vaccination of high-risk patients reduced winter hospitalizations, emergency room visits, and tests for respiratory ailments by 10% to 20%.

As part of a three-year randomized trial, physicians of patients at high risk for serious illness from influenza infection in the study group received computer reminders to take preventive-care actions, while physicians of high-risk patients in the control group did not receive such reminders. Patients at risk for influenza were those over 65 years of age or with chronic lung disease, asthma, diabetes mellitus, congestive heart failure, or renal or hepatic failure.

Patients in the intervention group received influenza vaccination twice as often as patients in the control group. The potential benefits of influenza vaccination was evaluated by comparing patient outcomes in the intervention and control groups during three winters. The rates of winter morbidity, emergency room visits, and hospitalization were significantly less for patients in the intervention group than control patients.

The authors concluded that the success of computer-generated reminders should support efforts to use computerized medical records in primary practices and to include the ability to generate patient-specific preventive care reminders.

FROM: McDonald CJ, Hui SL, Tierney WM. Effects of computer reminders for influenza vaccination on morbidity during influenza epidemics. ***MD Computing*** 9;1992:304-312.

NIH Opens First Trial of HIV Vaccines in Children

The National Institutes of Health (NIH) has opened the first trial of experimental HIV vaccines in children who are infected with HIV. The trial will compare the safety of three HIV experimental vaccines in 90 HIV-infected children recruited from 12 sites nationwide.

This study will enroll children from one month to 12 years old. All volunteers must have well-documented HIV infection but not symptoms of HIV disease other than swollen lymph glands or a mildly swollen liver or spleen. The trials will test two doses each of three experimental vaccines made from recombinant HIV proteins. These so-called subunit vaccines, each genetically engineered to contain only a piece of the virus, have so far proved well tolerated in ongoing trials in HIVinfected adults.

Preliminary evidence from similar studies under way in HIVinfected adults shows that certain vaccines can boost existing HIV-specific immune responses and stimulate new ones. It will be several years, however, before researchers know how these responses affect the clinical course of the disease. Health and Human Services Secretary Donna E. Shalala said this initial study can be seen as "a hopeful milestone in our efforts to ameliorate the tragedy of HIVinfected children who now face the certainty they will develop AIDS."

The CDC estimates that 10,000 children in the United States have HIV By the end of the decade, the World Health Organizations projects 10 million children will be infected worldwide.

In the United States, most HIV-infected children live in poor inner-city areas, and more than 80% are minorities, mainly black or Hispanic. Nearly all HIV infected children acquire the virus from their mothers during pregnancy or at birth. In the United States, an HIV-infected mother has more than a one in four chance of transmitting the virus to her baby. HIV disease progresses more rapidly in infants and children than in adults. The most recent information suggests that 50% of infants born with HIV develop a serious AIDS-related infection by three to six years of age. These infections include severe or frequent bouts of common bacterial illnesses of childhood that can result in seizures, pneumonia, diarrhea, and other symptoms leading to nutritional problems and long hospital stays.

For more information about the trial sites or eligibility for enrollment, call AIDS Clinical Trials Information Service, 1-800-TRIALS-A, from 9 A.M. to 7 P.M., EDT weekdays.

Court Rules on Patient's Right to File Suit for Fear of Contracting HIV from Surgeon

The Maryland Court of Appeals reversed the decision of a Baltimore circuit court that dismissed the claims of a patient alleging negligence and failure to obtain informed consent, fraud, and intentional infliction of emotional distress resulting from being operated on by a surgeon whom she did not know was infected with HIV

The patient learned of the surgeon's illness from a local newspaper article. The patient claimed that, as a result of the operation and the subsequent discovery of the HIV status of the surgeon, injury was incurred in the form of exposure to HIV and risk of AIDS, physical injury and financial cost from blood testing for HIV, pain, fear, anxiety, and severe emotional distress. The Baltimore circuit court, in dismissing the case in its entirety, ruled that the surgeon owed no duty to disclose his ailment as part of the doctor-patient exchange leading to informed consent and that

the claimed injuries were not legally compensable because they rested totally on a fear of risk that never materialized. The appeals court, however, reversed this decision, citing in part the American Medical Association's policy: "HIV-infected physicians should disclose their HIV seropositivity to a public health officer or local review committee and refrain from doing procedures that pose a significant risk of HIV transmission or perform these procedures only with consent of the patient and the permission of a local review committee."

This case presents the important question of whether an HIV-infected surgeon has a legal duty to inform patients of that condition before operating upon them, and whether a patient's fear of having contracted AIDS constitutes a compensable injury even when the patient has not become HIV-infected.

Critics of this court decision charge that this case, which now goes to jury trial, will only cause further anguish and hysteria because there are no reported cases of transmission of AIDS from a surgeon to a patient, and such transmission is only theoretical when proper barrier techniques are used.

FROM: Faya v. Almarez, 1993 WL 60500 (Maryland Court of Appeals).

ACIP Issues Recommendations for Newly Licensed Japanese Encephalitis Virus Vaccine

Japanese encephalitis (JE) vaccine was available in the United States from 1983 through 1987 on an investigational basis, through travel clinics in collaboration with the CDC. JE vaccine manufactured by Biken and distributed by Connaught Laboratories, Inc. (Japanese encephalitis virus vaccine, inactivated, JE-VAX) was licensed in December 1992 to meet the needs of increasing numbers of U.S. travelers to Asia and to accommodate the needs of the U.S. military.

Japanese encephalitis (JE), a mosquito-borne arboviral infection, is the leading cause of viral encephalitis in Asia. Approximately 50,000 sporadic and epidemic cases of JE are reported annually from the People's Republic of China, Korea, Japan, and Southeast Asia, the Indian subcontinent, and parts of Oceania.

Risk for acquiring JE among travelers to Asia is extremely low; however, the risk for an individual traveler is highly variable and depends on factors such as the season, locations and duration of travel, and activities of the person. Travel during the transmission season and exposure in rural areas, especially for extended periods of time, are the principal factors contributing to risk. The extent and nature of outdoor activity, use of protective clothing, bed nets and repellents, and lodging in air-conditioned or well-screened rooms are additional factors that affect exposure.

The Advisory Committee on Immunization Practices (ACIP) recommends JE vaccine for persons who plan to reside in areas where HE is endemic or epidemic. JE vaccine is not recommended for all travelers to Asia. In general, vaccine should be offered to persons spending a month or longer in endemic areas during the transmission season, especially if travel will include rural areas. Vaccination is also recommended for all laboratory workers with a potential for exposure to infectious JE virus.

The recommended primary immunization series is three doses of 1.0 ml each, administered subcutaneously on days 0, 7, and 30.

FROM: Centers for Disease Control and Prevention. Inactivated Japanese encephalitis virus vaccine. Recommendations of the advisory committee on immunization practices (ACIP). *MMWR* 1993;42 (no. RR-1) : 1-15.

New Source for Evaluating FDA-Approved Drugs

The pace of Food and Drug Administration (FDA) approval of new drugs has increased substantially in recent years, with 26 new drugs approved in 1992. These have included drugs for infectious disease and AIDS or AID&-elated conditions.

Clinicians and healthcare administrators trying to stay informed about drugs seeking or receiving FDA approval now have an additional source of unbiased information. The University Hospital Consortium (UHC) has begun to make its drug monographs available to nonmember institutions. The UHC, an alliance of leading academic medical centers, publishes 12 monographs each year on drugs in the approval process, then revises the monographs when the drugs are approved. The monographs cover safety, efficacy, financial implications, alternative therapies, and recommendations for appropriate use. For further information call C. David Butler at the UHC: (708) 9541700.

Additional Medical News in this issue: *Pertussis Outbreaks in Massachusetts and Maryland (page 319), AHA to Sponsor National Teleconference on TB (page 324), False-Positive Serologic Tests for HTLV-I Following Influenza Vaccination (page 336), Inability of Retroviral Tests to Identify Persons with Chronic Fatigue Syndrome (page 344), and Multistate Outbreak of Salmonellosis from Contaminated Cheese (page 347).*