

Medicaid Coverage of Prenatal Care Expanded in Most States

The Inspector General of the Department of Health and Human Services has found that most States have expanded eligibility for Medicaid coverage of prenatal care, as directed by the Congress in a series of legislative actions over the past decade.

A number of problems, however, prevent the newly eligible women from actually receiving the prenatal care, according to a report of a special survey by the Inspector General.

To overcome these problems, the inspection report includes the following six recommendations:

- States should develop a comprehensive outreach strategy because current efforts are inadequate.
- The application process that is now cumbersome should be simplified and streamlined.
- Incentives should be developed to increase provider participation that is now insufficient.
- Implementation of the expanded coverage should be clarified and monitored.
- Data collection systems and evaluation processes should be developed to measure progress and outcomes.
- A centralized State authority should be established and given full authority for implementing the expansion of coverage.

In an effort to reduce the incidence of infant mortality and low birth weight in the United States, the Congress took steps to allow more women to meet income criteria for obtaining prenatal care under Medicaid, the State-Federal program of health care for disadvantaged persons.

States are now mandated to set income eligibility at 133 percent of the Federal poverty level, guarantee continuous eligibility until 60 days after the birth of a child, extend the presumptive eligibility for another 60 days if they choose, use special application forms and sites, and eliminate the establishment of paternity as a precondition of coverage.

Additional options allow States to

raise income eligibility to 185 percent of the poverty level, presume eligibility to provide temporary ambulatory care while a Medicaid determination is being made, and disregard assets when deciding eligibility.

To determine how States and localities were implementing these changes, the Inspector General's staff members conducted site visits in 19 communities in Alabama, Arkansas, Colorado, Florida, Maryland, New Jersey, New Hampshire, and Pennsylvania. They also conducted a national telephone survey of officials responsible for implementing the expansion of eligibility in 50 States and the District of Columbia.

The principal findings of the survey were that all States had set the 133 percent income standard, 24 exceed this level, 46 waive the asset test, 45 guarantee continuous eligibility, and 26 use presumptive eligibility.

The report, "Medicaid Expansions for Prenatal Care: State and Local Implementation," may be obtained from Office of the Inspector General, Public Affairs, Room 5246 Cohen Building, 330 Independence Ave., SW, Washington, DC 20201; tel. (202) 619-1142.

Decrease in Drug Use by Adults Levels Off, Continues for Students

The expanded 1991 National Household Survey on Drug Abuse shows that several years of downward trends have generally leveled off. In the population ages 12 and older, 6.2 percent in 1991 had used illicit drugs in the last 30 days, not much different from the 6.4 percent of 1990.

While the encouraging downward trends among adolescents (ages 12-17) continues, the picture among older Americans is more complex. It reflects at least in part the aging of an earlier high-use generation that began its drug-taking behavior in the peak years of the late 1970s and the early 1980s and have continued.

Meanwhile, the Drug Abuse Warning Network, or DAWN, which samples

hospital emergency rooms for drug-related medical consequences, showed an increase of 12 percent in drug-related episodes during the first 2 quarters of 1991, though the estimates for the second quarter of 1991 are still 11 percent below the second quarter of 1989.

The recent increase reflects in part the increasing medical consequences among those who continue their drug behavior.

The studies on households and hospital emergency rooms, carried out by the National Institute on Drug Abuse (NIDA), were recently broadened to be more comprehensive and representative, requiring additional analysis to evaluate comparability with data from surveys conducted in prior years.

At the same time, the 17th annual survey of high school seniors shows significant decreases in drug use from 1990 to 1991, with the rate of "any illicit drug use within the past year" down from 33 percent to 29 percent—or approximately half the 1980 rate.

Overall, the High School Senior Survey agrees with the findings on adolescents in the National Household Survey on Drug Abuse.

National Household Survey

Findings from the 1991 Household Survey show

- "Current" (in the past 30 days) illicit drug use among youth, ages 12-17 years, declined by more than half between 1985 and 1991, dropping from 14.9 percent to 6.8 percent. The direction of the long term trend in this age group continued in this survey, going from 8.1 percent in 1990 to 6.8 percent in 1991.
- Approximately 0.9 percent of the total population ages 12 and older were users of cocaine in the past month, up slightly from 1990, but without statistical significance. The percentage remained well below 1980s levels, however, when it was three times higher in 1985 (2.9 percent) and nearly twice as high in 1988 (1.5 percent).
- The number of "past year" and "past month" cocaine users has decreased significantly since the peak year in 1985. However, frequent or

more intense use showed no statistically significant change in the past year.

- According to the 1991 survey, 479,000 people (0.2 percent) used crack during the past month—about the same as 1988 and 1990. The highest percentages of crack use were among those who were disproportionately represented in socioeconomic groups that have historically faced increased health risks—blacks (0.7 percent), the unemployed (1.8 percent), and high school dropouts (0.6 percent)—as well as young adults ages 18–34 (0.4 percent)

- Marijuana remained the most commonly used illicit drug in the United States. Past month use of marijuana declined about 6 percent (5.1 percent in 1990 to 4.8 percent in 1991). In the past year, 5.3 million used the drug once a week or more, and 3.1 million used it daily or almost daily.

Drug Abuse Warning Network

DAWN collects data on the consequences of drug abuse by measuring drug-related episodes and mentions in a nationally representative sample of hospital emergency rooms in the United States. DAWN data from the first two quarters of 1991 show

- Total drug-related emergency room episodes increased from 89,325 in the fourth quarter of 1990 to 100,381 in the second quarter of 1991, a 12-percent increase.
- Cocaine-related emergency room mentions increased 31 percent from 19,381 in the fourth quarter of 1990 to 25,370 in the second quarter of 1991.
- Heroin-related emergency room mentions increased 26 percent from 7,510 in the fourth quarter of 1990 to 9,432 in the second quarter of 1991.
- Trends in total episodes and mentions are similar for all ethnic groups.

These findings may reflect an increase in reports of medical consequences of drug use. The longer people use drugs, the more susceptible they become to severe medical consequences. People whose drug problem is of several years' duration are more likely to use emergency rooms as their community clinic, and that can be reflected in the data. In addition, changes in drug purity can result in more accidental or unintentional overdoses in this group, since users may

be unaware of a drug's potency. And increased public awareness of the medical consequences of drug use could also contribute to greater use of emergency rooms.

Other Household Survey Results

The national sample for the household survey this year was expanded from approximately 9,000 to 32,000, including an oversampling of 12,000 people in 6 cities for an even clearer picture than before of drug abuse in the country.

- Current illicit drug use was the highest among young adults (ages 18–25) at 15.4 percent, compared to youth (ages 12–17) at 6.8 percent, and adults (ages 26 and older) at 4.5 percent.
- Among unemployed adults ages 18–34, 21.5 percent used illicit drugs in the past month compared with 9.7 percent among those who are employed full time. Current cocaine use in this group was 4.9 percent among the unemployed and 1.8 percent among the employed. Current marijuana use was 18.5 percent among the unemployed and 7.9 percent among the employed.

- The survey showed that high school dropouts are more likely to use drugs than high school graduates. Among high school dropouts, 16.6 percent had used an illicit drug in the past month compared with 9.9 percent of high school graduates. Current marijuana use among dropouts was 14.1 percent compared with 7.9 percent of graduates. Current cocaine use was 3.6 percent for high school dropouts compared with 1.6 percent for graduates.

- While the survey does not provide data on drug use by pregnant women, it does show that more than 4.5 million (7.7 percent) of the nearly 59.2 million women in the childbearing years, ages 15–44, had used an illicit drug in the past month. Of this group, 601,000 had used cocaine and 3.3 million had used marijuana.

Survey of High School Seniors

The survey was conducted by the University of Michigan's Institute for Social Research under a grant from NIDA. In 1991, the researchers surveyed 15,483 seniors from public and private school graduating classes of 1991. It showed statistically significant decreases in

- use within the last 30 days of cocaine, down from 1.9 percent in 1990 to 1.4 percent in 1991, a drop of 73 percent since 1980; use of alcohol, down from 57 percent to 54 percent, a 25 percent drop since 1980;
- annual use of any illicit drugs, down from 33 percent in 1990 to 29 percent in 1991, use of alcohol, down from 81 percent in 1990 to 78 percent in 1991, use of marijuana, down from 27 percent to 24 percent between 1990 and 1991, half the rate of 1980, use of cocaine, down from 5.3 percent in 1990 to 3.5 percent in 1991, a drop of nearly three-quarters since 1980;
- lifetime use of any illicit drugs, down from 48 percent in 1990 to 44 percent in 1991, use of cocaine, down from 9.4 percent in 1990 to 7.8 percent in 1991, use of marijuana, down from 41 percent in 1990 to 37 percent in 1991, of heroin, down from 1.3 percent in 1990 to 0.9 percent in 1991.
- current use of crack, down 56 percent since 1989, has leveled off at 0.7 percent of seniors,
- daily users of alcohol, while down by almost half from the earlier peak, remained at 3.6 percent from 1990 to 1991.

High School Seniors' Perceptions

Students have an increased understanding of the harm posed by drugs. For instance, the 1991 high school survey found an increase in the percentage of seniors who perceive "great risk" in trying marijuana once or twice," (23 percent in 1990 and 27 percent in 1991) and in smoking marijuana "occasionally" (37 percent in 1990 and 41 percent in 1991).

However, the survey found a small decrease in perception of harmfulness from occasional crack use among 1991 seniors.

Other Survey Results

- Current use of hallucinogens by high school seniors, while less than half its earlier peak, remained steady at 2.4 percent over the last year. Current use of LSD remained at 1.9 percent in 1991, disputing anecdotal reports of increased LSD use.
- Current use of inhalants declined from 2.7 percent in 1990 to 2.4 percent in 1991. However, this decline was not statistically significant.
- There has been little change in the proportion of high school seniors who

use cigarettes, remaining around 19 percent since 1984. The proportion of seniors who smoke a half-pack or more daily also has not changed from 11 percent since 1986.

The high school study also showed decreases in annual use of illicit drugs by seniors in the class of 1991. Less than 30 percent of seniors had used any illicit drug "within the past year," down from 53 percent in 1980. Only 24 percent of seniors reported annual use of marijuana in 1991, compared to 49 percent in 1980, and use of alcohol within the past year dropped from 88 percent in 1980 to 78 percent in 1991. (In the survey, the category "any illicit drug use" did not include alcohol and cigarette use.)

Eighth and Tenth Grade Drug Use

In 1991 the high school survey sample was expanded to include approximately 18,000 eighth and 16,000 tenth graders for the first time.

The first findings on these age groups show that within the last 30 days

- alcohol was used by 25 percent of eighth graders and 43 percent of tenth graders (compared with 54 percent of seniors),
- cocaine was used by 0.5 percent of eighth graders and 0.7 percent of tenth graders (1.4 percent of seniors).

Binge drinking—5 or more drinks at one sitting—within the last 2 weeks was reported by 13 percent of eighth graders and 23 percent of tenth graders (30 percent of seniors).

Followup Data

The survey also includes data on drug use from a sample of 6,600 members of previous graduating classes 1 to 10 years after leaving high school. Followup data on these young adults ages 19–28 show decreases in annual use of any illicit drug, from 31 percent in 1990 to 27 percent in 1991. Annual marijuana use declined from 26 percent in 1990 to 24 percent in 1991. Other illicit drugs showing decreases in annual use in the 1991 survey include cocaine—both crack and powdered—MDMA ("Ecstasy"), and stimulants.

Followup data on those young adults who are now in college showed that

annual use of any illicit drug was down from 33 percent in 1990 to 29 percent in 1991, and of cocaine from 5.6 percent to 3.6 percent.

New "Health Link" Substance Abuse Program Targets Women and Teens Before and After Jail

As the incarceration of women and teenagers of both sexes has skyrocketed over the past 5 years, traditional public health programs have failed to make a difference.

In 1989 alone, the female prison population of the United States increased 25 percent, and 650,000 young people and minors were in the correctional system on any given day. A majority are involved with drugs.

"Health Link" was developed by the Hunter College Center on AIDS, Drugs, and Community Health in New York City to make a difference.

"Health Link" is an unusual partnership among Hunter, community organizations, and the Montefiore Medical Center-Rikers Island Health Services. The demonstration project provides intensive health education and social services to women and adolescents on Rikers Island, site of the city jail, and links them upon release to a variety of support services at two community centers in the South Bronx area of the city.

A grant of more than \$992,000 from the Robert Wood Johnson Foundation will fund the program for 2 years, beginning in 1992. It will be eligible for expansion and extension through 1995, if it proves to be successful.

The traditional approach to substance abuse—arrest, lock-up, and release back to the community without any followup counseling or drug treatment—almost inevitably leads to rearrest, according to Prof. Nicholas Freudenberg, director of the Hunter College Center on AIDS, Drugs and Community Health.

Most of the population of Rikers Island, the largest city jail in the United States, are awaiting trial or a hearing. Typically, they stay for only a few weeks before returning to their communities. Because many of these inmates are already ill or at high risk of AIDS, sexually transmitted diseases, or tuberculosis, they can contribute to the spread of these infectious diseases.

On any given day, some 1,900

women are incarcerated on Rikers Island, about 9 percent of the total prison population and twice as many as 3 years ago. Almost half of these women identify themselves as drug addicts, and nearly 60 percent have been charged with selling or possessing drugs. About 50 women and 1,500 men between the ages of 16 and 18 are also on Rikers Island on any given day.

Health educators on Rikers hired by Hunter will meet 2 hours daily for a week with women and teens who choose to participate. During these discussion groups, the educators will communicate information on AIDS, substance abuse, and other health problems.

They will use a nontraditional "empowerment" curriculum to help participants develop self-esteem and confidence in their ability to take positive control of their health and their lives. This curriculum is based on an earlier successful program developed by Hunter to educate women inmates about AIDS. Participants will also learn the concrete skills needed to protect their health, and they will be encouraged to use existing Montefiore-Rikers Island Health Services.

Approximately 100 inmates from the South Bronx will participate in the next phase—followup services in their community. A Health Link caseworker will meet with the women while they are still at Rikers, then again within 72 hours of their discharge at St. Benedict the Moor Community Center in the South Bronx.

The women will receive help getting housing, drug treatment, health care, public assistance, and other essential services. They also will receive intensive counseling during the first critical month of their release. During the next 2 months, participants will attend twice-weekly support groups.

Freudenberg believes that community organizations can play a major role in addressing substance abuse and other public health problems because they have an established relationship with the population. For example, St. Benedict the Moor has daily food programs, holds 12 Alcoholics and Narcotics Anonymous meetings a week, and even owns transitional housing for the homeless.

Health Link will build on such services in a systematic, comprehensive way by providing financial support, technical assistance, and on-going expertise.

37 AIDS Clinical Trials Units Funded by NIAID

The National Institute of Allergy and Infectious Diseases (NIAID) is funding 37 AIDS clinical trials units that will test drugs to fight infections with HIV, the virus that causes AIDS, and related illnesses in children and adults. The units are part of the AIDS Clinical Trials Group (ACTG), a cooperative network first established in 1986.

The units receiving funds include 21 renewed adult sites, 7 new adult sites, and 9 new sites for studies only with children and adolescents. The units are located in 27 cities.

The units include areas previously not served, such as Denver, CO, Birmingham, AL, New Haven, CT, Galveston, TX, and San Juan, PR.

Together, the units will receive funds totaling \$59.8 million during their first year. The National Institute on Drug Abuse contributed \$2 million to the 1992 funding.

The new AIDS Clinical Trials Group has the potential to enroll more patients in trials than the old ACTG. Moreover, the trials group will emphasize the enrollment of women, minorities, and injection drug users. Other changes, including centralized laboratories that serve several sites and an incentive plan that ties funding to enrollment of patients and completion of trials, will increase the cost effectiveness and efficiency of the studies.

The new trials group includes core laboratories that have state-of-the-art equipment to test blood samples and other specimens and to study viruses and aspects of the immune system. In addition to the units and the laboratories, there is a coordinating center that monitors individual units and collects, analyzes, and stores data.

The NIAID clinical trials effort began in June 1986, with 14 centers for adult studies. By 1991, the trials group included 47 units, with 15 pediatric, 20 adult, and 12 that combined pediatric and adult investigations. Children ages 18 and younger are included in the pediatric studies. The units have conducted more than 150 trials among more than 16,000 persons.

Previous trials group studies have led to Food and Drug Administration approval of a number of therapies, including the drug didanosine (ddi) and the use of zidovudine (AZT) as early treatment for asymptomatic HIV-infected people. Both ddi and AZT

inhibit HIV's ability to make copies of itself.

Three groups of scientists, physicians, and management experts, totaling 150, reviewed all applications for the 1992 funding. Factors considered included scientific and technical strengths and expertise, cost effectiveness, location, and potential patient population.

Study participants at sites scheduled to be phased out will continue in trials for up to 1 year. At the end of the year, those patients will be referred to other units or related NIAID programs.

In addition to the trials group network, NIAID investigates potential treatments for HIV-infected persons through the Community Programs for Clinical Research on AIDS, the Division of AIDS Treatment Research Initiative and clinical studies sponsored by the Division of Intramural Research of the National Institutes of Health Clinical Center in Bethesda, MD.

The seven new adult sites, selected for a 4-year period, are Georgetown University, Washington, DC; State University of New York Health Science Center at Brooklyn; University of Alabama at Birmingham; University of Colorado Health Sciences Center, Denver; University of Pennsylvania, Philadelphia; University of Texas, Galveston; and Yale University, New Haven, CT.

The new pediatric units include Bronx Lebanon Hospital Center, NY; Children's Hospital, Washington, DC; Children's Hospital and Medical Center, Seattle; Children's Hospital of Pennsylvania, Philadelphia; St. Jude's Research Hospital, Memphis, TN; Tulane University, New Orleans; University of Colorado, Denver; University of Massachusetts, Worcester; and University of Puerto Rico.

The adult units that received 4-year renewal funds are Albert Einstein College of Medicine, New York City; Case Western Reserve University, Cleveland, OH; Cornell University-Memorial Sloan-Kettering Cancer Center New York City; Harvard University, Boston, MA; Indiana University, Indianapolis; Johns Hopkins University, Baltimore, MD; Mt. Sinai Hospital, New York City; New York University, New York City; Northwestern University, Chicago; Ohio State University, Columbus, OH; Stanford University, Palo Alto, CA; University of California at Los Angeles; University of California at San Diego; University of California at San Franci-

sco; University of Miami, FL; University of Minnesota, Minneapolis; University of North Carolina at Chapel Hill; University of Rochester, NY; University of Southern California, Los Angeles; University of Washington, Seattle; Washington University, St. Louis.

Persons interested in more information about specific clinical trials can call the AIDS Clinical Trials Information Service, 1-800-TRIALS-A (874-2572) from 9 am to 7 pm Eastern time, weekdays. Calls are confidential.

CDC Extends AIDS Hotline for Another 5 Years

The Centers for Disease Control (CDC) is continuing the National AIDS Hotline, the nation's largest health hotline service, that provides information to callers on AIDS and the HIV virus.

A \$4.9 million contract awarded to the American Social Health Association of Research Triangle Park, NC, which has administered the hotline for the past 5 years, is for 1 year and 4 optional years that may be extended later by the Federal Government.

The hotline handled a total 1,205,572 calls in 1991. More than a million calls were attempted just in the weeks after professional basketball player Earvin "Magic" Johnson announced he had tested positive for HIV.

Robert Waller, DDS, MPH, project officer for the hotline, said, "In the first 40 days following Magic's press conference, more than 1.3 million call attempts were made to the hotline. This was an average of 31,701 calls daily."

That was more than four times the daily average of 7,372 calls attempted during the 90 days preceding and nine times earlier averages of 3,400. The day after the press conference, some 119,154 call attempts were made—a number far exceeding any previous one day.

Hotline records show that after the announcement by Magic Johnson, female callers to the hotline outnumbered males for several days, often comprising 55 percent of the total callers. Previously, the distribution of callers had been 55 percent male and 45 percent female.

Overall, the CDC National AIDS Hotline has responded to more than 5 million calls since 1986, according to CDC officials. With the recent in-

creases in calls, CDC will explore ways to augment the system's capacity, they said.

The American Social Health Association also is responsible for the CDC's National Sexually Transmitted Disease Hotline, 1-800-227-8922, that provides information on such diseases as syphilis, hepatitis, gonorrhea, and chlamydia that are increasing and can cause serious, even fatal, infection and, sometimes, infertility. Sexually transmitted diseases also can make the body more susceptible to the AIDS virus.

The AIDS Hotline number is 1-800-342-AIDS. AIDS information in Spanish is available on 1-800-344-7432. Information for the deaf is available on 1-800-243-7889, which requires use of a TTY/TDD machine.

Lung Cancer Death Rate Levels Off for White Men; Rises for Women, Blacks

The National Cancer Institute (NCI) reports that lung cancer death rates among white males have leveled off and should start to decline in the mid-1990s.

According to NCI's new 300-page monograph, "Strategies to Control Tobacco Use in the United States: A Blueprint for Public Health Action in the 1990s," lung cancer death rates among blacks and women are not expected to drop until after the year 2000.

The NCI report said the most recent figures show that in 1987, the white male age-adjusted lung cancer death rate was 73.2 per 100,000 population. In 1988, it was 73.0 deaths per 100,000 population.

Lung cancer death rates among women have increased 420 percent since the 1950s, when the first reports linking smoking to lung cancer were published. About 51,000 women in the United States will die of lung cancer this year, making it the number one cause of cancer death in women.

Black men have a lung cancer death rate 35 percent higher than their white counterparts, and have substantially higher cigarette smoking rates. The age-adjusted lung cancer death rate for black men is 97.0 deaths per 100,000 population, compared with 73.0 per 100,000 for white men. A total of 33 percent of black men smoke cigarettes, compared with 27 percent

of white men, according to the latest available statistics.

The authors of the NCI monograph conclude that additional smoking prevention activities and tougher restrictions on smoking could save thousands of lives over the next two decades. Smoking is the leading preventable cause of death and disease in the United States and is specifically the leading risk factor for deaths from heart disease, cancer, and chronic lung disease.

Another major contribution of the report is a description of how and why different groups of smokers responded to early information about smoking and lung cancer.

"White men clearly changed their behavior in response to the first wave of publicity about the dangers of smoking in the early 1950s, but it was not until the late 1960s that women and black men began to stop smoking in large numbers," said David M. Burns, MD, professor of medicine at the University of California and senior scientific editor of the report.

Single copies of the report are available from NCI by calling 1-800-4-CANCER or writing NCI, Building 31, Room 10A24, Bethesda, MD 20892.

CDC Funds Four More State Cancer Programs

The Centers for Disease Control (CDC) have approved funds for four more States to develop comprehensive breast and cervical cancer screening and early detection programs, particularly for low-income, minority women.

A total of \$11 million was awarded to Maryland, Missouri, Nebraska, and North Carolina, bringing to 12 the number of States funded under provisions of the Breast and Cervical Cancer Mortality Prevention Act of 1990.

Previous awards made in fiscal year 1991, averaging just under \$3 million each, went to California, Colorado, Michigan, Minnesota, New Mexico, South Carolina, Texas, and West Virginia.

The program is being carried out in partnership with the States, which are required to match each \$3 of Federal funding with \$1 of State funds.

Greater access to screening services, increased education of women and health care providers, and improved quality assurance measures for screening mammography and cervical

cytology are among the strategies identified in this comprehensive public health program to ensure that early detection practices are available for all women.

Breast cancer screening should begin at age 40. Women with no apparent breast abnormalities or symptoms should have an annual clinical breast examination. Mammographic screening should be performed every one to two years. Beginning at age 50, both a clinical breast examination and screening mammogram should be obtained annually. Screening guidelines apply only to asymptomatic women. The frequency and type of examination for symptomatic women will vary and should be determined by a physician.

Additionally, all women who are or who have been sexually active or who have reached age 18 should have an annual Papanicolaou test and pelvic examination. After a woman has had three or more consecutive satisfactory annual examinations, the Pap test may be performed at the discretion of her health care provider.

FDA Approves New Whooping Cough Vaccine

The Food and Drug Administration (FDA) has licensed a new whooping cough vaccine that may cause fewer side effects in children.

The new vaccine is being approved at this time only for the fourth and fifth shots. The current vaccine will continue to be used for the first three shots. Additional research has been undertaken to ascertain whether it will be effective for preventing pertussis when used for primary immunization—the first three shots—in infants.

The new vaccine is acellular, meaning that it is made from only part of the pertussis organism, as opposed to the whole organism from which the current vaccine is derived.

Whooping cough (pertussis) is a highly contagious disease. As many as 90 percent of nonimmune household contacts acquire the infection. Since routine immunization against pertussis became common in the United States, the number of reported cases of disease and deaths from it has declined from about 120,000 cases with 1,100 deaths in 1950 to an annual average in recent years of about 3,500 cases with 10 fatalities.

The new vaccine appears to be as effective in older children as the cur-

rent vaccine and to cause fewer adverse reactions. It has been widely used in Japan—where it was developed—with apparent success in children older than 2 years. It will be combined with diphtheria and tetanus toxoids (DTP) and sold under the brand name Acel-Imune.

Gerald Quinnan, MD, acting director of FDA's Center for Biologics, where the vaccine was evaluated and licensed, said that the availability of an acellular vaccine is a significant step forward in infectious disease control.

The most common adverse reactions seen in clinical trials of the acellular pertussis vaccine included tenderness, redness, and swelling at the injection site, fever, drowsiness, fretfulness, and vomiting.

The new pertussis vaccine component is produced by Takeda Chemical Industries Ltd. of Osaka, Japan, and is combined with diphtheria and tetanus toxoids manufactured by Lederle Laboratories of Wayne, NJ. Lederle will also distribute the product in the United States. The vaccine is administered by injection.

The approval of the new vaccine comes at a time when the Federal Government is emphasizing early childhood immunizations in the wake of the largest reported measles outbreak in the nation in 20 years—with more than 27,600 cases and 89 deaths reported in 1990.

The aim is to reach a goal of full immunization for 90 percent of children by the time they are 2 years old.

For Many Americans, Tests for Two Eye Diseases Inadequate, NEI Warns

The National Eye Institute (NEI) warns that many Americans who are at high risk for glaucoma and diabetic eye disease, two leading causes of blindness, are not seeking adequate eye care.

Based on findings from a new national survey, the Eye Institute recommends that people with diabetes should undergo an eye examination through dilated pupils at least once a year and people at high risk for glaucoma should receive an eye examination through dilated pupils every 2 years. NEI says the glaucoma test is especially necessary for black people older than age 40 and everybody older than age 60.

There are 120,000 Americans currently blind from glaucoma alone. About half of the 14 million Americans with diabetes will develop eye problems, NEI estimates.

Glaucoma is a disease that occurs when the eye's fluid pressure rises, leading to progressive optic nerve damage. If left untreated, glaucoma may lead to blindness.

Diabetic eye disease is a group of sight-threatening complications that people with diabetes may develop, including diabetic retinopathy that damages the delicate blood vessels of the retina; cataract, a clouding of the eye's lens; and glaucoma.

To inform the public about these conditions, the National Eye Institute, a part of the National Institutes of Health, will coordinate the first federally sponsored nationwide eye health education program, working with 37 private and public organizations.

Earlier this year, the National Eye Institute and the Lions Clubs International cosponsored a survey of 1,250 adults to determine the public's awareness of the facts about eye disorders and what constitutes proper eye care.

The survey found that about three-fourths of the nearly 450 respondents at high risk for glaucoma said they had an eye examination within the last 2 years. However, less than half said their pupils had been dilated during the examination, an essential part of effective glaucoma detection.

Carl Kupfer, MD, NEI Director, said many Americans are screened for glaucoma with tonometry, a test that measures the pressure within the eye.

"Studies show that although tonometry is useful in detecting glaucoma, this test alone does not provide an eye care professional with enough information to diagnose the disease," he said. "People at high risk for glaucoma should have an eye examination through dilated pupils every 2 years, in addition to tonometry, to find glaucoma early, when it is most controllable."

Dr. Kupfer said complete glaucoma testing should include pupil dilation, where drops are placed into the eyes to allow a thorough examination of the retina and optic nerve for signs of damage; tonometry; and when indicated, a visual field test, which can detect early loss of peripheral vision.

About 3 million Americans have glaucoma, but about half of them do not know it. The most common form is open-angle glaucoma, which is most

prevalent in the general U. S. population older than age 60 and black people older than age 40.

National Eye Institute officials also stated that many of the country's 14 million people with diabetes are unaware that they are at risk for diabetes-related eye problems, and many are not obtaining regular eye examinations through dilated pupils.

Although laser surgery can significantly reduce the risk of vision loss from diabetic retinopathy, the most common of the diabetic eye diseases, thousands of Americans still lose their sight each year to this retinal disorder because they do not receive laser treatment.

In fact, a study of patients with diabetes found that more than half of those who might benefit from laser surgery had never been treated. The study also reported that many physicians are not referring their patients with diabetes to eye care professionals for monitoring.

Additional information about glaucoma or diabetic eye disease can be obtained from the National Eye Health Education Program, Box 20/20, Bethesda, MD 20892.

Symposium Set for 1993 on Quantitative Methods for Use of Multi-Source Data in Public Health

The Centers for Disease Control (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) will sponsor a Symposium on Quantitative Methods for Utilization of Multi-Source Data in Public Health, January 26–27, 1993, at the Hotel Nikko, Atlanta, GA. The symposium is open to the public.

Abstracts should be postmarked no later than June 15, 1992. Authors of papers accepted for presentation will be notified no later than August 14, 1992. Completed manuscripts must be received by December 4, 1992.

A short course in meta-analysis, taught by Ingram Olkin, PhD, and Thomas Chalmers, MD, will be offered on January 25, 1993, in conjunction with the symposium.

The symposium will include invited plenary speakers and contributed papers. Abstracts for contributed papers should relate to one or more of the following areas: identification, verification, and linkage of data sets; design

of multi-source data studies; data analytic issues; meta-analysis, modelling, and other data analytic techniques; mapping and other graphic techniques; and use of surveillance data for comprehensive decisions in State and local health agencies.

Additional information regarding scientific content of the symposium and short course may be obtained from G. David Williamson, PhD, Chair, 1993 CDC and ATSDR Symposium on Statistical Methods, Epidemiology Program Office (Mailstop C08), Centers for Disease Control, 1600 Clifton Road, NE, Atlanta, GA 30333. Registration and abstract information may be obtained from Phaedra Shaffer, MPA, at the same address; tel. 404-639-0080).

NIH Agencies Award Biomedical Fellowships to Minority Students

In an effort to increase the number of minority students pursuing careers in the biomedical sciences, the National Institute of General Medical Sciences has made 65 awards under the new Predoctoral Fellowships for Minority Students program. Another 36 awards were made by the Office of Minority Programs of the National Institutes of Health and several other NIH components.

The predoctoral fellowship provides up to 5 years of support for research training leading to a PhD or combined MD-PhD degree in the biomedical sciences. The fellowship includes tuition, \$2,000 to cover travel to scientific meetings and laboratory and other expenses, and a stipend of \$8,800 per year.

The awardees belong to minority groups that are underrepresented in biomedical research, particularly African-Americans, Hispanics, Native Americans, and Pacific Islanders.

This support enables scientists at universities, medical schools, and research institutions to expand knowledge about the fundamental life processes that underlie human health and disease.

In addition to the NIH Office of Minority Programs, seven other NIH components have provided funds for the predoctoral fellowship. These are the National Center for Human Genome Research, the National Cancer Institute, the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute of Envi-

ronmental Health Sciences, the National Institute on Aging, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, and the National Institute of Child Health and Human Development.

World Epidemiological Meeting to be Held in 1993 in Australia

The 13th scientific meeting of the International Epidemiological Association will be held Sept. 26-30, 1993, in Sydney, Australia.

Theme of the meeting will be "New Pathways in Epidemiology" in global health, clinical practice, environmental issues, and health services management and methodology.

Additional information can be obtained from IEA Conference Secretariat, P.O. Box 746 Turramurra, 2074 NSW, Australia.

States, Cities Receive More Than \$155 Million in AIDS-HIV Funding

The Department of Health and Human Services (HHS) has awarded formula grants totalling \$95.2 million to assist all 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands in providing health care and support services for people with AIDS and HIV infection.

The grants were authorized under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and are administered by the Health Resources and Services Administration, a Public Health Service agency within HHS.

The amount of Title II formula grants each State received was based on the number of AIDS cases reported to, and confirmed by, the Centers for Disease Control for the two-year period October 1, 1989, to September 30, 1991.

New York State, with the largest reported number of AIDS cases (16,172), received \$16.9 million. Wyoming, the State with the fewest reported cases (22), received \$100,000, the minimum award.

The CARE Act requires that States with more than one percent of the 87,002 total cases reported during the two years contribute matching funds of \$1 for every \$4 of Federal money received. Therefore, 19 States will pro-

vide an additional \$19.6 million for HIV treatment and services as a result of receiving Title II formula grants.

These same 19 States must allocate at least 50 percent of their CARE funds to establish and operate HIV consortia in areas where the greatest number of HIV patients live. Consortia are composed of health care providers, people with HIV-AIDS, and community organizations that offer services to HIV patients. They use their Ryan White CARE funds to plan, develop, and deliver comprehensive health and support systems for AIDS patients. Of the Title II funds, 15 percent must be used for the care of infants, children, women, and families.

Title II funds may also be used for home and community-based care services, health insurance coverage, and treatments that prolong life or prevent serious deterioration of health for those with the HIV disease.

HHS also has awarded nearly \$60 million in supplemental grants to 18 cities to pay for AIDS-HIV care and support services under Title I of the Ryan White CARE Act that calls for funds to be awarded to cities with the largest numbers of AIDS cases..

Grant funds will be used by the cities to deliver or enhance HIV-related outpatient, ambulatory health, and support services and inpatient case management services for people with AIDS-HIV and their families. Services may include transportation of patients to care sites, home-delivered meals and meal banks, hospice care, and the wide range of clinical and medical care necessary to treat the numerous opportunistic diseases affecting those living with the HIV virus.

Title I grants fall into two categories: formula grants and supplemental grants, with formula grants awarded first. Cities were automatically eligible for both types of grants if they reported more than 2,000 AIDS cases or an incidence of 0.0025 AIDS cases per capita to the Centers for Disease Control by March 31, 1991. In February 1992, 18 cities received \$59.7 million in formula grants.

Cities that received formula grants competed for supplemental grants, based on applications documenting additional severe needs of residents with HIV infection.

This year's supplemental grants ranged from more than \$15 million for New York City to \$978,162 for Baltimore, MD.