Medical News

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CDC Begins New Journal on Emerging Infectious Diseases

The CDC released the first two issues of its new journal, Emerging *Infectious Diseases,* edited by Joseph E. McDade, PhD, of the CDC's National Center for Infectious Disease. The journal provides information on emerging infections in three sections: "Perspectives," a section that addresses factors underlying disease emergence; "Synopses," summaries of specific diseases or syndromes and related infectious disease issues; and "Dispatches," brief laboratory or epidemiologic reports with an international scope.

The journal is published quarterly and may be accessed electronically through the Internet (file transfer protocol, electronic mail, or World-Wide Web). For information on how to receive the journal electronically, send e-mail to eidhelp@cidod1.em.cdc.gov. To request a hard copy, call (404) 330-1236 and leave a fax number to receive the executive summary or leave name and address to receive a copy.

Increased Prescribing of More-Expensive Broad-Spectrum Antimicrobials by Office-Based Physicians

The CDC recently reported the results of a study that assessed the oral antimicrobial drug prescribing patterns of office-based physicians in the United States from 1980 through 1992. An increase in the annual drug prescription rate per 1,000 population was found for the more-expensive broad-spectrum antimicrobial drugs, such as the cephalosporins. A decrease in rates was observed for less-expensive antimicrobial drugs with a narrower spectrum, such as the penicillins. No trend was found for trimethoprim-sulfamethoxazole, the erythromycins, or the tetracyclines.

The authors note that the increased use of broader-spectrum and more-expensive antimicrobial drugs has implications for all patients because of the impact on healthcare costs and the potential for the emergence of antimicrobial resistance. This study supports the need to strengthen national surveillance of antimicrobial resistance, to develop a system of surveillance of antimicrobial use in the United States, and to develop and implement effective professional and public education strategies to improve antimicrobial use. These steps would minimize the risk for emergence of drug resistance and would help to control healthcare costs.

FROM: McCaig LF, Hughes JM. Trends in antimicrobial drug prescribing among office-based physicians in the United States. *JAMA* 1995;273:214-219.

Free Telephone Information About HIV Treatment

The HIV/AIDS Treatment Information Service provides timely, accurate treatment information on HIV/AIDS for patients, their family, friends, and healthcare workers. This service was developed through a coordinated Public Health Service effort and is offered through the CDC National AIDS Clearinghouse. The service is staffed by information specialists who answer questions using the National Library of Medicine database of HIV/AIDS treatment information. This database also is available to the public by computer link free of charge. Services include answers to questions about treatment, copies of federally approved treatment guidelines, and bilingual reference specialists. Call (800) HIV-0440, Monday through Friday, 9:00 AM to 7:00 PM, EST or write to PO Box 6303, Rockville, MD 20849-6303; fax (301) 738-6616.

Autologous Blood Transfusions Not Cost-Effective

In response to concerns of HIV transmission from blood transfusions, there has been an increasing demand by patients and physicians for autologous blood donations before elective surgery. Dr. Jeff Etchason of the West Los Angeles Veterans Affairs Medical Center and colleagues from the University of California, Los Angeles (UCLA) School of Medicine, recently evaluated the cost-effectiveness of donating autologous blood for four surgical procedures using a decision-analysis model. Cost-effectiveness was expressed as dollars per quality-adjusted year of life saved. The researchers found that substituting autologous blood for allogeneic blood resulted in little expected health benefit at a significantly higher cost, ranging from $68 to $4,783 per unit. The additional cost primarily was due to the discarding of units that were donated but not transfused and to the more labor-intensive donation process. The incremental cost effectiveness varied from $235,000 to more than $23 million per quality-adjusted year of life saved.

Because of the frequency of positive test results such as HIV and HBV in autologous units, concerns have been raised regarding the safety of transfusing unused autologous blood into patients other than the donor. Because of the frequency of positive test results, 85% of blood centers in the United States destroy unused autologous units.

Given the increased safety of allogeneic transfusions due to stringent donor screening and sensitive serologic tests for HIV and hepatitis C virus, the researchers concluded that the increased protection from donating autologous blood is limited and may not justify the increased expense.

FROM: Etchason J, Petz L, Keeler E, et al. The

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