Association for consideration as a model of other interested provinces.

CDC Releases Simplified Patient Vaccine Information

As required by the National Childhood Vaccine Injury Act of 1986, the U.S. Department of Health and Human Services issued extensive vaccine information materials in October 1991 for distribution by healthcare providers to the legal representatives of any child receiving particular vaccines. These included diphtheria, tetanus, pertussis, measles, mumps, rubella, and polio vaccines. Since April 15, 1992, any healthcare provider who intends to administer one of the covered vaccines is required to provide copies of vaccine information materials prior to administration of these vaccines.

Because of concerns expressed by providers about the length and readability of the vaccine information materials (each of the three existing pamphlets is 10 pages long) and the lengthy development and revision process required by the rule making, the U.S. Congress revised the law. The revisions include simplification of the information provided and the process for develop ment. In addition, Congress clarified that the materials also must be provided to any adult who receives the vaccine.

The CDC has finalized the vaccine information materials and published them in the June 20, 1994, *Federal Register.* For further information, call the CDC's National Immunization Program at (404) 6398200.

FROM: Centers for Disease Control and Prevention. New vaccine information materials. *Federal Register* 1994;50(117):31888-31892.

Drug-Resistant TB Outbreak in California High School

Following the diagnosis of three high school students with active TB in a high school in Westminster, California, public health officials conducted an investigation to identify the source case and any additional cases. The *Mycobacterium tuberculosis* isolate from all three students was resistant to isoniazid, streptomycin, and ethionamide (ISE).

To find additional cases, in the fall of 1993 all current students, 1993 graduates, and staff were screened with a TB skin test. The source case patient was a Southeast Asian immigrant student in the class of 1994, who developed a cough in January 1991; her doctors did not diagnose TB until 13 months later and did not report her case to the health department. She was sputum acid-fast bacillus smear positive and not adherent to therapy until July 1993; no contact investigation ever was performed.

Additional cases of active TB were found in 9 of 1,402 current students, 3 of 352 1993 graduates, and none of the staff. Of the 16 total cases, five had susceptibility patterns different from the source patient with the ISE-resistant strain. The remaining 11 cases were epidemiologically linked, and eight were culture positive with ISE resistance; seven available isolates had identical DNA fingerprints. Of the 1,402 current students, 1,266 (90%) had tuberculin skin tests (TST). Preliminary data showed that 292 out of 1402 students (23%) had TST conversion (>10 mm). The TST conversion rates for the class of 1994, the class of the index case, was 34%.

This outbreak of drug-resistant TB transmitted in a school may have been prevented with prompt recognition, treatment, and bacteriologic monitoring of the source case patient. Secondary cases may have been prevented if classroom contacts had been screened early for tuberculous infection and given preventive therapy.

FROM: *New York Times* July 17, 1993:A1. Also from: Ridzon R, Kent J, Shefer A, et al. Outbreak of drug-resistant tuberculosis at a high school, California, 1993. Presented at the 43rd Annual Epidemic Intelligence Service Conference; April 1821, 1994; Atlanta, Georgia.

Guideline for Prevention of Nosocomial Pneumonia

Ofelia C. Tablan, MD; Larry J. Anderson, MD; Nancy H. Arden, MN; Robert F. Breiman, MD; Jay C. Butler, MD; Michael M. McNeil, MD; and The Hospital Infection Control Practices Advisory Committee

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