data (such as that from health insurance claims databases and computer-based patient research) for outcomes and other health services research.

OFFICE OF PROGRAM DEVELOPMENT

This is the office that coordinates the development of the research and policy programs and priorities of AHCPR. It develops and analyzes legislative proposals and manages the activities of the National Advisory Council for Healthcare Policy, Research, and Evaluation.

OFFICE OF SCIENTIFIC REVIEW

This group is responsible for conducting and reporting the results of the peer review of research grant applications and contract proposals.

OFFICE OF MANAGEMENT

The Office of Management provides overall management of the AHCPR grant and contract programs. It formulates and executes the AHCPR budget, and it provides administrative and management support services to AHCPR.

It is important to note that neither the AHCPR nor the Centers for Disease Control and Prevention are regularly involved in hospital quality management, other than CDC's involvement in infection control. AHCPR's role in quality management is not analogous to CDC's role in infection control. AHCPR performs no surveillance and conducts no epidemiologic investigations. It appears that hospital epidemiologists will not have a government ally to fine-tune QM epidemiologic and surveillance methods, nor will there be a federal multihospital epidemiologic surveillance system for QM problems beyond infection control. Thus, hospital epidemiologists will have to play a leading role in ensuring the scientific integrity of quality management information, including that collected for the Joint Commission on Accreditation of Healthcare Organizations.

For further information about AHCPR's guidelines and grant programs, please call (301) 227-8449 and ask for an application kit or write for an application kit to: Agency for Health Care Policy and Research, Office of Science, Executive Office Center, Suite 601, 2101 East Jefferson St., Rockville, MD 20852.

Increased Cost-Effectiveness of Hepatitis B Vaccination Supported by Study

by Gina Pugliese, RN, MS
Medical News Editor

Even at the current prices, hepatitis B vaccine was found to be more cost-effective than reported a decade ago. This finding was reported by Dr. Bernard Bloom et al from the University of Pennsylvania using a decision-analysis model that determined clinical and economic advantages of alternative strategies for preventing hepatitis B virus (HBV) infection.'

Their findings support the cost effectiveness of the CDC recommendation for universal vaccination of newborns.[2] However, the authors determined that the most cost-effective strategy is combined newborn and adolescent HBV vaccination This would include screening mothers, vaccinating and administering HBIG (hepatitis B immune globulin) to babies whose mothers test positive for active HBV infection, and then vaccinating all children at age 10 and administering a booster shot ten years later. This mixed strategy would achieve success, the authors conclude, because almost all cases of HBV infection that occur in the first decade of life are transmitted from mother to child. Thus, those at highest risk are easily identified. Further, universal vaccination of all children at age 10 would provide protection to the larger population before the age at which HBV infection increases substantially.

This study provides additional data to support the CDC recommendation for universal immunization of infants and compelling evidence for a universal immunization program for preadolescents. The CDC's current recommendation for adolescents includes immunization of all those at high risk, with consideration of universal vaccination of teenagers in communities where injection-drug use, pregnancy among teenagers, or sexually transmitted diseases are common.[2] Although many healthcare providers would argue against universal immunization approaches, the authors suggest that the combination of increasing incidence of HBV infection, expanding high-risk populations and failure to deliver the vaccine to those at highest risk warrants a re-evaluation of current HBV vaccine policy.

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