the claimed injuries were not legally compensable because they rested totally on a fear of risk that never materialized. The appeals court, however, reversed this decision, citing in part the American Medical Association's policy: "HIV-infected physicians should disclose their HIV seropositivity to a public health officer or local review committee and refrain from doing procedures that pose a significant risk of HIV transmission or perform these procedures only with consent of the patient and the permission of a local review committee."

This case presents the important question of whether an HIV-infected surgeon has a legal duty to inform patients of that condition before operating upon them, and whether a patient's fear of having contracted AIDS constitutes a compensable injury even when the patient has not become HIV-infected.

Critics of this court decision charge that this case, which now goes to jury trial, will only cause further anguish and hysteria because there are no reported cases of transmission of AIDS from a surgeon to a patient, and such transmission is only theoretical when proper barrier techniques are used.

FROM: Faya v. Almarez, 1993 WL 60500 (Maryland Court of Appeals).

ACIP Issues Recommendations for Newly Licensed Japanese Encephalitis Virus Vaccine

Japanese encephalitis (JE) vaccine was available in the United States from 1983 through 1987 on an investigational basis, through travel clinics in collaboration with the CDC. JE vaccine manufactured by Biken and distributed by Connaught Laboratories, Inc. (Japanese encephalitis virus vaccine, inactivated, JE-VAX) was licensed in December 1992 to meet the needs of increasing numbers of U.S. travelers to Asia and to accommodate the needs of the U.S. military.

Japanese encephalitis (JE), a mosquito-borne arboviral infection, is the leading cause of viral encephalitis in Asia. Approximately 50,000 sporadic and epidemic cases of JE are reported annually from the People's Republic of China, Korea, Japan, and Southeast Asia, the Indian subcontinent, and parts of Oceania.

Risk for acquiring JE among travelers to Asia is extremely low; however, the risk for an individual traveler is highly variable and depends on factors such as the season, locations and duration of travel, and activities of the person. Travel during the transmission season and exposure in rural areas, especially for extended periods of time, are the principal factors contributing to risk. The extent and nature of outdoor activity, use of protective clothing, bed nets and repellents, and lodging in air-conditioned or well-screened rooms are additional factors that affect exposure.

The Advisory Committee on Immunization Practices (ACIP) recommends JE vaccine for persons who plan to reside in areas where HE is endemic or epidemic. JE vaccine is not recommended for all travelers to Asia. In general, vaccine should be offered to persons spending a month or longer in endemic areas during the transmission season, especially if travel will include rural areas. Vaccination is also recommended for all laboratory workers with a potential for exposure to infectious JE virus.

The recommended primary immunization series is three doses of 1.0 ml each, administered subcutaneously on days 0, 7, and 30.

FROM: Centers for Disease Control and Prevention. Inactivated Japanese encephalitis virus vaccine. Recommendations of the advisory committee on immunization practices (ACIP). *MMWR* 1993;42 (no. RR-1) : 1-15.

New Source for Evaluating FDA-Approved Drugs

The pace of Food and Drug Administration (FDA) approval of new drugs has increased substantially in recent years, with 26 new drugs approved in 1992. These have included drugs for infectious disease and AIDS or AID&-elated conditions.

Clinicians and healthcare administrators trying to stay informed about drugs seeking or receiving FDA approval now have an additional source of unbiased information. The University Hospital Consortium (UHC) has begun to make its drug monographs available to nonmember institutions. The UHC, an alliance of leading academic medical centers, publishes 12 monographs each year on drugs in the approval process, then revises the monographs when the drugs are approved. The monographs cover safety, efficacy, financial implications, alternative therapies, and recommendations for appropriate use. For further information call C. David Butler at the UHC: (708) 9541700.

Additional Medical News in this issue: *Pertussis Outbreaks in Massachusetts and Maryland (page 319), AHA to Sponsor National Teleconference on TB (page 324), False-Positive Serologic Tests for HTLV-I Following Influenza Vaccination (page 336), Inability of Retroviral Tests to Identify Persons with Chronic Fatigue Syndrome (page 344), and Multistate Outbreak of Salmonellosis from Contaminated Cheese (page 347).*

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