bly will remain necessary to protect HCWs having close contact with infectious TB patients.

Because studies to evaluate the independent importance of respirators in protecting HCWs from TB have not been conducted and are unlikely to be conducted in the United States, the effectiveness of respirators in preventing TB transmission will remain uncertain. Our findings, in contrast to those of previous studies using different assumptions and measures, suggest that the cost of a respiratory protection program at most hospitals will not be excessive.

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TB Control Programs in US Hospitals

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Outbreaks of tuberculosis (TB) in hospitals have occurred when the Centers for Disease Control and Prevention (CDC) guideline recommendations for preventing the transmission of *Mycobacterium tuberculosis* were not implemented fully. Investigators from the CDC recently reported the results of a survey to determine whether US hospitals are making progress in implementing the CDC guidelines for preventing TB.

In 1992, a survey was conducted of all public (city, county, Veterans' Affairs, and primary medical school-affiliated) US hospitals (n=632) and 444 random samples (20%) of all private hospitals with 100 beds or more. In 1996, 136 random samples (50%) of all 1992 respondent hospitals with six or more TB admissions in 1991 were resurveyed.

Of the 1,076 hospitals surveyed in 1992, 763 (71%) respondents returned a completed questionnaire. Among these, 536 (71%) of 755 reported having rooms that met CDC criteria for acid-fast bacilli isolation, ie, negative air pressure, six or more air exchanges per hour, and air vented directly to the outside. The predominant respiratory protective device for healthcare workers was nonfitted surgical mask, and attending physicians were (50%) included in tuberculin skin-testing programs infrequently. In the 1996 resurvey, 103 (76%) of 136 respondents returned a completed questionnaire. Of these, 99 (96%) reported having rooms that met CDC criteria for acid-fast bacilli isolation. The N95 respiratory protective devices were used predominantly by healthcare workers, and attending physicians were increasingly (69%) included in the hospitals' tuberculin skin-testing programs.

The authors concluded that most US hospitals are making progress in the implementation of CDC guidelines for preventing the transmission of *M tuberculosis.*

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