Editorial

Challenges and Controversies

Richard A. Garibaldi, MD; Richard P. Wenzel, MD, MSc

The discipline of hospital epidemiology, now in a period of growth and evolution, faces enormous challenges and opportunities. The Society of Hospital Epidemiologists of America (SHEA) and *Infection Control and Hospital Epidemiology* have attempted to capture the essence of these turbulent times in their first co-sponsored, joint conference "Hospital Epidemiology: New Challenges and Controversies." The March 1989 meeting in Baltimore was attended by more than 300 guests and participants. The organization of the conference, with its state-of-the-art presentations, panel discussions and extensive audience participation through question-and-answer sessions, reflected the dynamic nature of topics and concerns of the attendees.

The sessions were focused on the three major themes confronting the field of hospital epidemiology today: acquired immunodeficiency syndrome (AIDS). the expanding roles of hospital epidemiology and new issues for infection control. Discussions on AIDS always generate controversy and concern; our sessions were no exception. The topics reflected the important issues that affect hospital epidemiologists—issues regarding the risks of infection for health care workers, the pros and cons of widespread serologic testing, the maintenance of a safe blood supply and recommendations for dealing with H 1 V-infected health care workers. The discussions not only provided updates of available factual information, but also dialogues on the ethical, legal and social implications of' the problems that were presented.

An entire day was devoted to the exposition of the expanding role of the hospital epidemiologist. It was evident that epidemiologic techniques are being used within the hospital to identify problems and evaluate solutions in areas other than infection control. Quality assurance issues are reflected in all aspects of infection control activities. The same methodologies that we use fin- surveillance, rate calculations, analysis and control are exportable to other questions, such as quality of care, costs and utilization issues. The importance of stratification by level of disease severity to allow for more accurate assessment of the risk for complications was stressed. The domains of drug surveillance and noninfectious hazards in the workplace were also explored as other areas in the hospital where epidemiologic approaches could offer important insights for problem identification and resolution.

Finally, there was a broad-based update on new developments in the area of hospital-acquired infections—from the vantage point of both the microorganism and the host. There were examples of the application of new molecular probes to characterize and fingerprint nosocomial pathogens for epidemiologic studies as well as to analyze mechanisms of' drug resistance. The new roles of fungi, viruses and bacteria, particularly gram-positive species, were discussed as pervasive pathogens for hospitalized patients. No discussion of hospital-acquired infection could be limited to microbiologic issues alone, nor was this one. The compromised host was reconsidered with particular emphasis on new, innovative strategies to reconstitute host-immune deficits and render patients less susceptible to infection.

The field of hospital epidemiology is indeed at a critical crossroads. New challenges and new controversies abound at every turn in the road. It is time for each of us to step forward and chart our course for the future. Our choices are many—each requires a restructuring and expansion of our roles in the hospital. The directions we choose will force us to initiate new programs and develop new alliances within the framework of our own hospital structures. It will not be easy for many of us who were just beginning to feel comfortable within the areas of infectious diseases and infection control. Nonetheless, we cannot stand still; the needs of the hospital and concerns of present day society must be addressed. This conference has focused on the scope of the opportunities and the breadth of the challenges that await us. The decision is ours.

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HOSPITAL EPIDEMIOLOGY:
New Challenges and Controversies
March 10-12, 1989
Baltimore, Maryland

DAY 1

AIDS

FRIDAY, MARCH 10

UPDATE: RISK OF HIV INFECTION TO HEALTH CARE WORKERS
Harold Jaffe, MD
Atlanta, GA

Panel
Chairman: William Schaffner, MD
Nashville, TN
David K. Henderson, MD
Bethesda, MD
Mary Sinclair
New York, NY

SEROLOGIC SCREENING OF PATIENTS AND PERSONNEL
Dennis G. Maki, MD
Madison, WI

Panel
Chairman: Richard A. Garibaldi, MD
Farmington, CT
Alfred J. Saah, MD
Baltimore, MD
Robert A. Weinstein, MD
Chicago, IL

UNDERSTANDING PATHOGENESIS OF HIV INFECTION
Chairman: Donald A. Goldmann, MD
Boston, MA
Martin Hirsch, MD
Boston, MA

PROTECTING THE BLOOD SUPPLY: IMPACT OF HIV-2/ HTLV-I AND OTHER RETROVIRUSES
Thomas F. Zuck, MD
Cincinnati, OH

THE HIV-POSITIVE HEALTH CARE PROFESSIONAL
Peter N.R. Heseltine, MD
Los Angeles, CA

DAY 2

EXPANDING ROLES OF HOSPITAL EPIDEMIOLOGY

SATURDAY, MARCH 11

QUALITY ASSURANCE
Sheldon Greenfield, MD
Boston, MA

Panel
Chairman: Richard P. Wenzel, MD, MSc
Iowa City IA
James Roberts, MD
Chicago, IL

EMPLOYEE HEALTH: CHEMICAL EXPOSURES IN THE WORKPLACE
William A. Rutala, PhD, MPH
Chapel Hill, NC

Panel
Chairman: Bruce Hamory, MD
Hershey, PA
Elizabeth A. Bolyard, RN, MPH, CIC
Baltimore, MD

SEVERITY OF ILLNESS INDICATORS
Chairman: Peter A. Gross, MD
Hackensack, NJ
Susan Horn, PhD
Baltimore, MD

PHARMACOEPIDEMIOLOGY
Chairman: John P. Burke, MD
Salt Lake City, UT
Hugh Tilson, MD
Triangle Park, NC

DAY 3

NEW PROBLEMS FOR INFECTION CONTROL

SUNDAY, MARCH 12

Chairman: John E. McGowan, Jr., MD
Atlanta, GA

OPPORTUNISTIC FUNGI
Michael A. Pfaller, MD
Iowa City IA

NEW VIRUSES (Non-HIV)
Richard J. Whitley, MD
Birmingham, AL

GRAM-POSITIVE COCCI
Dennis D. Schaberg, MD
Ann Arbor, MI

INFECTIONS IN IMMUNOSUPPRESSED HOSTS
Chairman: Timothy R. Townsend, MD
Baltimore, MD
Lowell S. Young, MD
San Francisco, CA

THE FUTURE OF HOSPITAL EPIDEMIOLOGY
Calvin M. Kunin, MD
Columbus, OH

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