Medical News

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From the Centers for Disease Control and Prevention

THE CDC CHANGES ITS NAME

On October 27, 1992, the name of the Centers for Disease Control was changed to the Centers for Disease Control and Prevention (with "CDC" still to be used as the acronym). This change was enacted by Congress as part of the Preventive Health Amendments of 1992 to recognize the CDC's leadership role in the prevention of disease, injury, and disability.

The CDC's new name reflects the evolution of its mission since 1946 as an agency that provides science-based assistance to state and local health departments in the control and prevention of disease, injury, and disability. In 1946, the Communicable Disease Center was created from the Office of Malaria Control in War Areas, an agency that studied diseases of US military personnel training in the southeastern United States.[1,2] The name change in 1946 reflected an assignment of responsibility for assisting states with the control of a broader range of communicable diseases.

In 1970, the CDC was renamed the Center for Disease Control to reflect responsibilities for noncommunicable disease problems. The scope of mission expanded rapidly to include programs in areas such as occupational and environmental health, family planning and reproductive health, and chronic diseases. A major reorganization of the CDC in 1980. and its renaming to the Centers for Disease Control, emphasized the importance of health promotion and education in the agency's mission. During the 1980's, the CDC redoubled efforts to reduce the impact of smoking-related diseases, injuries, and other problems, while facing the new challenge of the human immunodeficiency virus/acquired immunodeficiency syndrome epidemic. Recent milestones in the CDC's evolution include the creation of centers for chronic disease prevention and health promotion and for injury prevention and control. The National Center for Health Statistics recently has joined the CDC. These changes underscore the CDC's commitment to the prevention of disease, injury, and disability.

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From the *MMWR.* 1992;41:833.

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) UPDATE; REPORT OF PEDVAXHIB® LOTS WITH QUESTIONABLE IMMUNOGENICITY

Since 1988, the rate of *Haemophilus influenzae* type b (Hib) disease has decreased in the United States, primarily because of the introduction and use of three Hib conjugate vaccines in children. In CDC-coordinated active surveillance areas, rates of reported Hib disease among children aged <5 years have decreased by 95% from the first half of 1989 to the first half of 1992 (CDC, unpublished data, 1992). Other population-based studies with each of the two vaccines licensed for infants also have shown decreases in disease incidence in all age groups.[1-3]

One of these vaccines, PedvaxHIB® (*Haemophilus* b conjugate vaccine [Meningococcal Protein Conjugate], MSD, Merck and Co., Inc., West Point, Pennsylvania) has been distributed in the United States since 1989 and has been recommended for use in infants since December 1990. The manufacturer is notifying physicians that data obtained after licensure indicate that 16 lots of this vaccine may have lower than expected immunogenicity.

Lot numbers of PedavaxHIB® with questionable immunogenicity are 1160S, 1724S, 1726S, 2377S, 2379S, 048513 2378S, 23805, 0405T, 0853T, 0172T, 0173T, 0498T, 077413 08841; and 1288T. The lots were

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initially distributed from August 1990 through August 1991 and had expiration dates from April 1991 through May 1992. These 16 lots compromise 366,000 doses of a total of approximately 2 million doses of PedavaxHIB® distributed, or about 1% of all Hib conjugate vaccine released in the United States since January 1990. Although vaccine from these lots induced a lower antibody response, the precise level of antibody necessary for protection is not known, and there is not clear evidence that children receiving vaccine from these lots are at increased risk for disease. Given the limited period of distribution of these vaccine lots, it is unlikely that many children received all three recommended doses (2, 4, and 12-15 months of age) from lots with reduced immunogenicity. In addition, most children who have received vaccine from these lots will now be >18 months of age and at lower risk for Hib disease. The company will contact physicians who received the vaccine from these lots and has suggested that selected recipients of these lots receive an additional dose of Hib conjugate vaccine. Inquiries about use of vaccine from these lots may be directed to Merck and Co., Inc. ([215] 652-7300, collect).

All current lots of PedavaxHIB® that have been tested have expected immunogenicity. In view of the success of the Hib conjugate vaccines in preventing Hib disease, the Advisory Committee on Immunization Practices recommends that physicians should ensure that all children are up-to-date with the recommended Hib conjugate vaccine schedule. To facilitate post marketing evaluation of Hib conjugate vaccines, physicians are encouraged to record lot numbers and manufacturers of vaccines administered for all children and to report any cases of invasive Hib disease in a child <5 years of age to local and state health departments.

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From the ***MMWR.*** 1992;41:878-879.

Healthcare Workers Are Offered Insurance for HIV Infection

A growing number of healthcare employers and associations are offering insurance for healthcare workers against human immunodeficiency virus (HIV) infection. Insurance companies are able to single out HIV infection for special coverage because the risk of acquiring such an infection on the job is small.

In October 1992, Harvard University, Cambridge, Massachusetts, started insuring their 50,000 medical students and health care workers against HIV infection, paying $100,000 to anyone infected on the job.

In 1991, the American Medical Association began offering a $500,000 insurance policy for occupationally acquired HIV for physicians, residents, and medical students. Annual costs for this policy are $940, and over 2,000 individuals have already applied.

Critics of such policies argue that it is discriminatory to offer coverage for just one category of disease when healthcare workers are exposed to other communicable diseases, such as hepatitis. Some state insurance regulators are concerned that flat payments to healthcare workers who test positive for HIV that are not related to a person's economic loss from testing positive for HIV infection would create the potential for abuse. The Connecticut state insurance commission, for example, recently told insurers that such insurance policy payments would need to be tied to a specific loss of income, for example, compensation for HIV-infected physicians who lose their practice when patients learn of their condition.

More extensive policies are being offered for hospitals and other healthcare facilities that pay workers for HIV infection without requiring proof of occupational exposure. One such policy is being offered by the American Hospital Association with a lump sum benefit of up to $250,000 for HIV infection, requiring no proof of occupational accident. Another such policy is being offered by a Boston-based insurance company. For both of these policies, employees with occupationally acquired HIV would be afforded the same benefits as those with nonoccupational HIV infection.

Fifth Annual World AIDS Day, December 1, 1992

"AIDS: A Community Commitment" was the theme selected by the World Health Organization (WHO) for the fifth annual World AIDS Day on December 1, 1992. The theme focused attention on the men, women, and children throughout the world who are infected with human immunodeficiency virus

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