

# SHEA Newsletter

## THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

<b>PRESIDENT</b>	C. Glen Mayhall, MD/ Memphis, Tennessee	<b>TREASURER</b>	Bruce H. Hamory, MD/Hershey Pennsylvania
<b>PRESIDENT-ELECT</b>	John I? Burke, MD/Salt Lake City, Utah	<b>COUNCILOR</b>	John M. Boyce, MD/Providence, Rhode Island
<b>VICE PRESIDENT</b>	Donald E. Craven, MD/Boston, Massachusetts	<b>COUNCILOR</b>	David K. Henderson, MD/Bethesda, Maryland
<b>PAST PRESIDENT</b>	Dennis G. Maki, MD/Madison, Wisconsin	<b>COUNCILOR</b>	Michael L. Tapper, MD/New York, New York
<b>SECRETARY</b>	William J. Mar-tone, MD/Atlanta, Georgia	<b>COUNCILOR</b>	August J. Valenti, MD/Portland, Maine

## HIV Hospital Seroprevalence Study Guidelines

In response to requests from hospitals asking for assistance in determining human immunodeficiency virus (HIV) seroprevalence among their patients, the Division of HIV/AIDS, Centers for Disease Control (CDC), has developed "Guidelines for Rapid Assessment of HIV Seroprevalence in Hospitalized Patients." These guidelines should enable hospitals to perform simple, rapid, and inexpensive surveys to determine HIV seroprevalence among their patient populations while protecting the anonymity of those who are tested.

The results of such anonymous ("blind") HIV seroprevalence surveys in hospitals can be used to evaluate the need to provide voluntary counseling and testing services, to target educational efforts and reinforce use of appropriate precautions by healthcare workers, and to determine the need for further epidemiologic studies concerning demographic and behavioral characteristics in the hospital's catchment population. Even the most

recalcitrant hospital workers become fervent believers in Universal Precautions when they see the statistics on HIV seroprevalence generated in many hospitals.

For ethical reasons and simplicity, the guidelines recommend anonymous, unlinked testing of residual blood specimens collected for routine diagnostic purposes. The guidelines attempt to determine seroprevalence in the highest risk group (25- to 44-year-olds) by focusing the surveys on patients in the 15 to 54-year age range.

The guidelines, which are available from the CDC, give step-by-step instructions, including flow diagrams, algorithms, and sample data sheets. These guidelines have been approved by the CDC's Institutional Review Board and are available free upon request by writing to Robert S. Janssen, MD, Population Study Section, Division of HIV/AIDS, Center for Infectious Diseases, Centers for Disease Control, 1600 Clifton Road, Atlanta, GA 30333. Telephone (404) 639-2082.

## Joint Commission Manual Due for Revision

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently published a manual "How to Achieve Quality and Accreditation in a Hospital Infection Control Program." In part, the manual provided a case study self-help approach to building "continuous quality improvement" principles into infection control programs. Unfortunately, some of the manual's case studies contain errors in the application of basic infection control and epidemiologic methodology. These errors have been brought to the attention of the JCAHO by several SHEA members. As a result of these interactions, the manual will be updated and reportedly is being withdrawn from distribution in anticipation of the revised version. If any JCAHO surveyors who are reviewing your hospitals refer to the now-outdated version of this manual—for example, to emphasize your having or using it—you should be aware of the manual's current status.