same center as the tuberculosis prevention initiatives, a recognition that tuberculosis (TB) and HIV issues have become increasingly intertwined.

An internal implementation team, headed by Dr. James Curran and Dr. Alan Hinman, NCPS director, will be working on the details of the reorganization, Satcher said.

Court Says Hospital May Restrict Surgeon with HIV

A federal court in Philadelphia has ruled that a surgeon infected with HIV poses a "significant risk" and a "direct threat" to the health of patients undergoing invasive procedures, justifying restrictions on his surgical practice imposed by his employers. An HIV-infected orthopedic surgeon filed a complaint seeking compensatory damages and full restoration of his medical privileges, which were restricted by a healthcam corporation that operates two hospitals in Philadelphia. The surgeon claimed the restrictions violated provisions of the Rehabilitation Act of 1973 and Title I of the Americans with Disabilities Act (ADA).

In rejecting the surgeons claim, the court noted that the Equal Employment Opportunity Commission's guidelines for Interpreting the ADA suggest a high probability of harm is needed to constitute a "direct threat" to the health of others in the workplace. The court also acknowledged the lack of consensus about the probability that HIV may be transmitted by a surgeon during an invasive procedure. But the court noted that the same guidelines direct the employer that is making decisions about a worker with a physical disability to consider not only the probability of harm, but also its nature, severity, and duration.

The court also noted that even though there are other risks that patients willingly undertake that are more likely to occur than HIV infection during surgery, these examples are not comparable to a disease where the potential harm is almost universally fatal.

Hospital officials received permission from a Pennsylvania state court to notify more than 1,000 of the surgeons patients that a doctor who had participated in their surgery was HIV positive. The hospital did not disclose the surgeon's identity; however, after initially rescinding his surgical privileges, hospital officials restored them on the condition that the surgeon disclose his HIV status to all future patients prior to surgery. The surgeon claimed that he was forced to terminate employment as a result of the disclosure, and his practice was destroyed within 1 year

Attorneys for the surgeon maintain that the court's decision "denies a surgeon the right to an individual assessment of their situation. "Further, "the ruling suggests that in the case of an HIV-infected surgeon, you don't need to look at the circumstances involved, and a theoretical risk is enough to justify an adverse employment decision."

FROM: *Scoles v. Mercy Health Corp. of Southeastern Annsylvania,* DC EPA No. 92-6712; December 7, 1994.

Divergent Strains of HIV-l Not Detected Reliably by HIV Antibody Tests

Infections by highly divergent strains of HIV-1, first detected in central Africa and grouped provisionally as group O, have not been detected reliably by certain European HIV

https://doi.org/10.1017/S0195941700001648 Published online by Cambridge University Press