

because they should already be age-appropriately immunized.

Dr. Mary Lou Lindegren et al concluded that providing measles vaccination in EDs during community outbreaks may increase coverage among a hard-to-reach population and may be a cost-effective means of preventing ongoing transmission of measles and associated hospitalizations.

There also may be patients who have a history of vaccination who may be vaccine eligible. In a related study published in the same issue, Dr. Karen Goldstein et al from the Wyler's Children's Hospital, Chicago, found that immunization information provided by accompanying adults (from recall or from immunization cards) is inadequate to determine accurately which preschoolers in the pediatric emergency departments are delayed in childhood immunizations."

According to the CDC, no cases of measles were reported in the United States for three consecutive weeks (November 7 to November 27, 1993), representing the first three-week period without measles since reporting began in 1912.<sup>3</sup> However, this does not indicate that measles has been eliminated; previous low-level measles activity has been followed by resurgence. High vaccination coverage levels among preschool and school-aged children need to be achieved and sustained in all communities to ensure the elimination of endemic measles transmission.

#### REFERENCES

1. Lindegren ML, et al. Measles vaccination in pediatric emergency departments during a measles outbreak. *JAMA* 1993;270:2185-2189.
2. Goldstein KP, et al. Accuracy of immunization histories provided by adults accompanying preschool children to a pediatric emergency department. *JAMA* 1993;270:2190-2194.
3. Centers for Disease Control and Prevention. Absence of reported measles-United States, November, 1993. *MMWR* 1993;42:925-926.

### Distribution of HIV-Contaminated Blood Prompts Closer Monitoring of Blood Supply Programs

German health officials discovered in October 1993 that a small Germany blood supply company in Koblenz, UB Plasma, had distributed HIV-contaminated blood products to 88 hospitals and four companies in Germany. After it was determined that UB Plasma had knowingly failed to test all units of blood products for HIV prior to distribution, UB Plasma officials were arrested and the company has closed. The investigation began after German health officials noted that UB Plasma had sold 7,000 units of blood since 1992 but had purchased only 2,500 kits to screen for HIV.

The HIV scare spread rapidly beyond Germany when UB Plasma records showed shipments went to Austria, Greece, and Saudi Arabia, as well as to intermediary companies that may have sent products to France, the Netherlands, Britain, Portugal, Sweden, Italy, and Switzerland. A spokesperson for the U.S. armed forces stationed in Heidelberg has confirmed that no contaminated blood was given to Americans because they rely on their own blood sources, which are tested for HIV.

Some critics argue that the German system is fundamentally flawed because it makes use of for-profit companies that may be tempted to take shortcuts. This incident also has health officials in Germany and some other European countries questioning the practice of payment for blood donations because the money attracts drug addicts and others at high risk for HIV infection.

FROM: *Time* November 15, 1993; *New York Times* November 23, 1993.

### CDC Data Confirm Low Risk of HIV Transmission from HCW to Patient

At the First National Conference on Human Retroviruses and Related Infections in Washington, DC, December 12-16, 1993, the CDC reported data from an ongoing evaluation of the risk of HIV transmission from infected healthcare workers (HCWs) to patients. The CDC analyzed data from investigations of 60 infected HCWs (30 dentists/dental students, 13 surgeons or obstetrician/gynecologists [OB/GYNs], 13 physicians/medical students, and four other HCWs), excluding the Florida dental practice where six patients are believed to have acquired HIV from a dentist with AIDS. As of July 1993, HIV test results were known for 19,876 patients. Of these, procedure data were available for 2,850 patients, including 425 patients (of four dentists) who underwent periodontal, root canal, or oral surgery procedures; 838 patients (of three OB/GYNs) of whom 174 (21%) had vaginal deliveries, 155 (18%) had cesarean sections, and 134 (16%) had major gynecologic surgery; and 1,587 patients (of a breast surgeon and an orthopedic surgeon) who underwent an invasive procedure. No seropositive persons were found among 12,369 patients of 49 HCWs; 92 HIV-infected persons were found among 7,507 patients of the 11 remaining HCWs. Of these 92 patients, eight were infected prior to receiving care; six were under investigation; and 30 had HIV genetic sequencing analysis performed, including 14 (25%) of 57 with established risk factors and 16 (76%) of 21 without an identified risk. When complete

epidemiologic and laboratory follow-up were possible, transmission from a HCW to a patient could not be documented. These data support earlier assessments that the risk of HIV transmission from an infected HCW to a patient is very small.

FROM: Robert L, et al. Investigations of patients treated by HIV-infected health care workers: an update. Abstracts of the First National Conference on Human Retroviruses and Related Infections. December 12-16, 1993; Washington, DC. Abstract 535.

### **Transmission of TB from Flight Attendant to Crew**

According to an abstract submitted to the 33rd Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) held October 17-20, 1993, in New Orleans, a flight attendant with cavitary pulmonary tuberculosis may have transmitted TB to as many as 13 of 265 crew members on international flights. The investigation of transmission among coworkers was prompted by TB skin test (TST) conversions among six of seven household contacts of the flight attendant. The risk of infection for coworkers appeared to be greater for those exposed closer to the date of diagnosis of the flight attendant and with increasing hours of exposure. The authors report that studies to evaluate the risk of transmission to passengers are ongoing.

FROM: Driver C, et al. Airborne transmission of airborne disease-cavitary TB in a flight attendant. Abstracts of the 33rd Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC). October 17-20, 1993; New Orleans, LA. Abstract 1369.

### **Urine Tests Can Reveal Chlamydial Infection in Asymptomatic Men**

Dr. Mary Ann Shafer et al from the University of California, San Francisco, reported the results of a study recently published in the *Journal of the American Medical Association* that showed a combination of urine-based tests that are both clinically effective and cost-effective for detecting *Chlamydia trachomatis* in asymptomatic young men. As a simple alternative to the urethral swab method, performance of a dipstick test for leukocyte esterase (LE) or a microscopic exam showing polymorphonucleocytes on the first portion of a voided urine specimen predicts chlamydial infection in asymptomatic young men. The authors state that urethral tissue cultures cost \$697.

In the same journal, Dr. M. Genc et al reported a detailed economic evaluation that demonstrated that

LE-enzyme immunoassay screening of urine from asymptomatic young men followed by treatment with a single dose of azithromycin is a cost-effective strategy and leads to reduced overall health costs when the prevalence exceeds 2%.

Based on these two published reports, Drs. Mark Aronson and Russell Phillips, in an accompanying editorial, recommend routine performance of a dipstick for LE in asymptomatic, sexually active, adolescent males and young men during all routine examinations.

FROM: Shafer MA. Evaluation of urine-based screening strategies to detect *Chlamydia trachomatis* among sexually active asymptomatic young males. *JAMA* 1993;270:2065; Genc M, et al. An economic evaluation of screening for *Chlamydia trachomatis* in adolescent males. *JAMA* 1993;270:2065; Aronson MD, Phillips RS. Screening young men for chlamydial infection. *JAMA* 1993;270:2097. Editorial.

### **Outbreak of Legionellosis Associated with Exposure to Hot Tub**

Six undergraduate students experienced febrile illnesses while vacationing at a Vermont ski resort. Legionellosis was confirmed in all six students by serologic testing. One student with insulin-dependent diabetes mellitus had a clinical course consistent with Legionnaires disease and was ill for three weeks with severe pneumonia and hypoxemia. The other five students had self-limiting febrile illness without pneumonia, consistent with symptoms associated with Pontiac fever, and recovered within three to six days. The source of the *Legionella pneumophila* in this outbreak was believed to be a private hot tub.

While *L pneumophila* is associated with point-source outbreaks of either Pontiac fever or Legionnaires disease, these two forms of infection generally are considered to be clinically and epidemiologically distinct. The basis for the marked difference in the expression of disease is unknown. However, differences in bacterial strains, inoculum size, and host response have been proposed. The differing clinical presentation of one student compared with the other five in this outbreak likely was influenced by the immune status of the host.

*L pneumophila* recovered from whirlpool-type spas has been associated with other outbreaks of Pontiac fever and Legionnaires disease.

FROM: Thomas DL, et al. Hot tub legionellosis. *Arch Intern Med* 1993;153:2597-2599.