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tient would rise to \$15,402 (453 tests \times \$34 per test); this sum excludes charges for post-test counseling and evaluation. The cost to identify each HIV seropositive person may vary considerably depending on the type of clinical setting. For example, at a private hospital in Houston, TX, an effort was made to voluntarily test all admissions for HIV (7). The estimated cost for each HIV seropositive person identified was \$14,550 despite the fact that Texas has a much higher incidence of AIDS than Minnesota (18.4 versus 4.3 per 100,000) (8). Further analysis of that report indicates that the estimated cost to identify each HIV-infected person who would have been clinically "unsuspected" was \$43,649 (453 \times \$38.50 per test). Thus, discussion of the institution of "routine" HIV testing in the clinical setting is likely to include issues such as local HIV seroprevalence, hospital demographics, the ethics of testing with minimal or no pretest counseling or specific consent, and the economics of the cost within the context of screening for other health problems (that is, Papanicolaou smears, mammography, and so forth). It is our concern that routine hospital-based HIV testing, if used widely and indiscriminately, will shunt valuable public health dollars from more useful HIV-related programs such as education, research, and clinical care.

We do not advocate routine hospital-based testing but believe that pilot testing in areas of varying seroprevalence should be done to assess its potential merit. Routine HIV testing is likely to be more cost effective and to have greater clinical and public health benefits in areas of high HIV seroprevalence (that is, greater than 1 percent), but the ethical issues raised are a formidable obstacle (9). The pressure to test health care workers for HIV, which has intensified after the case report of the possible HIV transmission in a dental office in Florida, is also likely to increase the desire of health care workers to test patients for HIV (10,11). Before any recommendations are made, public policy decision makers should carefully consider the relative effectiveness of HIV screening in various settings.

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50 Centers to Train Volunteers in Substance Abuse Prevention

The Public Health Service is funding establishment of a National Volunteer Training Center for Substance Abuse Prevention under a \$2.9 million contract awarded to the Super Teams Operating Company of Sayville, NY.

The center will train volunteers from around the country in effective antidrug abuse strategies, conveying the very latest information to them about drug abuse prevention methods.

Headquarters for the Volunteer Training Center will be in Washington, DC, with 5 training sites to be designated in each of 10 Federal regions of the country to bring the training to the grassroots level.

The Volunteer Training Center will not only provide prevention skills and knowledge to some 1,800 to 2,000 individual volunteers in the first year, but also will prepare managers for community prevention programs.

"This is America's first national volunteer training center, representing a new initiative in the nation's efforts to fight illegal drugs," said Dr. Herbert Kleber, deputy director for demand reduction at the White House Office of National Drug Control Policy. He added, "Trained volunteers are crucial to achieving our anti-drug goals. There are many Americans who want to be involved in the drug war, but don't know how to help. This center can provide them with the necessary training and information to help them overcome drug use in their communities."

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"The insidious nature of substance abuse requires that communities become alarmed by the threat of this problem, recognize the need for change, and mobilize their own resources to rectify the situation," said Elaine Johnson, PhD, director of the Office for Substance Abuse Prevention, that is funding the project. "The new training center will help provide the skilled volunteers to make it possible for communities to do so. It also will give prevention training to parents and to members of the religious community, to ensure that the volunteer effort against substance abuse will endure beyond Federal participation," she said.

The contract awarded to Super (States United by Prevention, Education, and Resources) Teams Operating Company has options for 2 additional years, for a total Federal investment of approximately \$9 million to establish a fully operational volunteer training network across the country.

The center will offer 60 different prevention courses of 1 to 10 days duration in the first year, 120 in the second year, and 150 in the third year.

Super Teams was selected in a competitive contracting process to develop and initially manage the National Volunteer Training Center for Substance Abuse Prevention. It currently operates the Northeast Regional Center for Drug-Free Schools and Communities, a regional training center funded by the Department of Education.

The Office for Substance Abuse Prevention is a component of the Alcohol, Drug Abuse, and Mental Health Administration of the Public Health Service. NICHD Funds New Child Safety Alarm

Researchers from the Child Injury Prevention Study in Westerville, OH, have developed a new device called "Bear E. Safe" (patent pending) which uses motion detection to activate a new type of warning device that assists parents in trying to prevent children's injuries.

Supported by a Small Business Innovation Research contract from the National Institute of Child Health and Human Development of the Public Health Service, this new warning device uses a unique portable motion sensor that sets off an alarm when children approach a potentially dangerous situation. In addition to alerting parents, the alarm has a side benefit. Upon hearing the alarm, most young children will leave the area of danger.

The study's principal investigator, Armando Cuervo, explains that "Bear E. Safe" is based on motion detection and sound activation.

"We can actually define a field of activation that can be 180 degrees and we can put it in front of a swimming pool, a stove, or any other dangerous areas that are not childproof," Cuervo said.

The study involved 276 toddlers (ages 18-36 months) and the results have been very promising.

"We were able to determine that three out of four children are physically repelled by this sound. After adult intervention, the effectiveness is further enhanced. Not only are the children repelled, but the sound also alerts the caretakers that the child has approached a danger zone," emphasized Cuervo.

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