contrast, infection with Ebola-Sudan or Ebola-Zaire subtypes often is fatal in humans. Four additional episodes of Ebola Reston infection among monkeys imported from the Philippines have occurred in the United States and Italy. The reservoir and natural history of infection with this virus needs to be characterized.

FROM: Rochell A. Virus infects monkeys in Texas; strain so far harmless to humans. *Atlanta Constitution* April 18, 1996; A1, and Centers for Disease Control and Prevention. Ebola-Reston virus infection among quarantined nonhuman primates—Texas, 1996. *MMWR* 1996;45:314-316.

Acceptance of INH by Healthcare Workers

CDC recommends that healthcare workers (HCWs) with a recent tuberculin skin-test conversion be offered preventive therapy (usually isoniazid [INH] for 6 months), which has been shown to reduce greatly the risk of developing active disease after tuberculosis infection. Despite the benefits of preventive therapy, previous studies have reported very poor physician compliance with preventive therapy. In addition, in many institutions, there have been no formal or mandatory skin-testing programs and no established protocols for referrals for those with tuberculosis infection.

Bernard Camins and colleagues recently studied the acceptance of and adherence to preventive therapy by healthcare workers (hospital employees, house staff, and medical students) at Grady Memorial Hospital in Atlanta, a university-affiliated, public, inner-city hospital with a mandatory skin-testing program that included physician referrals for all workers with positive tuberculin skin test (TST).

A total of 125 HCWs (91 hospital employees and 34 house staff or medical students) with a recent TST conversion were offered INH prophylaxis. All were required to have a chest x-ray, but were encouraged only to undergo preventive therapy. Of the 125 HCWs with TST conversion, 105 (84%) initiated preventive therapy. Sixty-nine (66%) of the 105 HCWs who initiated therapy (55% of the 125 total) completed at least 6 months of isoniazid therapy. More of the physician group than of the employee group completed preventive therapy (25 of 34 [74%] versus 44 of 91 [48%], respectively). Of the 36 HCWs who started but did not complete preventive therapy, 12 discontinued therapy because of an adverse drug effect, and 24 were noncompliant.

The authors concluded that acceptance of tuberculosis preventive therapy by HCWs was high in the setting of a comprehensive TST program, and completion of therapy was much higher in the physician group than in previous reports.

FROM: Camins BC, Bock N, Watkins DL, Blumberg HM. Acceptance of isoniazid preventive therapy by health care workers after tuberculin skin test conversion. *JAMA* 1996;275:1013-1015.

Heterosexual Transmission Varies by HIV Strain

Dr. Soto-Ramirez and colleagues recently reported that some strains of HIV-1 have more potential for heterosexual transmission than others. Vaginal intercourse is the most common route of transmission in Thailand, sub-Saharan Africa, and India, where HIV-1 subtype E is the predominant strain. Most transmissions in the United States and western Europe are associated with anal intercourse among homosexual men or with injection drug use, and HIV-1 subtype B is the most common strain. Epithelial Langerhans' cells (LCs), which express CD4 on their membranes, are present on oral and genital mucosal surfaces. They also are abundant in the cervix, but absent from the rectal mucosa, and are a possible source of contact for heterosexual transmission. The researchers found that HIV subtype E from samples taken from homosexual men in the United States grew more efficiently in Langerhans cells than HIV subtype B samples taken from heterosexuals in Thailand.

The findings suggests that Langerhans cells are primary targets for heterosexual infection, which could explain the differences in the epidemics in Asia and Africa, compared to those in the United States. Researchers in the United States expressed concern over the findings, because HIV subtype E has been detected in US servicemen returning from overseas duty. The fear is that if HIV subtype E is introduced in the West, it could represent a significantly greater threat than subtype B among heterosexuals.

FROM: Soto-Ramirez LE, Renjifo B, McLane MF, et al. HIV-1 Langerhans' cell tropism associated with heterosexual transmission of HIV. *Science* 1996;271:1291-1294.

Globulin Protects Against RSV

The FDA has licensed Respiratory Syncytial Virus Immune Globulin Intravenous (RSV-IGIV) to protect infants against serious effects of RSV disease. RSV-IGIV (Respigam) is manufactured by Massachusetts Public Health Biologic Laboratories in Boston and distributed by Medimmune Inc, Gaithersburg, Maryland. It is indicated for prevention of serious lower respiratory tract infections caused by RSV in children younger than 24 months with bronchopulmonary dysplasia or infants younger than 1 year with a history of premature birth. Although it does not prevent RSV infections, it has been demonstrated to be safe and effective in reducing the incidence and duration of RSV hospitalization and the severity of RSV illness in high-risk infants.

Like other plasma products, RSV-IGIV carries the possibility of transmission of bloodborne pathogens. The risk is low, however, because plasma donors are screened carefully, and a solvent detergent viral procedure inactivates most known bloodborne viruses, including HIV-1, hepatitis B virus, and hepatitis C virus.

FROM: Nightingale S. From the FDA: first product available for preventing serious RSV disease. *JAMA* 1996;275:902.

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