

## Medical News

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### FDA Approves Latex Allergy Test

Latex allergies surfaced in the late 1980s in the US, mostly among healthcare workers who wear latex gloves daily and among patients who undergo frequent medical procedures. Reactions range from mild skin irritation to, very rarely, fatal anaphylactic shock.

Approximately 1% of the general population is thought to have allergy to latex. It is estimated that as many as 15% of healthcare workers and more than 34% of spina bifida patients (who are exposed repeatedly to latex tips on enema bottles) have latex allergy.

The Food and Drug Administration has approved a test that will identify serum antibodies that react to the proteins found in latex. This new latex allergy test, the Alastat test, is made by Diagnostic Products Corporation and has a sensitivity of 94%. It will cost laboratories approximately \$5 per test.

FROM: AMA. FDA OKs test for latex allergy. *AMA News* April 10, 1995, p 26.

### NIOSH Develops Videotape on Aerosol Production During Surgery

The National Institute of Occupational Safety and Health recently developed a video that presents the results of a study of aerosol production during surgical procedures, including information on the nature of aerosols and description of aerosol measurement instruments. Four types of surgical procedures were studied (laryngeal, gynecologic, orthopedic, and plastic) and the risks associated with specific types of surgical tools (electro-scalpel, cautery, laser). Suggestions are provided for reducing the risk of aerosol exposures, such as cooling of power tools, use of smoke evacuators, and placement of personnel to avoid interruption of air flow patterns. For information about obtaining a copy on loan of "Identification of Aerosol Production During Surgical Procedures" (Program No. 171), send a written request to Roger Wheeler, NIOSH, Mail Stop C-12, 4676 Columbia Pkwy, Cincinnati, OH 45226.

### Columbia/HCA Creates AIDS Network

Columbia/HCA Healthcare Inc. is teaming up with Group Practice Consultants Inc, Miami, Florida, to launch what it calls the nation's first fully integrated and compre-

hensive HIV treatment network. The managed care program, which will feature a continuum of service for AIDS and HIV patients, will be available initially in south Florida and later will expand to other parts of the state. Company officials say the program will offer patients a broad array of services not found in most managed care networks, including pharmacy, education, prevention, holistic therapies, chiropractic services, exercise, and dentistry.

FROM: *Managed Care Outlook* March 10, 1995, p 7.

### California's Orange County Reports 14% Drop in TB Cases

Tuberculosis (TB) cases in Orange County, California, have declined by 14% (from 619 in 1993 to 547 in 1994) in the year following a TB outbreak that involved more than 100 students who were exposed to an undiagnosed student with drug-resistant disease at a local high school.

County health officials said the drop in TB cases was encouraging after a 4-year climb and was the result of aggressive contact tracing and frequent use of directly observed therapy. Since the 1993 outbreak, public health workers and nurses have been dispatched into communities to ensure that those infected take their medications for the required amount of time. Progress also has been made toward prompt reporting of cases. A state law took effect in 1994 that requires health facilities to notify the county of treatment plans for TB patients before discharge or transfer.

FROM: 1994 TB cases drop 14 percent in California's Orange County. *AIDS Weekly* April 3, 1995, p 22.

### New Russian Law Requires HIV Testing of Visitors

A controversial law in Russia, which called for mandatory HIV testing of all visitors to the country, has been amended. The lower house of parliament unanimously accepted the amendment put forth by President Boris Yeltsin exempting from testing persons visiting the country for less than 3 months. Diplomats also will be exempt, but other foreigners who intend to stay for more than 3 months either must produce recent certification that they are HIV negative, or they must be tested upon arrival. The new law is scheduled to take effect on August 1, 1995.

The World Health Organization (WHO) has consistently denounced governments that make HIV testing a requirement for foreigners entering a country. WHO offi-

cials said they do not support any form of testing that might result in discrimination and that HIV testing of foreigners is not an effective AIDS containment measure from a public health perspective.

FROM: *Lancet* March 11, 1995;345(8949):644.

## JCAHO Backs Away from Mandatory Indicators, Invites Other Performance Measurement Systems

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) decided to withdraw from an earlier position on mandatory use of its Indicator Measurement System (IMSystem). JCAHO recently issued written invitations to more than 250 organizations to solicit their involvement in a performance measurement partnership. This marks the first step in JCAHO's plan to include multiple performance measurement systems, in addition to its own IMSystem in its future accreditation process.

Plans are being made for tabulation of all the available measurement systems from which candidate systems will be identified for formal review by a special advisory panel. Those systems that meet a set of basic criteria, such as their willingness to share data, would be included with the IMSystem under an umbrella of alternate performance measurement systems acceptable for use in the JCAHO's future accreditation process.

Efforts also are underway to expand and strengthen the IMSystem through a second collaborative effort, involving periodic issuance of Requests for Indicators (RFIs) in different programmatic areas. The RFIs will invite organizations, professional associations, academic institutions, database developers, and others to share their expertise and indicator work products with the JCAHO.

This enhanced approach to performance measurement could become part of the accreditation process as early as 1997. Any organization interested in having its measurement system considered is invited to contact the JCAHO.

FROM: Joint Commission on Accreditation of Healthcare Organizations. Joint Commission issues invitation to performance measurement systems. News release March 8, 1995.

Burda D. JCAHO backs off on requiring use of its indicator system. *Modem Healthcare* March 13, 1995, p 4.

## CDC Releases Draft Guidelines for HIV Counseling and Voluntary Testing for Pregnant Women

In 1993, an estimated 7,000 HIV-infected women gave birth in the United States. The prevalence of HIV infection in women giving birth was 1.6 per 1,000, or approximately 1 in 625. Assuming an HIV transmission rate from mother to infant of approximately 15% to 30%, approximately 1,000 to 2,000 infected infants were born in the United States in 1993.

For HIV-infected women and their infants to benefit

optimally from AZT and other medical treatment, it is important for women to know before or early in pregnancy whether they are HIV infected. CDC's draft guidelines promote early HIV counseling and voluntary testing to help women learn if they are infected. This will enable women to seek and receive the care they need for themselves and to reduce the chances of transmitting HIV to their infants.

In February 1994, the results of the National Institute of Health AIDS Clinical Trial 076 were announced, indicating that zidovudine (ZDV or AZT) could reduce perinatal HIV transmission by as much as two thirds in some infected women and their infants. The results were reported in the *New England Journal of Medicine* in November 1994. In August, the Food and Drug Administration approved AZT use for pregnant women, and the US Public Health Service issued guidelines on AZT use during pregnancy (*MMWR* 1994;43[RR-11]). There were no serious short-term side effects observed in the study, but several questions remain unanswered. The trial included a select group of women in the early stages of disease who previously had not taken AZT long-term and who had access to prenatal care. The therapy may differ in effectiveness in women who differ from these characteristics. In addition, it is not known how AZT specifically prevents transmission, the effect of any variations in therapy (eg, using AZT only during labor or in late pregnancy), or the long-term effects of AZT on mothers and infants.

The combined strategy of HIV counseling for all pregnant women and voluntary HIV testing already is proving effective in several communities. For example, in one inner-city hospital in Atlanta, 96% of pregnant women chose to be tested after being provided HIV counseling and offered voluntary HIV testing as part of prenatal care.

Although AZT therapy is not 100% effective and the long-term risks to the mother and infant are not yet known, the Centers for Disease Control and Prevention (CDC) believes that the dramatic reduction in HIV transmission in the trial dictate that every HIV-infected pregnant woman should be offered AZT therapy to reduce the risk of HIV transmission to the infant.

Copies of the draft document "US Public Health Service Recommendations for HIV Counseling and Testing for Pregnant Women" may be obtained from the CDC's National AIDS Clearinghouse, PO. Box 6003, Rockville, MD 20849-6003, telephone (800) 4585231.

FROM: CDC Press Release: CDC's draft guidelines for HIV counseling and voluntary testing for pregnant women; February 1995.

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**Additional news items in this issue: Community Exposure Predicts Healthcare Worker TB Skin-Test Conversion (page 330), Serosurvey Finds Surgeons at Greatest Risk for Hepatitis B (page 334), Community Outbreak of Legionnaires' Disease from Hospital Cooling Tower (page 339), Newly Identified Virus Kills Trainer and 14 Horses in Australia (page 347), New Hepatitis Viruses Identified (page 353), Diphtheria Epidemic in the Newly Independent States of the Former Soviet Union (page 358), Clarification of Hepatitis B Vaccine Dose for Infants (page 364).**

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