scientific interest has been matched in popular media, news magazines, newspaper headlines, television shows, best-selling books, and movies such as *Outbreak.* (See related Medical News story on emerging infections.)

FROM: Pinner RW, Teutsch SM, Simonsen L, et. al. Trends in infectious disease mortality in the United States. *JAMA* 1996;275:189-193.

36 Journals Feature Emerging Infections

Thirty-six journals in 21 countries agreed to devote all or part of one of their issues to the subject of emerging and reemerging global microbial threats. This international collaboration will publish more than 200 articles.[1] The first-ever global theme issue of medical journals was coordinated by three editors, Linda Hawes Clever, of the *Western Journal of Medicine,* Magne Nylenna, MD, editor of the *Journal of the Norwegian Medical Association,* and George D. Lundberg, MD, editor of the *Journal of the American Medical Association (JAMA).* Research on tuberculosis, toxigenic *Escherichia coli,* drug-resistant pneumococcal pneumonia, hepatitis B and C, cholera, and AIDS will be presented to the readers of journals from Buenos Aires to Syndey to Johannesburg to Beijing. *Hantavirus* infection is identified in Argentina, Bolivia, and Uruguay, and cat-scratch fever is reviewed in the Netherlands.

Some of the articles offer hope, shedding light on successes and renewed efforts at combating infectious disease. In Iceland, for example, decline in the use of antimicrobials attributable to public education and legislation has been followed by reduced rates of resistant streptococcal pneumonia, and, in the Americas, the Pan American Health Organization has led efforts to eliminate measles from the Western Hemisphere.

An editorial in the January 17, 1996, issue of *JAMA* by Joshua Lederberg, chair of the Institute of Medicine's Committee on Emerging Infections, notes the importance of this attention to the issue of emerging infections, to reinforce and clarify our consensual medical scientific perspectives, and the "reinforcement they give to the public explicators of contingencies, and [to] government.[2]

"Citations for all articles to be published in the 36 journals are available through the *JAMA* home page of the American Medical Association's World Wide Web site: http//www.ama-assn.org.

FROM: 1. Winker MA, Flanagin A. Infectious disease: a global approach to a global problem. *JAMA* 1996;275(3):245-246.

2. Lederberg J. Infection emergent. *JAMA* 1996;275(3): 243-244.

Terrorist Access to Biologic Agents

Federal health officials are concerned over a national tissue association's release of a stock culture of *Yersinia pestis* (plague *Bacillus*) to a private citizen in Ohio who purported to be a member of the American Society of Microbiology.

In recent testimony given before a US Senate Judiciary Committee, Dr. James Hughes, Director of CDC's National Center for Infectious Disease, testified that "there are a number of federal regulations that address the shipping and handling of infectious agents, however, they are not completely effective at controlling possession and transfer of human infectious agents." Hughes pointed out that, even though there may be up to a few thousand interstate transfers of dangerous human infectious agents for legitimate scientific research, the Ohio incident was the only incident of inappropriate transfer that has ever been reported. Dr. Hughes said, "the goal is to strike a balance between assuring the availability of infectious and recombinant DNA materials to the scientific and medical community for important public health and biotechnical research and preventing access to these agents for other than legitimate scientific and medical purposes."

Dr. David Satcher, CDC's director, recently sent a letter to the presidents of a number of associations and groups whose members work with pathogenic agents. He pointed out that the CDC was very concerned about the threat of terrorist activity involving the use of biologic agents and the illicit use and interstate transport of certain human pathogenic agents. He requested that organizations and professional microbiologists who authorize the acquisition and transfer of dangerous human infectious agents increase their vigilance to minimize the risk of illicit access to these agents. Requests for agents that cause anthrax, botulism, brucellosis, plague, Q-fever, tularemia, and any agent classified for work at Biosafety Level 4 (ie, Ebola and most other hemorrhagic viruses) should be reviewed to determine if they are being used for legitimate medical or scientific purposes. Suspicious inquiries or transactions should be reported to CDC's Office of Health and Safety (404-639-3235).

CDC co-chairs a federal interdepartmental working group that is developing regulations regarding the acquisition and transfer of certain biologic agents. These regulations will be developed with input from professional organizations, the research community, and law enforcement authorities. A notice of proposed rulemaking will be published in the *Federal Register.* In addition, the Department of Justice is working to strengthen relevant criminal statutes to enable prosecution of those who attempt to gain illicit access to these biologic agents.

FROM: 1. Satcher D. Letter to professional associations that handle pathogenic agents. March 12, 1996.

2. Testimony by James Hughes, MD, before the US Senate Judiciary Committee, March 6, 1996.

OSHA Revises TB Enforcement

On February 9, 1996, OSHA issued "Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis" (OSHA Instruction CPL 2.106). This compliance directive provides for uniform procedures and guidelines to be followed when conducting inspections and issuing citations in the absence of a TB standard.

The compliance directive focuses on the primary control measures that are outlined in the CDC guidelines: early

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