nation of children and adolescents in high-risk populations.[2] The expanded recommendations include vaccination of all unvaccinated children age <11 years who are Pacific Islanders or who reside in households of first-generation immigrants from countries where HBV is of high or intermediate endemicity and vaccination of all 11- to 12-year-old children who have not been vaccinated previously.[2]

In November 1991, the ACIP recommended that hepatitis B vaccine be integrated into infant vaccination schedules. However, high rates of HBV infection continue to occur among children age 0 to 10 years who are Alaskan Natives, Pacific Islanders, and infants of first-generation immigrant mothers from areas of high or intermediate HBV endemicity. Among children in these populations, the prevalence of chronic HBV infection ranges from 2% to 5%, and infection rates average 2% per year. Because these infections account for a large proportion of chronic HBV infections that occur each year in the United States, special efforts should be made to ensure hepatitis B vaccination of these populations.

Routine infant hepatitis B vaccination is the most effective means to prevent HBV transmission in the United States. The effect of routine infant vaccination on acute disease may not be apparent for 20 to 30 years, because most infections currently occur among young adults. Thus, ACIP also is recommending vaccination of previously unvaccinated children at age 11 to 12 years in order to have a more rapid decline in the incidence of HBV infection. The ACIP has recommended that hepatitis B vaccination of adolescents be performed as part of a routine adolescent vaccination visit at age 11 to 12 years. This visit should be used to ensure that all adolescents have received three doses of hepatitis B vaccine, two doses of measles-mumps-rubella vaccine, and a booster dose of tetanus and diptheria toxoids, as well as to assess whether adolescents are immune to varicella.

The full text of the revised ACIP recommendations for protection against viral hepatitis will be published in an upcoming issue of the *Morbidity and Mortality Weekly Report.*

REFERENCES

1. Centers for Disease Control and Prevention. Protection against viral hepatitis: recommendations of the Immunization Practices Advisory Committee (ACIP) *MMWR* 1990;39(No. RR-2).
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Topical Microbicides to Prevent STD

The National Institute of Allergy and Infectious Disease (NIAID), National Institutes of Health, recently announced three new research projects on topical microbicides to prevent sexually transmitted diseases (STD) in women. Topical microbicides can be used by women before sexual intercourse to reduce the risk of acquiring an STD. The NIAID will award a first-year total of $1.5 million to research teams in Los Angeles, Chicago, and Pittsburgh. The teams will answer a number of research questions, such as the potential effects of microbicides on pathogens that cause HIV, gonorrhea, genital herpes, and trichomoniasis.

According to Penny J. Hitchcock, DVM, coordinator of the NIAID projects, "an ideal microbicide would not be inherently spermicidal, but could be formulated with or without spermicidal activity. For example, noncontraceptive microbicides would be useful for women who wish to become pregnant. However, they still need to be protected from HIV infection and other STDs."

An STD is acquired by an estimated 12 million Americans each year—a disproportionate number of whom are women. HIV is now the fourth leading cause of death among women age 25 to 44 in the United States and is a leading killer of women worldwide. Gonorrhea and chlamydial infections cause pelvic inflammatory disease, infertility, and ectopic pregnancy. Genital infections due to papillomavirus are associated with cervical cancer, one of the most common cancers in the world. Infections in newborns include syphilis, herpes, gonococcal conjunctivitis leading to blindness, and chlamydial pneumonia.

FROM: National Institute of Health. NIAID expands research on topical microbicides to prevent STDs in women. Press release, April 27, 1995.

Additional news items in this issue: New TB Respirators Expected to Save Millions, page 555; Guidelines for Prevention of Intravascular Device-Related Infection, page 569; HICPAC Guidelines, page 576; Congress's Office of Technology Assessment Will Close, page 581; VRE Common, page 599; Court Rejects HIV-Positive Surgical Technician, page 606; PHS Guidelines for Prevention of Opportunistic Infections, page 611.

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