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about the mothers' HIV status, not the infants' status. All infants born to HIV-infected mothers carry maternal antibodies and will test positively, whether they themselves are infected or not. "The only way to reduce the risk of transmission to infants is to administer AZT during pregnancy," says Mitchell.

Mitchell and physicians at other hospitals in North Carolina and Atlanta, Georgia, have reported that with counselling more than 90 per cent of women will agree to be tested voluntarily. But Mitchell and others fear that mandatory testing of newborns, which will reveal the woman's HIV status and not necessarily that of the infant being tested, will erode some women's trust in the health-care system.

James Balsley, a member of NIH's National Institute of Allergy and Infectious Diseases who participated in the ACTG study, points out that compliance is important for treatment with AZT, both to the mother during pregnancy and to the infant after birth, because the regimen requires administration four to five times daily. He says that trust is an essential element in ensuring that patients take AZT, as required, to prevent transmission.

Balsley also points out that although proponents of testing have suggested that administration of AZT immediately after birth will prevent transmission, there is no evidence to suggest that this is the case. In the AZT study, pregnant women between the 14th and 34th week of gestation were started on a daily regimen of AZT until

birth, then given AZT during labour and delivery. Newborns were also given the drug until 6 weeks of age. The researchers have not determined whether post-partum administration of the drug alone has any effect on preventing HIV transmission.

However, Balsley says that knowing an infant's HIV status at birth is clearly of some value. "HIV-infected infants often develop *Pneumocystis carinii* pneumonia [PCP], which can cause death at an early age," he says. "If it is known that an infant is born to an infected mother, PCP prophylaxis can be administered to prevent pneumonia." But to prevent transmission through breastfeeding, says Balsley, women should be tested during pregnancy because HIV antibody test results are not usually available until after breastfeeding has begun.

Proponents of mandatory testing do not dispute the value of voluntary testing but find it insufficient. In a letter enlisting support for the amendment among his congressional colleagues, Coburn states: "It seems crazy that states have mandated testing for syphilis and hepatitis, but have failed to treat the incurable HIV in a similar fashion."

How the issue of mandatory testing will ultimately play out remains an unknown. Although opposed by public health officials, it seems to be gaining support among politicians in Congress, and even many opponents think it has a good chance of becoming law.

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DID YOU KNOW?

FDA, AMA take aim at tobacco

As *Nature Medicine* went to press, the US Food and Drug Administration (FDA) announced plans to regulate the sale and use of tobacco products, declaring that nicotine is a drug and therefore subject to FDA regulation. No specific regulations were announced, as FDA is making the politically savvy move of seeking the approval of the White House before taking specific actions.

Adding to the tobacco companies' mounting woes is the 19 July issue of the *Journal of the American Medical Association*, which features several articles reviewing documents from the Brown and Williamson Tobacco Company, allegedly describing the company's research into the dangers of nicotine and its subsequent attempts to cover up the results. The strongly worded editorial accompanying the piece leaves no doubt as to the American Medical Association's position.

F.R.S.

Plague strain puzzler

Data from the United States, France and Russia seem to suggest that an entirely new strain of *Yersinia pestis* was responsible for last year's pneumonic plague outbreak in Surat, India, in which 44 people died. The news is cause for concern at the Indian health ministry where officials are now feverishly trying to determine how this came about.

Protein profiling undertaken at the Fort Collins, Colorado, laboratory of the US Centers for Disease Control and Prevention revealed the presence of an extra protein (molecular weight of 25,000 daltons) in the Surat strain, not found in any known strain of *Y. pestis*. Testing at the Pasteur Institute in Paris and the Stravropol Institute of Plague Research in Russia supports this finding. The mystery continues.

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IOM runs a blood test

Following a request in 1993 from US Secretary of Health and Human Services Donna Shalala, the Institute of Medicine undertook a study of the disastrous decision-making in the blood industry that led to the spread of AIDS among haemophiliacs between 1982 and 1986. The purpose of the recently released study was to "provide guidance on policy development" to prevent similar mistakes in the future. The report concludes that the current blood supply in the United States "while not risk-free, is very safe."

F.R.S.