Medical News

EDITED BY GINA PUGLIESE, RN, MS; MARTIN S. FAVERO, PHD

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Jonathan Freeman Scholarships

The scholarships for the SHEA/CDC Hospital Epidemiology Training Course have been named in memory of Jonathan Freeman, a devoted faculty member of the training course for over 10 years. During his 10 years as part of the faculty, Dr. Freeman taught the basics of epidemiology and statistics to more than 2,000 infectious disease fellows and practitioners in infection control and hospital epidemiology. He died on May 23, 2000, from complications of lymphoma. Dr. Freeman received his first academic appointment at Harvard Medical School in 1972, joined the Harvard School of Public Health in 1990, and led the Interdisciplinary Program in Infectious Disease in recent years. Seven Jonathan Freeman Scholarships in the amount $1,000 each will be awarded to infectious disease fellows to attend each training course. The SHEA/CDC Hospital Epidemiology Training course is currently held twice a year.

FDA Slides on Reprocessed Single-Use Devices Available on Web

The FDA has posted on their web site a slide presentation entitled "Enforcement Priorities for Single-Use Devices Reprocessed by Third Parties and Hospitals." It can be downloaded from http://www.fdaweb.com/default.asp?section=login&ArticleID=B10030015.

FDA Says Hospitals Reusing Single-Use Devices Are Manufacturers

On August 14, 2000, the FDA issued its final guidance on the reprocessing and reuse of devices intended for single-use (SUDs). Hospitals that reprocess SUDs are defined as manufacturers and will have similar requirements as companies that reprocess. These requirements include the premarket requirements of either a 510K (premarket notification) or a PMA (premarket approval). In addition, nonpremarket requirements for all entities include registration as a reprocessor, medical-device reporting and tracking, product corrections and removals, quality system programs, and labeling. These requirements do not apply to healthcare facilities that are not hospitals or to open and unused, permanently implantable pacemakers or hemodialyzers. For more information and the FDA enforcement procedures, go to www.fda.gov/cdrh/reuse/index.shtml.

Influenza Pandemic Preparedness Planning Software

Influenza pandemics have occurred three times during the 20th century: 1918, 1957, and 1968. Experts predict that another influenza pandemic is likely, if not inevitable. Prepandemic planning is essential if influenza pandemic-related morbidity, mortality, and social disruption are to be minimized. To help state and local public health officials and policy makers prepare for the next influenza pandemic, the CDC has developed FluAid 2.0, a specialized software that estimates the number of deaths, hospitalizations, and outpatient visits that may occur during the next pandemic. The software also will help planners calculate the potential burden of an influenza pandemic on healthcare resources (eg, number of hospital beds required and doctors available to see outpatients as a percentage of existing capacity).

FluAid 2.0 is available from the National Vaccine Program Office's web site, http://www2.cdc.gov/od/fluaid/default.htm. The software can be downloaded or can be accessed as an online calculator. A manual is provided explaining the software, required data inputs, and suggestions for data sources. FluAid is in the public domain and available free of charge.

FROM: CDC. Notice to readers: availability of influenza pandemic preparedness planning FluAid 2.0. *MMWR* 2000;49:791.

Needle and Sharps Safety Bills in Congress

Two needle and sharps safety bills were introduced in Congress in mid-September. The House bill (HR 5178), sponsored by Representatives Cass Ballenger (R-NC) and Major Owens (D-NY), would require employers to consider and implement the use of "safer medical devices," a term that refers to needles and other medical instruments with built-in mechanisms to reduce or eliminate employee exposure to sharp points and edges. The legislation would require OSHA to revise its Bloodborne Pathogen Standard and require hospitals and other employers to identify, evaluate, and use these "safer medical devices."

Senator James Jeffords (R-VT) introduced the Senate version of the Needlestick Safety and Prevention Act (S 3067) that mirrors the House legislation (HR 5178) recently passed by the Workforce Protections Subcommittee. Both bills needed to be approved by legislative committees before