ty 73%, specificity 83%, positive predictive value 11%). The researchers concluded that these two culture methods are comparable in reliability for diagnosis of CVC-related BSIs. Either will give results superior to nonquantitative (broth) cultures of CVC segments.

FROM: Maki DG, Mermel L, Martin M, Berry D. A prospective comparison of semi-quantitative and sonication cultures of catheter segments for diagnosis of CVC-related bloodstream infection. Presented at the 36th Interscience Conference on Antimicrobial Agents and Chemotherapy; November 15-18, 1996; New Orleans, LA. Abstract J53.

Automated Flexible Endoscope Reprocessors

The seemingly endless debate on the benefits and limitations of automated systems for the cleaning and disinfection or sterilization of flexible fiberoptic endoscopes has been reviewed crisply by Dr. L. Muscarella in the August issue of the *American Journal of Infection Control.* He points out that manual cleaning of these devices tends to be inadequate, because there are no standard reprocessing protocols; there is a limited supply of endoscopes and a limited number of trained staff dedicated to reprocessing; and the internal channels are designed such that, in many cases, cleaning prior to disinfection is difficult.

There are different types of automated endoscope reprocessors. Some wash only; some wash and disinfect; and some wash and sterilize endoscopes. Some of the advantages of the automated systems include (1) increased patient safety by automating and standardizing reprocessing steps; (2) minimized staff exposure to liquid chemical germicides; (3) documented reprocessing parameters; (4) ability to rinse endoscope with large volumes of fresh water, which often is filtered; (5) ability to maintain and record temperature of germicide solution; and (6) ability to reprocess more than one endoscope at a time. The limitations of the automated systems include inability to (1) automate all steps; (2) replace manual precleaning of lumens with a brush; (3) reprocess every channel or allow for rapid drying of channels; and (4) monitor concentration of liquid chemical germicide.

Clearly, there is no perfect automated endoscope reprocessor, and one of the key elements present in manual cleaning that must be designed into any effective automated system is brushing or an equivalent feature.

FROM: Muscarella LF. Advantages and limitations of automatic flexible endoscope reprocessors. *Am J Infect Control* 1996;24:304-309.

Transmission Events in Mother-to-Child Transmission of HIV

The transmission of HIV infection from mother to infant during breast-feeding is not the result of a single event, but rather encompasses transmission events that occur during three time periods: gestation, labor and delivery, and postnatally by breast-feeding. Investigators from the CDC, NIH, and Project SIDA in Kinshasa, Zaire, analyzed data from a prospective study of HIV-infected mothers and their children in Kinshasa. Breast-fed infants and infants born to HIV-infected mothers were monitored a mean of 18 months. HIV infection in infants was determined by polymerase chain reaction (PCR), HIV culture, or enzyme-linked immunosorbent assay. PCR test results for HIV DNA on venous blood drawn from children ages 0-2 days and 3-5 months were used to estimate proportions of mother-to-child transmission and transmission risks during the intrauterine, intrapartum-early postpartum, and late postpartum periods. Among 69 HIV-infected children (26% of the cohort), 23% were estimated to have had intrauterine transmission, 65% intrapartum-early postpartum transmission, and 12% late postpartum transmission. This late postpartum transmission is primarily through breast-feeding and occurred after 3-5 months of age. The estimated risks for intrauterine, intrapartum-early postpartum, and late postpartum infection, respectively, were 6%, 18%, and 4%. These results show, as do earlier studies, that most mother-to-child transmission of HIV occurs during labor and delivery or in the early postpartum period and that the risk of transmission through breast-feeding during the postpartum period is substantial. The authors note that their findings of a significant risk of HIV transmission through breast-feeding after age 3-5 months provides support for early weaning or formula feeding. However, any recommendations should take into consideration the risk of transmission and the risk of mortality if breast milk is withheld.

FROM: Bertolli J, St Louis ME, Simonds RJ, et al. Estimating the timing of mother-to-child transmission of human immunodeficiency virus in a breast-feeding population in Kinshasa, Zaire. *J Infect Dis* 1996;174:722-726.

Breach in Confidential AIDS Patient Information

The largest security breach of AIDS patient information in the United States occurred recently in Florida in the Pinellas County Health Department. An investigation began when the *Tampa Tribune,* the *St Petersburg Times,* and the Pinellas County Health Department received computer disks containing approximately 4,000 names of Pinellas and Pasco county residents with AIDS. The newspapers also received an anonymous letter claiming that a health department employee was circulating the list in public. Following an investigation, the accused public health worker admitted that he used the confidential AIDS list in dating, but denies releasing any confidential information to the press. Florida is one of the few states that lets workers take laptop computers containing confidential information with them into the field. Workers need two passwords to use the laptop computers. If someone tries to break into the system, the computers are designed to destroy the data. However, neither the state nor Pinellas policies specifically mention the use of easy-to-copy disks. Following the leak, the CDC froze $500,000 it sent Florida for use in its AIDS-HIV reporting program and explained that the money can-

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