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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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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(HIV), the cause of acquired immune deficiency syndrome (AIDS). Activities highlighted the role communities played in controlling the epidemic of HIV infections and AIDS. On December 1, 1992, WHO, governmental, and nongovernmental organizations throughout the world held special events designed to increase knowledge and understanding about AIDS and to encourage compassion for persons infected with HIV.

In conjunction with the event, the US Public Health Service designated December 1 as National AIDS Awareness Day. Information about HIV infection, AIDS, and World AIDS Day is available from the Centers for Disease Control and Prevention National AIDS Hotline (CDC NAH) and the CDC National AIDS Clearinghouse (CDC NAC). The CDC NAH provides callers with information about HIV/AIDS, refers callers to services in their community, and places orders for HIV/AIDS publications; the CDC NAC distributes materials and maintains data bases on AIDS service organizations, educational materials, funding sources, and drug trials. The telephone numbers for the CDC NAH are (800) 342-2437 ([800] 342-AIDS); Spanish, (800) 3447432 ([800] 344-SIDA); or deaf service, (800) 243-7889 ([800] AIDS-STTY). For the CDC NAC, the number is (800) 4585231.

States To Adopt Policies for HIV-Infected Healthcare Workers Performing Exposure-Prone Procedures

October 28, 1992, marked the deadline for state public health officials to certify to the Secretary of Health and Human Services that guidelines issued by the Centers for Disease Control and Prevention (CDC) for managing human immunodeficiency virus (HIV) and hepatitis B virus (HBV)-infected healthcare workers performing exposure-prone invasive procedures, or equivalent guidelines, have been implemented in each state. The federal law (section 663 of Public Law 102-141) refers to the CDC's July 12, 1991 "Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures" (any current version of the guideline).

Many states have already applied for a one-year extension until after October 1993, some in anticipation of a revision of the CDC recommendations. However, the CDC has recently indicated that the July 12, 1991, recommendations will not be modified. In a letter to the state public health officers, Dr. William Roper announced that their review of the state guidelines, with respect to their equivalency to the July 12 recommendations, will give appropriate consideration to those states that decide exposure-prone invasive procedures are best determined on a case-by-case basis, taking into consideration the specific procedure as well as the skill, technique, and possible impairment of the infected healthcare worker. The law does not define the term "equivalency." As such, the final decision lies with the CDC.

It is not entirely clear how "equivalency" will be determined; however, experts believe that the CDC may be inclined to allow certain flexibility. In a New *York Times* article on June 6, 1992, Dr. Roper stated that he would be inclined to approve guidelines developed by New York State, which emphasize voluntary testing of healthcare workers, case-by-case evaluation of infection workers to determine if they pose a significant risk to patients, and confidentiality regarding the infection status of any healthcare worker who is determined to be fit for duty. Additionally, the New York State policy requires periodic infection control training, as well as monitoring and enforcement of universal precautions.

The CDC also recently reported on the continuing investigation of patients who have been treated by healthcare workers infected with HIV.[1] These ongoing investigations of more than 15,000 patients have disclosed no further evidence of HIV transmission from a healthcare worker to a patient, beyond the previously reported Florida cluster of HIV transmission in a dental practice.[2] This report from the CDC support the statements in their July 12 recommendations that the risk of HIV transmission from a healthcare worker to a patient is small and that mandatory testing of healthcare workers is not justified.

State health departments will be working with healthcare professional groups, hospital associations, healthcare providers, and others to draft appropriate guidelines, while awaiting any additional changes in interpretation that may arise from the new Clinton administration.

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Update on Safe Medical Device Act

Some hospitals and other "user" facilities, including ambulatory surgical facilities, nursing homes, and outpatient treatment centers, may not be aware that

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