

rate of perinatal HIV transmission and to be beneficial in treating early HIV infection. However, the implications of these results for postexposure prophylaxis are uncertain. The short-term toxicity of ZDV in HCWs primarily has been gastrointestinal discomfort and fatigue.

In 1990, the Public Health Service (PHS) concluded that a recommendation could not be made for or against the use of ZDV postexposure prophylaxis because of the limited knowledge regarding its efficacy and toxicity. PHS does recommend that HCWs who may be at risk for occupational exposure to HIV infection be informed of the considerations pertaining to the use of ZDV for postexposure prophylaxis, including the risk for HIV transmission after exposure, factors that influence the risk, and the limited knowledge that regarding the efficacy and toxicity of ZDV postexposure prophylaxis. PHS currently is evaluating the implications of this study in assessing the possible need for revision of its recommendation for managing occupational exposure to HIV, particularly regarding postexposure use of antiretroviral agents.

FROM: Centers for Disease Control and Prevention. Case-control study of HIV seroconversion in healthcare workers after percutaneous exposure to HIV-infected blood—France, United Kingdom, and the United States, January 1988 to August 1994. *MMWR* 1995;44(50):929-933.

## Adults Often Source of Pertussis

Although pertussis in adults has been well documented, opinions have differed on the incidence of adult disease and the role of adults as reservoirs of infection. Researchers from the Institute for Hygiene and Laboratory Medicine in Munich, Germany, recently reported the results of a prospective household contact study of an acellular pertussis vaccine to collect data on pertussis in adults.

All members of families with an index case of pertussis were monitored for respiratory symptoms, and pertussis was confirmed by laboratory tests. In 122 households, 104 children (85%) and 18 adults (15%) were the source of pertussis. These households consisted of 265 adults (aged 19 to 83 years), in 84 of whom pertussis was confirmed. Of these 84, 81% had respiratory symptoms for 21 days or more. The spread of pertussis was independent of whether the index case was a child or an adult. The overall attack rate in adult contacts was 26% and was independent of the social status and size of the family. Patients whose first pertussis episode dated back more than 20 years had similar symptoms and attack rates to patients without any pertussis history.

Their finding that 15% of the index cases of the family were adults is similar to data from outbreaks of pertussis in the United States. The authors conclude that, in this study region and probably other areas endemic for pertussis, adults often are involved in the spread of pertussis in households, and the frequency of atypical, nonidentified cases may be higher than expected. Finally, although patients with a pertussis history only rarely were index cases, adults seem susceptible to reinfection 20 years after a first pertussis episode.

FROM: Wirsing von Konig CH, Postels-Multani S, Block HL, Schmitt HJ. Pertussis in adults: frequency of transmission after household exposure. *Lancet* 1995; 346:1326-1329.

## OSHA Clarifies Position on Recapping of Needles

A recent memorandum from Occupational Safety and Health Administration's (OSHA) Director of Health Compliance Assistance, Ruth McCully, clarified OSHA's position regarding needle recapping. A rumor circulating through the healthcare industry concerned a HCW who worked in a midwest hospital that was cited by OSHA for having recapped needles in the disposal box. Apparently, as the rumor goes, to avoid a possible citation, the HCW recapped a contaminated needle, carried it to the sharps box, and then uncapped the needle before placing it in the needle disposal box. The HCW sustained a needlestick injury and subsequently HIV seroconverted.

OSHA states that the origin of this rumor is unclear and that a search of inspections over the past several years did not reveal any citation related to capped needles in needle boxes. OSHA clarified their position that "contaminated needles and other contaminated sharps should not be recapped." However, if recapping of contamination sharps is necessary, it "must be accomplished through the use of a mechanical device or a one-handed technique." Thus, there frequently might be capped needles in the disposal boxes. OSHA administrators have confirmed that OSHA does not inspect the contents of needle boxes and does not issue citations when needles are found to be recapped.

Questions on this topic can be directed to Richard Fairfax, (202) 219-8036, in OSHA's Office of Health Compliance Assistance.

FROM: Occupational Safety and Health Administration. Memorandum to regional administrators: occupational transmission due to needle recapping. October 20, 1995.

## Flu Epidemic in Russia Hits Millions

The worst influenza epidemic in decades has hit Russia and the Ukraine, with as many as 200,000 new cases reported each day. Nearly 1 million people already have been infected in Moscow and almost 2 million in the Ukraine.

Local health officials postulated that the rapid spread of influenza was related to recent social changes and deterioration of the health system. For example, the Russian budget now provides only a fraction of previous funding for preventive medicine. Poverty also is rampant, particularly in large cities. There is no organized system to administer vaccine, and there is a widespread belief that the injection may be worse than the illness, in part due to the reprocessing and reuse of needles.

The CDC has noted that the influenza virus spreading across Russia does not appear to match the strains causing

infection in the United States and Asia (A2 virus).

FROM: Specter M. Flu epidemic hits millions in Ukraine and Russia. *New York Times*. December 28, 1995:A7.

## Ehrlichiosis Outbreak Among Golfers

Ehrlichiosis due to *Ehrlichia chaffeensis* usually occurs sporadically or in small clusters; the principal vector is the Lone Star tick. An outbreak of ehrlichiosis was reported recently among members of a golf-oriented retirement community (community A) in Tennessee. The community is densely wooded and borders a wildlife-management area where deer are numerous. Investigation revealed 11 cases of symptomatic ehrlichiosis, 10 of which were in community A. Of 311 surveyed residents in community A, 12.5% had serologic evidence of past *E chaffeensis* infection, as compared to 3.3% of 92 residents in another golf-oriented community 20 miles away (community B). The risk of infection was associated with tick bites, expo-

sure to wildlife, and golfers who had retrieved lost golf balls from the rough. Persons who never used insect repellent were more likely to have had infection than persons who did. In community A, thousands of Lone Star ticks were found; in community B, only three ticks were found.

Human ehrlichiosis, one of several recently emerging infections, was first described in the United States in 1987, with more than 400 cases reported since that time. The researchers concluded that the high rate of *E chaffeensis* infection in community A resulted from its proximity to a wildlife reserve; when outdoor activities are common and concentrations of ticks are high, outbreaks of arthropod-borne zoonoses can be anticipated.

FROM: Standaert SM, Dawson JE, Schaffner W, et al. Ehrlichiosis in a golf-oriented retirement community. *N Engl J Med* 1995;333:420-425.

*Additional news items in this issue: Smoke Tubes Not Reliable for Negative-Pressure Monitoring, page 91; DOT Exempts Cultures and Stocks From Strict Packaging, page 107; Meningococcal Carriage Linked to Campus Bar, page 128.*

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**HOSPITAL EPIDEMIOLOGY FELLOWSHIP**—Position available July, 1996 at UT Health Science Center, San Antonio, Department of Medicine/ID. One year fellowship for MD with previous ID training to study hospital epidemiology. Fellow will learn principles of surveillance, control of nosocomial infection, biostatistics and epidemiology methods, DNA typing, and antibiotic utilization. Applicants send letter of interest and CV to: Dr. Jan Patterson, Dept. of Medicine/ID, University of Texas Health Science Center, 7703 Floyd Curl Drive, San Antonio, TX 78284-7881, FAX: 210/616-3905. UTHSCSA is an equal opportunity/affirmative action employer.

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