PREVENTION report

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Government and Private Sectors Join Forces for Food Safety

Although the American system for ensuring food safety is among the best in the world, foodborne pathogens such as certain strains of *E. coli* and *Salmonella* pose a continuing threat to the foods Americans eat everyday. Some experts believe the dangers of foodborne illness are growing because of increases in the number of people at risk, changes in food industry practices and U.S. dietary habits, and adaptations on the part of the offending microorganisms themselves.

Last summer, the U.S. Department of Agriculture (USDA) ordered the largest food recall in history—25 million pounds of ground beef produced at a meat-packing plant in Nebraska. The ground beef contained a particularly virulent form of bacteria called *E. coli* O157:H7. A foodborne parasite called *Cyclospora*, traced to contaminated fresh basil, was responsible for an outbreak of illness last summer in the Washington, DC, metropolitan area. *Salmonella* made more than 700 people sick and killed 2 people in November after they ate at a church supper in Maryland.

E. coli O157:H7, *Cyclospora*, and *Salmonella* are three members of a whole zoo of microorganisms that can contaminate the food we eat and the water we drink (see accompanying table). Foodborne pathogens may kill as many as 9,000 Americans every year. Estimates of illness range from 6.5 million to 33 million cases annually. The estimated annual economic burden of foodborne illness and death in the United States may run as high as $34.9 billion.

A 5-year nationwide surveillance study released in 1996 by the Centers for Disease Control and Prevention (CDC) identified *Salmonella* as the most commonly reported cause of foodborne disease outbreaks. (CDC defines an outbreak of foodborne disease as two or more confirmed

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Efforts have intensified to keep our Nation's food supply safe and to forestall public alarm resulting from several recent but unrelated outbreaks of foodborne illness and death. These efforts involve the Federal Government, State and local health agencies, food industry groups, and consumer representatives. This issue of Prevention Report *focuses on food safety. It reviews some of the causes of foodborne illness and related trends and populations at risk. It also summarizes some recent activities to prevent foodborne illness, including a major national health education campaign.*

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OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

The mission of the Office of Disease Prevention and Health Promotion (ODPHP) is to provide leadership for disease prevention and health promotion among Americans by stimulating and coordinating Federal activities. *Prevention Report* is a service of ODPHP.

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cases of a similar illness in different people who have eaten the same food.) *Salmonella* accounted for almost 70 percent of the outbreaks of foodborne illness during the 5-year period of the study.

A CDC surveillance study released in 1997 identified *Campylobacter,* another bacterial pathogen, as the most common cause of sporadic foodborne disease. CDC collected data for this study from the five States participating in the Foodborne Disease Active Surveillance Network, more commonly known as FoodNet. FoodNet is a cooperative program involving CDC, USDA, and the Food and Drug Administration (FDA).

Besides *Salmonella, Campylobacter,* and other common pathogens, new microorganisms are emerging that threaten our food supply. *E. coli* O157:H7 was not discovered until 1982. Other once obscure or unknown foodborne pathogens such as *Cyclospora, Cryptosporidium,* and *Listeria* have been identified in recent years as causes of foodborne illness.

Fortunately, most bacteria and other foodborne pathogens cause only temporary discomfort in people who are otherwise healthy. Diarrhea, nausea, vomiting, abdominal cramps, and fever are the most common symptoms and can result in missed days at work or school and occasionally in hospitalization. Some pathogens, however, can cause rare but more serious complications, including kidney damage, Guillain-Barré syndrome, and chronic reactive arthritis.

Certain individuals and populations are at increased risk of death from foodborne illness. Groups at increased risk include the elderly, infants and children, and people whose immune systems are compromised, such as cancer patients undergoing chemotherapy and people infected with HIV. According to the CDC's 5-year surveillance study, 85 percent of the deaths attributable to *Salmonella* occurred among nursing home residents.

In recent years, the rate of *Salmonella* infection has decreased, but the actual number of reported cases has doubled over the past two decades. This increase in the number of cases may be related to several factors, including an increase in the size of the elderly population. The elderly are at increased risk of infection from *Salmonella* and other foodborne pathogens. According to current population projections, the elderly population in the United States will continue to grow in the years ahead,

10 LEAST WANTED FOODBORNE PATHOGENS*

1. *Campylobacter jejuni*
Major bacterial cause of diarrhea and associated with Guillain-Barré syndrome
Sources: raw and undercooked poultry and meat, raw milk, and untreated water

2. Clostridium perfringens
Produces sudden onset of colic followed by diarrhea and nausea
Sources: improperly cooked roast beef, ground beef, pork, turkey, and chicken

3. E. coli O157:H7
Causes bloody diarrhea, abdominal pain, and vomiting and can cause hemolytic uremic syndrome
Sources: meat such as undercooked or raw hamburger, raw milk, unpasteurized apple juice, and produce

4. Listeria monocytogenes
Causes serious disease in newborns, adults with weakened immune systems, and pregnant women, including complications such as spontaneous abortion and stillbirth
Sources: raw and undercooked meat, poultry, and seafood, produce, and unpasteurized or improperly processed dairy products

5. Salmonella
Causes headache, vomiting, diarrhea, abdominal cramps, and fever
Sources: raw and undercooked eggs, under-cooked poultry and meat, dairy products, seafood, fruits, and vegetables

6. Staphylococcus aureus
Produces an infection that can cause vomiting, diarrhea, abdominal cramps, and prostration
Sources: ham, raw meats, poultry, dairy products, salads, and shrimp, along with the hands of food preparers

7. Shigella
Major cause of dysentery
Sources: salads, milk and dairy products, produce, untreated drinking water, and the hands of food preparers

8. Toxoplasma gondii
Parasite that causes a disease called toxoplasmosis; symptoms include fever, sore throat, swollen glands, and, in severe cases, disorders of the liver and central nervous system
Sources: meat (primarily pork)

9. Vibrio vulnificus
Causes gastroenteritis, chills, fever, and prostration and can be fatal in high-risk individuals
Sources: raw or undercooked seafood, particularly raw oysters from the Gulf Coast States

10. Yersinia enterocolitica
Causes diarrhea and vomiting
Sources: pork, dairy products, and produce

*Based on the severity of illness or the number of reported cases.

Source: Partnership for Food Safety Education

doubling between now and the year 2030, when an estimated 83 million people will be 60 or older.

Changing dietary trends in the United States also may increase the risk of exposure to foodborne pathogens. The popularity of fast-food restaurants has increased the demand for and production of ground beef. Undercooked hamburger is a prime source of exposure to *E. coli* O157:H7. American consumers also have come to expect a variety of once-seasonal produce year-round. The result is an increasing reliance on imported fruits and vegetables from countries where the standards of food safety may not match those of the United States. Also, Americans now more than ever are eating meals prepared outside the home. One of the results of eating out and ordering out may be a lack of knowledge among consumers about safe methods for preparing, cooking, and storing food.

Food Safety Initiative

To combat these and other potential threats to our food supply, the Federal Government early in 1997 launched the $42.3 million Food Safety Initiative. The Food Safety Initiative represents a model of cooperation between key Federal, State, and local agencies and private organizations involved in food production, marketing, preparation, and consumption. The initiative focuses on five broad areas—surveillance and early warning, risk assessment, research, inspections and compliance, and consumer education. An expanded and upgraded early-warning system will help

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What Consumers Can Do To Prevent Foodborne Illness

Clean

- ❒ Wash hands with soap and warm water for at least 20 seconds before preparing, serving, and eating food.
- ❒ Clean all food preparation surfaces that will come in contact with food.
- ❒ Wash fresh fruits and vegetables with plain water before eating or cooking.
- ❒ Wash hands, utensils, plates, platters, and countertops after contact with raw meat or poultry and before contact with the same food when cooked.
- ❒ Keep dishwashing sponges and cloths clean.
- ❒ Serve cooked products on clean plates, with clean utensils.
- ❒ Discard all outdated, obviously spoiled, and possibly unsafe food.

Separate

- ❒ Do not let raw meat or poultry or their juices come in contact with other foods.
- ❒ Enclose individual packages of raw meat and poultry purchased at the grocery store in plastic bags to avoid contaminating other foods.
- ❒ Thaw frozen meat or poultry in the refrigerator or in a microwave oven, not on the countertop.
- ❒ Use different utensils and platters to prepare food for cooking and to serve food after cooking.

Cook

- ❒ Maintain the internal temperature of cooked foods that will be served hot at 140° F or above.
- ❒ Use a meat thermometer to measure proper cooking temperatures.
- ❒ Cook ground meat and fresh meat to at least 160° F.
- ❒ Cook fresh poultry to at least 180° F and ground poultry to at least 170° F.
- ❒ Don't taste meat, poultry, eggs, fish, shellfish, or any other food of animal origin when it's raw or during cooking.
- ❒ Cover and reheat leftovers to 165° F before serving.
- ❒ Cook eggs until the yolks and whites are firm.

Chill

- ❒ Refrigerate all products marked "keep refrigerated."
- ❒ Freeze all products with a "keep frozen" label.
- ❒ Keep the refrigerator at 40° F or below and the freezer at 0° F or below.
- ❒ Keep cold foods cold (40° F or below) until served.
- ❒ Arrange items in the refrigerator and freezer to allow cold air to circulate freely.
- ❒ Refrigerate or freeze leftovers in covered shallow (less than 2 inches deep) containers as soon as possible and always within 2 hours of cooking.

Source: *Preventing Foodborne Illness, A Guide to Safe Food Handling,* USDA, September 1990.

One of the ironies of foodborne illness is that a few relatively simple procedures can eliminate or prevent the growth of most harmful microorganisms found in or on food.

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detect outbreaks of foodborne illness quickly and provide data needed to prevent future outbreaks.

To determine the health risks associated with foodborne pathogens, the Food Safety Initiative is establishing an interagency consortium to coordinate risk-assessment research. The results are expected to help in determining acceptable levels of exposure to foodborne pathogens and identify where in the food chain to apply resources to control the threat of foodborne illness.

Other new research will be aimed at improving methods for detecting and identifying foodborne pathogens and developing new ways to prevent or eliminate them. In addition, research will focus on understanding how bacteria and other microorganisms become resistant to processing methods, such as heating or chilling, that are designed to kill foodborne pathogens or keep them from growing and spreading. Many experts are concerned about human and animal resistance to antibiotics. One type of *Salmonella*, known as *Typhimurium* Definitive Type 104 (TD104), is already resistant to at least five antibiotic drugs.

New and more accurate methods for detecting hazardous microorganisms are replacing existing sight, touch, and smell techniques used to inspect food. In addition, the Hazard Analysis and Critical Control Point (HACCP) approach is being emphasized. Started in 1995 and administered by the FDA and the USDA's Food Safety and Inspection Service, HACCP places the responsibility on the food industry to design and implement procedures to prevent food contamination rather than relying on detection after it has occurred.

Food in the United States was once largely grown and consumed locally, but today food can become contaminated at any point along a complicated and global system of food production and distribution. This food chain leads from the field or pasture to the processing plant and from there through the wholesaler and retailer to the consumer. HACCP requires food producers and processors to apply science-based methods to prevent contamination at various critical points on this food chain. Under HACCP, for example, individual poultry, beef, and seafood companies are responsible for developing and implementing methods for producing and processing food that will prevent or control contamination by bacterial pathogens.

Finally, the Food Safety Initiative is focusing on consumer education. One of the ironies of foodborne illness is that a few relatively simple procedures can eliminate or prevent the growth of most harmful microorganisms found in or on food. Cooking a hamburger to 160 degrees, for example, will kill any *E. coli* bacteria that may be present.

To educate consumers about food safety practices, the Department of Health and Human Services, USDA, and the Department of Education have joined with food industry trade associations, consumer groups, and public health organizations to form the Partnership for Food Safety Education (see *Spotlight*, page 8).

Besides the Food Safety Initiative, other recent milestones on the road to a safer food supply include the Food Quality Protection Act of 1996, which set health-based safety standards for pesticides in foods, and the FDA's approval in December 1997 of the use of irradiation to control disease-causing microorganisms in beef, lamb, and pork. Also in December, HACCP regulations for seafood became effective, and in January the Pathogen Reduction and HACCP rule took effect.

Healthy People 2000 Outlook

Four food safety objectives are included in Healthy People 2000. Together, these objectives are aimed at ensuring a safe food supply by reducing or eliminating the health risks posed by contaminated foods, foodborne infections, and improper food handling. At the midcourse review in 1995, the incidence of foodborne infections caused by *Salmonella* and *Listeria monocytogenes* already had dropped to the rates called for in Healthy People 2000.

Food safety objectives are expected to be included in Healthy People 2010 as well, scheduled for release in draft form this fall. In addition, the Food Safety Initiative is addressing food safety on several fronts. New research is focusing on improving methods of detecting, identifying, reporting, preventing, and treating foodborne illness. Under HACCP, food producers, processors, shippers, wholesalers, and retailers are expected to develop and maintain their own food safety programs. Improved inspection methods are using modern technology to detect food contaminants. Public education programs are informing consumers about what they can do to prevent foodborne illness. Through the Food Safety Initiative and other similar programs, the Federal Government, the food industry, State health agencies, and consumer groups are continuing to work together to keep our food supply as safe as possible.

Select Food Safety Resources

American Dietetic Association
216 West Jackson Boulevard
Chicago, IL 60606-6995
(312) 899-0040
FAX: (312) 899-1979
http://www.eatright.org

FDA Seafood Hotline
(800) FDA-4010
www.fda.gov

International Food Information Council
1100 Connecticut Avenue NW.
Suite 430
Washington D.C. 20036
E-Mail: foodinfo@ific.health.org
http://ificinfo.health.org

USDA Meat and Poultry Hotline
(800) 535-4555

National Food Processors Association
5505 Connecticut Avenue, NW.
Suite 223
Washington, DC 20015
(202) 298-0624

Centers for Disease Control and Prevention
http://www.cdc.gov

Extension Food Safety Education Database (Michigan State University)
http://www.msue.msu.edu/msue/imp/modfs/masterfs.html

Fight BAC! Fighting the Problem of Foodborne Illness (Partnership for Food Safety Education) *(see Spotlight)*
http://www.fightbac.org/index.html

Food and Drug Administration, Center for Food Safety and Applied Nutrition (FDA/CFSAN)
http://vm.cfsan.fda.gov/list.html

FDA/CFSAN Consumer Research on Foodborne Illness
http://vm.cfsan.fda.gov/~lrd/ab-foodb.html

Food Safety Consortium
http://apsara.uark.edu/depts/fsc/

Food Safety Home Page
http://home.earthlink.net/~zinkd/index.html

Food Safety Resources (North Carolina Cooperative Extension Service)
http://www.ces.ncsu.edu/depts/foodsci/agentinfo/resources.html

National Center for Infectious Diseases, foodborne illness page
http://www.cdc.gov/ncidod/diseases/foodborn/foodborn.htm

U.S. Department of Agriculture
http://www.usda.gov

USDA/FDA Foodborne Illness Education Information Center
http://www.nal.usda.gov/fnic/foodborne/statemen.html

USDA Food Safety Inspection Service
http://www.usda.gov/agency/fsis/

Reducing Health Disparities: How Far Have We Come?

Healthy People Consortium Meeting, Indianapolis, Indiana, November 7, 1997

The annual Healthy People Consortium Meeting celebrated the partnership's 10 years of success in working on the Healthy People 2000 initiative. The Consortium's 10th birthday is but one marker of the Department of Health and Human Services' (DHHS') commitment to achieve the Nation's health objectives by utilizing the expertise and skills of States and national membership organizations. It is clear, noted Dr. Claude Earl Fox, Acting Administrator of the Health Resources and Services Agency and chair of the Healthy People Steering Committee, in his opening remarks, that Healthy People represents a partnership that sees results.

Dr. Robert Windom, former Assistant Secretary for Health, brought greetings from the Secretary's Council on Disease Prevention and Health Promotion Objectives for 2010. The Secretary's Council, which is composed of four former Assistant Secretaries for Health and the Operating Division Heads of DHHS, met in April 1997. Dr. Windom noted that the potential exists for reaching 50 percent of the year 2000 objectives. He encouraged healthy competition among geographic areas for achieving Healthy People objectives and greater accomplishments through the 2010 initiative.

Dr. Fox reviewed the first year of Healthy People 2010 development, which began when focus groups of Consortium members identified what had worked well with Healthy People 2000, what should be preserved, and what should be recast for 2010. Their comments laid the foundation for the Secretary's Council work and played an integral role in shaping the proposed framework, which was released for public comment in September 1997. DHHS has begun work on sentinel indicators, which will be used to increase the visibility of Healthy People objectives to the general public.

With funding from Robert Wood Johnson, Partnership for Prevention is convening a Business Advisory Council that will include large and small, minority-owned, and women-run firms from across the country. The purpose of this Council is to make Healthy People a useful and valuable tool for employers to use in both worksite and community health promotion.

Dr. Marcia Bayne Smith, the keynote speaker, examined health disparities among racial and ethnic minorities, people with low income, women, and people with disabilities. She acknowledged that race is an issue but emphasized that poverty is a better measure of health status. She encouraged a closer look at disease prevention and health promotion strategies, particularly community-level approaches that focus on behavior change.

Dr. Clay Simpson, Deputy Assistant Secretary for Minority Health in the Office of Public Health and Science, explained the presidential race initiative and its goal of creating a more united America. Dr. Simpson then chaired a panel that highlighted racial and ethnic disparities:

- Dr. Grace Wang, Health Officer of the Seattle-King County Health Department, dispelled the myth that all Asians in America are highly educated with better health outcomes than the total population. In fact, the illiteracy rate of Asians is two times that of the total U.S. population; illiteracy increases the likelihood of low utilization of health services. Asians and Pacific Islander immigrants are most at risk for poor outcomes.
- Lia Margolis, Executive Director and Chief Executive Officer of Lia Margolis and Associates, showed the differences in poverty rates between Puerto Ricans (41 percent), Mexicans (28 percent), Cubans (17 percent), and whites (11 percent). She stated that since the 1980s the number of uninsured Latinos has increased dramatically. Latinos have the highest rate of uninsured among new

immigrants as well as among workers. Since Proposition 187 passed, many immigrants in California now have no health insurance to access preventive care.

- Dr. Bailus Walker, Associate Director and Professor of Environmental and Occupational Medicine at Howard University Cancer Center, challenged participants to think of the major factors that will affect the health of minorities by the year 2010. He cited a blurring of barriers between what is social, biological, medical, and genetic. He also challenged participants to develop community programs that can be targeted to particular racial and ethnic groups.
- Theda McPheron, Director of Cherokee Associates, detailed the inequities and racism that Native Americans face. She described the problems facing Native Americans not living on reservations or on reservations where they are not "registered" when they attempt to access services.

Dr. Clement Bezold, President of the Institute for Alternative Futures, set the stage for developing objectives for the year 2010. He challenged the audience to set audacious goals for Healthy People 2010 objectives. He also examined potential factors that could influence the public's health, including technological advances, the Human Genome Project, and demographic shifts.

In the afternoon, the 260 participants broke into workgroups by Healthy People 2000 priority area to discuss and comment on the proposed framework for Healthy People 2010. Each group examined the vision, goals, enabling goals, and placement of the focus areas. They were then asked to comment on objectives that should be deleted, modified, or added to the current list of objectives in each priority area. A report from each group is posted on the Healthy People 2010 homepage at: **http://web.health.gov/healthypeople**.

The meeting concluded with a reception highlighting "Operation Clean Hands," a national hand-washing campaign developed in a public-private partnership between the American Society for Microbiology and the Pharmaceutical Division of Bayer.

The next Healthy People Consortium meeting is set for November 13, 1998, in Washington, DC.

It is clear that Healthy People represents a partnership that sees results.

SPOTLIGHT

New Partnership fighting 'BAC' for Food Safety

Every year, food contaminated with bacteria makes millions of people in the United States sick and kills thousands of Americans. Now a character known as "BAC" (short for bacteria) is putting a face on the problem of foodborne illness.

Developed by the Partnership for Food Safety Education, BAC represents the many bacteria that can contaminate food. BAC was introduced to the public in October 1997 as part of a new nationwide campaign called "Fight BAC!" "Fight BAC!" informs consumers about four simple steps they can take to prepare and store food safely and reduce their risk of exposure to foodborne pathogens such as *Salmonella, Campylobacter,* and *E. coli:*

- ❒ Clean—wash hands and surfaces often.
- ❒ Separate—don't cross-contaminate.
- ❒ Cook—cook foods to proper temperatures.
- ❒ Chill—refrigerate foods promptly.

The world is full of many types of microorganisms that can contaminate food. A recent study by the Centers for Disease Control and Prevention, however, identified bacteria as the most reported foodborne pathogens. According to the study, one family of bacteria, *Salmonella*, was responsible for nearly 70 percent of the laboratory-confirmed outbreaks and 90 percent of the individual cases of foodborne illness during a recent 5-year period.

At the same time, the results of consumer surveys indicate that many Americans are not as knowledgeable as they should be when it comes to food safety and tend to underestimate the risks of exposure to foodborne illness in their own kitchens and dining rooms. One survey found that more than one-third of the people sampled did not know that they should refrigerate a roasted chicken breast immediately rather than letting it cool on the kitchen counter. Only 54 percent knew that they should wash a cutting board with soap and water after using it to carve raw meat and before using it again to prepare fresh vegetables. Another survey found that 50 percent of Americans eat raw or undercooked (runny) eggs, a practice that increases the risk of exposure to *Salmonella*.

As noted in Healthy People 2000, improper preparation of food by consumers is one of the chief contributors to foodborne illness. The "Fight BAC!" campaign is designed to change risky consumer attitudes and practices. A 30-second public service announcement recently began appearing on local and national television, illustrating the four ways consumers can prevent bacterial contamination of their food.

In addition, the Partnership for Food Safety Education has a World Wide Web site on the Internet (**http://www.fightbac.org**). The web site features downloadable graphics, information on food safety, and links to other related web sites. A media kit containing print materials and graphics about the "Fight BAC!" campaign also is available from the partnership.

"Fight BAC!" and the Partnership for Food Safety Education are part of the cooperative public-private Food Safety Initiative announced in 1997. Educating the public about food safety practices and the prevention of foodborne illness was one of the six key strategies contained in *Food Safety from Farm to Table,* a report released to the public last May. The report and recommendations were developed jointly by Government, food industry, and consumer representatives.

The Partnership for Food Safety Education is a coalition of Federal agencies, industry organizations, and consumer groups. Participants include the Departments of Agriculture, Education, and Health and Human Services; the Environmental Protection Agency; American Egg Board; American Meat Institute; Association of Food and Drug Officials; Carol Tucker Foreman; Consumer Federation of America; Food Marketing Institute; Grocery Manufacturers of America; Industry Council on Food Safety/National Restaurant Association; National Broiler Council; National Cattlemen's Beef Association; Produce Marketing Association; Public Voice for Food and Health Policy; Soap and Detergent Association; and U.S. Poultry and Egg Association.

IN THE LITERATURE

Food and Drug Safety

Adverse Events After Discontinuing Medications in Elderly Outpatients. T. Graves, et al. *Archives of Internal Medicine* 157 (October 27, 1997): 2205-10.

Most medications can be stopped in elderly outpatients without an adverse drug withdrawal event (ADWE), a clinically significant set of symptoms or signs caused by the removal of a drug. Practitioners should strive to discontinue drug therapy in the elderly but be vigilant for disease recurrence.

This study of 124 ambulatory elderly patients focused on the prevalence and consequences of discontinuing broad classes of medications in elderly outpatients. A total of 238 medications were discontinued because of patient compliance, patient at risk or experiencing an adverse drug event, no indication, lack of efficacy, chronic medical condition stable, and reason unknown. Analysis of adverse events indicated that 62 drugs (26 percent) resulted in ADWEs among 38 patients. Thus, 74 percent of medications were discontinued without an ADWE. Drug classes most frequently associated with ADWEs were cardiovascular (42 percent) and central nervous system (18 percent). Twenty-six ADWEs (36 percent) required hospitalization or emergency care. Because most ADWEs may be exacerbations of underlying diseases and can occur as long as 4 months after medication discontinuation, clinicians should carefully monitor patients for at least 4 months. In addition, certain drug classes, such as cardiovascular drugs, stand out as problematic in drug withdrawal.

HIV Infection

AIDS Risk Behaviors, Knowledge, and Attitudes Among Pregnant Adolescents and Young Mothers. D. Koniak-Griffin and M. Brecht. *Health Education & Behavior* 24 (October 1997): 613-24.

Intense and specialized AIDS/HIV educational programs, focused on sexuality issues and reducing sexual risk taking, need to be directed toward pregnant and parenting teens in alternative schools and residential facilities.

This study assessed high-risk behaviors; basic understanding of AIDS/HIV, including HIV transmission and prevention; and related attitudes of 151 pregnant adolescents and young mothers. The sample was composed of adolescents recruited from six sites in the greater Los Angeles area: four school districts' special programs for pregnant minors and young mothers in alternative or adult schools and two group homes. Findings suggest that adolescents who are pregnant or have given birth are at high risk for acquiring HIV and possibly transmitting the disease to their children. Knowledge about transmission was high, but the teens held common misconceptions about the spread of disease and preventive measures. Neither unplanned pregnancies nor knowledge of transmission motivated risk reduction.

Information presented in existing HIV education programs may be too general and not convince high-risk youth about the dangers of their behaviors. Educational programs for groups similar to this sample need to be personalized through experiential learning opportunities.

Sexually Transmitted Diseases

Herpes Simplex Virus Type 2 in the United States, 1976 to 1994. D.T. Fleming, et al. *The New England Journal of Medicine* 337 (October 16, 1997): 1105-11.

Improvements in the prevention of herpes simplex virus type 2 (HSV-2) are needed, particularly since genital ulcers may facilitate the transmission of HIV.

A serologic survey of HSV-2 was conducted as part of the National Health and Nutrition Examination Surveys (NHANES) II (1976 to 1980) and NHANES III (1988 to 1994). In NHANES III, the seroprevalence of HSV-2 among study participants 12 years of age or older was 21.9 percent, which corresponds to 45 million infected people in the U.S. population. The age-adjusted overall prevalence of HSV-2 antibody rose from 16 percent in NHANES II to 20.8 percent in NHANES III, a relative increase of 30 percent. Seroprevalence quintupled in white teenagers and doubled among whites in their twenties. Women were about 45 percent more likely than men to be infected with HSV-2 because of the higher efficiency of HSV-2 transmission from men to women. Seroprevalence also was higher among blacks than whites. Less than 10 percent of those infected reported a history of genital herpes.

These results highlight the ongoing need to prevent HSV-2 and other sexually transmitted infections. In addition, improvements in the diagnosis and treatment of established HSV-2 infection may have some effect on

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The age-adjusted overall prevalence of HSV-2 antibody rose from 16 percent in NHANES II to 20.8 percent in NHANES III, a relative increase of 30 percent.

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the transmission of HSV-2, since suppressive therapy with antiviral medications has been shown to decrease viral shedding. New preventive techniques, such as the use of HSV-2 vaccines and topical microbicides now under development, are needed.

Immunization and Infectious Diseases

Postlicensure Effectiveness of Varicella Vaccine During an Outbreak in a Child Care Center. H.S. Izurieta, et al. *Journal of the American Medical Association* 278 (18) (November 12, 1997): 1495-99.
Varicella vaccine administered under routine conditions in physicians' offices is highly effective in preventing varicella in an outbreak characterized by intense exposure.

Varicella outbreaks can be disruptive to child care centers, cause significant morbidity, and create difficulties for parents because of the need to keep symptomatic children at home. Recent studies have suggested that the highest incidence rates for varicella are among children of preschool age.

This report describes epidemiologic and other features of cases of varicella among vaccinated children attending a child care center in DeKalb County, Georgia. Of the 184 children registered in the child care center, 148 children were eligible for the study based on absence of history of varicella before January 1, 1996. Eighty-one children (55 percent) developed varicella. Cases among children younger than 12 months were more severe than cases among older children. Varicella occurred in 9 (14 percent) of 66 vaccinated children and 72 (88 percent) of 82 unvaccinated children. Varicella was less severe and resulted in fewer days of absence from the child care center among vaccinated children. Varicella vaccine effectiveness against all forms of disease was 86 percent and against moderate to severe varicella disease it was 100 percent.

The effectiveness of postexposure administration of varicella vaccine as an outbreak control strategy should be studied. The role of asthma and other reactive airway diseases as risk factors for varicella disease and vaccine failure deserves to be investigated further.

Clinical Preventive Services

The Relationship Between Patient Income and Physician Discussion of Health Risk Behaviors. D.A. Taira, et al. *Journal of the American Medical Association* 278 (November 5, 1997): 1412-17.
To meet the recommendations of the U.S. Preventive Services Task Force (USPSTF), physicians must improve counseling on the health risk behaviors of alcohol consumption, safe sex, seat belt use, diet, exercise, and smoking.

Unhealthy behaviors were common among all income groups in a sample of 6,549 Massachusetts State employees, and physician discussion of health risk behaviors fell far short of the universal risk assessment and discussion recommended by the USPSTF. Low-income patients were more likely to be obese and smoke and were less likely to wear seat belts and exercise than high-income

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patients. Stress and alcohol consumption rose with income. Among patients most in need of discussion of health-related behaviors, physicians tended to discuss diet and exercise more with high-income than with low-income patients, yet they discussed smoking more with low-income patients. Low-income patients were more likely to initiate change based on the advice of their physicians.

Enhancing Mammography Use in the Inner City. B.E. Weber and B.M. Reilly. *Archives of Internal Medicine* 157 (November 10, 1997): 2345-49.
A combination of interventions (reminder systems plus culturally sensitive case management by lay community health educators) enhances compliance with breast cancer screening among previously noncompliant women in inner cities.

In this randomized, controlled trial of six primary care practices, the authors compared the effect of two interventions on rates of mammography completion in women ages 52 to 77 who had not had a mammogram in the previous 2 years. Women in the physician intervention group (MD group) received a personalized letter from their primary care physician on practice letterhead reminding them they had not had a mammogram and advising them to do so, followed by usual care in their primary care practice. Women in the community health educator intervention group (CHE group) received the same primary care physician letter, followed by a standardized case management protocol that included telephone calls, home visits, office visits, and mailed cards, as well as assistance with appointment scheduling, transportation, and dependent care.

Case management significantly increased completion of mammography. Within less than 4 months, 41 percent of eligible women responded to the CHE intervention by completing a mammogram, compared with 14 percent response to the MD intervention. The CHE intervention enhanced the efficacy of an already successful clinical information system providing physician reminders. Vulnerable populations, including women in inner cities, can benefit from multidimensional approaches because they often do not respond to reminder systems due to more pressing needs such as getting food and shelter.

Alcohol and Other Drugs

Health Outcomes of Women Exposed to Household Alcohol Abuse: A Family Practice Training Site Research Network (FPTSRN) Study. J.G. Ryan, et al. *The Journal of Family Practice* 45 (November 1997): 410-17.
Because exposure to alcohol abuse is associated with specific medical conditions among household members who do not abuse alcohol, primary health care providers need to screen for adverse health effects in women patients who live with family members who abuse alcohol.

In this study of 225 female patients, 70 screened positive for household exposure to alcohol abuse. Exposure to alcohol abuse was not statistically associated with clinical marker conditions. However, subjects in a

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Low-income patients were more likely to initiate change based on the advice of their physicians.

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comparison group (N=225) who were not exposed to alcohol abuse had statistically higher scores for five of eight scales in the Medical Outcomes Study 36-Item Short Form Health Survey. The five scales were role physical, role emotional, social functioning, bodily pain, and mental health.

These results suggest that patients' perceptions and doctors' discharge diagnoses may differ. Even though women were not diagnosed as depressed, they described themselves as having a reduced level of mental health.

The researchers suggest that primary care physicians ask simply stated questions to screen for exposure to alcohol abuse and that exposed patients have a risk assessment for reduced quality of life and an increased need for biopsychosocial medical care.

Family Planning

Unplanned Pregnancy as a Major Determinant in Inadequate Use of Prenatal Care. M. Delgado-Rodriguez, et al. *Preventive Medicine* 26 (6) (November/December 1997): 834-38.
Increasing knowledge of family planning may increase prenatal care usage by women with unplanned pregnancies.

The authors examined the determinants of inadequate prenatal care use in a sample of 409 women delivering at an 800-bed hospital with a referral population of 400,000 people in southern Spain. Data were obtained by personal interview and from clinical records. Twenty-two percent of women with an unplanned pregnancy used prenatal care inadequately, compared to only 12 percent of those with planned pregnancies who used prenatal care inadequately. Results suggest that unplanned pregnancy is one of the main predictors for inadequate use of prenatal care. This finding might establish a link between two health care programs: family planning and prenatal care. It also may imply that increasing knowledge of family planning might improve use of prenatal care.

Further research is needed to examine barriers to effective prenatal care.

Violent and Abusive Behavior

Symptoms of Post-Traumatic Stress Disorder in Abused Women in a Primary Care Setting. C. Silva, et al. *Journal of Women's Health* 6 (October 1997): 543-52.
Because of the significant correlation between severity of abuse and symptoms of Post-Traumatic Stress Disorder (PTSD), routine screening and intervention for abused women in primary care settings is essential.

The purpose of this study was to describe the relationship between symptoms of PTSD and severity of abuse among women who had experienced childhood physical or sexual abuse or both. An ethnically stratified group of 131 abused women in a primary care setting was interviewed.

Intrusion (e.g., trouble falling asleep) and avoidance (e.g., trying not to think or talk about the abuse), both symptoms of PTSD, were significantly correlated with severity of abuse, regardless of ethnicity. Women who reported physical abuse had significantly higher intrusion scores; those who reported sexual abuse had significantly higher avoidance scores. Women who reported dreams, flashbacks, or terror attacks (65 percent) had significantly higher mean results for both intrusion and avoidance.

Offering community resources and safety information during each health visit is essential for the abused woman to develop a sense of control and to make decisions for her own safety. In addition, counseling and individual or group support may protect against PTSD for both the abused woman and her children.

Unintentional Injuries

Family Practice Physicians' Firearm Safety Counseling Beliefs and Behaviors. S.A. Everett, et al. *Journal of Community Health* 22 (October 1997): 313-24.
Educating physicians about firearm safety and counseling is needed.

This study identified 271 family physicians' firearm safety counseling beliefs and practices. One-third agreed that it is primarily the responsibility of the criminal justice system, not the health care system, to prevent firearm injuries and deaths; 22 percent were undecided and 47 percent disagreed. Seventy-eight percent of family physicians lacked formal training on how to counsel patients about firearm safety, and almost half thought more time in residency programs should be spent on firearm safety counseling. Most (84 percent) respondents never or rarely counseled patients on firearm safety, and half

believed firearm safety counseling was a low priority in their delivery of primary care. The majority (52 percent) never counseled patients about firearm safety. The most common barriers to counseling were lack of time (53 percent), uncertainty about what to tell patients (26 percent), and the belief that patients would not heed the advice (25 percent).

The medical community can work with and support larger societal systems (e.g., criminal justice) in their efforts to reduce firearm mortality. The authors suggest that firearm safety counseling be studied further as a prevention method.

Occupational Therapy for Independent-Living Older Adults. F. Clark, et al. *Journal of the American Medical Association* 278 (October 22/29, 1997): 1321-26.

Preventive occupational therapy (OT) programs may reduce the health risks of older adulthood.

In this study of 361 independent-living culturally diverse men and women aged 60 years or older, subjects were randomly assigned to an OT group, a generalized group activity ("social") control group, and a nontreatment control group. The social control group was included to rule out mere participation in group-based activities as an alternative explanation for the effects of OT and not to simulate any type of professional intervention.

Data analysis revealed a significant benefit attributable to OT treatment for several areas: quality of interaction, life satisfaction, health perception, bodily pain, physical functioning, role limitations attributable to health or emotional problems, social functioning, vitality, and general mental health.

Although health professionals have been reluctant to target older adults in preventive programs, assuming that this population would fail to benefit significantly from such efforts, results of the present study demonstrate that preventive programs designed for older adults can be effective. Activities were chosen that were health promoting and meaningful in the context of the subjects' lives, and OT programs were highly individualized and included specific instruction on how to overcome barriers to successful daily living.

Falls, Injuries Due to Falls, and the Risk of Admission to a Nursing Home. M.E. Tinetti and C.S. Williams. *The New England Journal of Medicine* 337 (October 30, 1997): 1279-84.

Admissions to nursing homes may be delayed or reduced by interventions that prevent falls and their sequelae.

In this 37-month study of 1,103 people over 71 years old living in the community, 133 participants had long-term admissions to nursing homes. Compared with patients with no falls, the risk of admission increased progressively for those with a single noninjurious fall (relative risk=4.9), multiple noninjurious falls (relative risk=8.5), and one fall with serious injury (relative risk=19.9). Adjustment for other risk factors lowered the ratios to 3.1, 5.5, and 10.2, respectively, but the association between falls and admission was strong and significant.

The authors recommend that preventive strategies tested in other trials, including adjustments in medications, exercise regimens, and behavioral recommendations, are feasible and relatively cost-effective, and they could be readily incorporated into the care of older persons living in the community. Given the loss of autonomy and privacy and the financial costs associated with institutionalization due to falls, the identification of potentially preventable or modifiable risk factors should be a high priority for health care providers.

ACTIVITIES

MEETINGS

4th Annual Promoting Quality and Access in Women's Health Services. Sponsored by International Business Communications. San Diego, CA. For information, call (508) 481-6400, reg@ibcusa.com. **March 26-27, 1998.**

Commitment to Wellness Conference. Canton, OH. For more information, call (330) 492-6739**. March 26, 1998.**

National Health Care for the Homeless Conference. St. Louis, MO. Sponsored by the Health Resources and Services Administration. For more information, contact John Snow, Inc., (617) 482-9485. **April 30-May 2, 1998.**

Suicide Across the Lifespan. Sponsored by the American Association of Suicidology. Washington, DC. For information, call (202) 237-2280. **April 15-18, 1998.**

XVI World Conference on Health Promotion and Health Education. Sponsored by The International Union for Health Promotion and Education. San Juan, Puerto Rico. For more information, call (787) 758-2525. **June 21-26, 1998.**

"Growing Healthy, Resilient Youth, Schools, and Communities Through Quality Peer Programs." 12th Annual National Peer Helpers Association International Conference. San Diego, CA. For more information, call (626) 564-0099, capp@cogent.net. **June 24-29, 1998.**

National Environmental Health Association 62nd Annual Educational Conference & Exhibition. Las Vegas, NV. For more information, call (303) 756-9090, ext. 0. **June 27-July 1, 1998.**

"Visions '98: The Gift of Sight," The National Conference of The Foundation Fighting Blindness. Chicago, IL. For information, call (888) 394-3937. **August 21-23, 1998.**

Online

Food Safety

Developed as part of a larger education initiative funded by the United States Department of Agriculture, "**Safe Food: It's up to You**" is a food safety curriculum designed specifically for young people. The curriculum is being piloted in food science and nutrition courses at 15 Iowa high schools. Administered entirely over the web (**http://www.exnet.iastate.edu/Pages/families/fs/Lesson/Lessonsfs.html**), the curriculum contains four lessons, each followed by an achievement test. Students who successfully complete all four lessons can print a certificate to be signed by their instructor. Lessons include "What's bugging you?" (foodborne illness), "What are Consumer Control Points?" (safe shopping and food handling), "Where is the Danger Zone?" (places bacteria might be found), and "Who is FAT TOM?" (an acronym of food safety tips). A glossary also is provided.

The **National Food Safety Database** (**http://www.foodsafety.org/index.htm**) provides one-stop shopping for food safety information. The site is for all members of the food production system, including consumers, food safety specialists, food processors, retail industry and food handlers, and educators. Information is divided into three categories: consumer related, industry related, and educator/trainer related. The site also can be searched by key word and includes a food safety quiz and frequently asked questions.

In Print

Nutrition

"Everything You Need to Know About Caffeine" is a new consumer brochure highlighting information on caffeine and health. The brochure covers topics such as caffeine consumption during pregnancy, questions about addiction, individual sensitivity to caffeine, caffeine and children, breast disease, and osteoporosis. The brochure also includes Caffeine Quick Facts and Historical Notes about caffeine consumption, as well as a chart of the caffeine content of various foods. For a free copy, send a self-addressed, stamped envelope to Everything You Need to Know About Caffeine, International Food Information Council (IFIC) Foundation, P.O. Box 65708, Washington, DC 20035. IFIC materials also are available on the World Wide Web at **http://ificinfo.health.org**.

Unintentional Injuries

The **1997 Compendium of Traffic Safety Research Projects**, published by the U.S. Department of Transportation, lists the National Highway Traffic Safety Administration's (NHTSA) recent and ongoing behavioral research activities. The Compendium is an annotated bibliography of behavioral research and evaluation studies sponsored by NHTSA over the past 10 years. It provides a brief description of over 200 projects, categorized in 10 main topic areas, such as alcohol-impaired driving, drug-impaired driving, occupant protection, and fatigue. New entries in the 1997 Compendium (which updates the 1996 version) include "Evaluation of Alternative Programs

for Repeat DWI Offenders," "Patterns of Misuse of Child Safety Seats," "National Roadside Breath Test Survey-1996," and "Update of the Capital Beltway Crash Problem." For single copies of the Compendium, write to the Office of Research and Traffic Records, NHTSA, NTS-31, 400 7th Street, SW., Washington, DC 20590, or fax (202) 366-7096.

A Leadership Guide to Quality Improvement for Emergency Medical Services (EMS) Systems is now available. The guide is a template for EMS managers who want to establish and maintain programs for continuously monitoring and improving the quality of patient care and support services in all parts of the EMS system. Using the Malcolm Baldrige Quality Program as a model, the guide covers seven key action categories: leadership, information and analysis, strategic quality planning, human resource development and management, EMS process management, EMS system results, and satisfaction of patients and other stakeholders. The guide also includes a glossary, a review of recent literature, a set of basic quality improvement tools, and a series of evaluative questions and examples for EMS systems. For a copy, write to Emergency Medical Services Division, NHTSA, NTS-14, 400 7th Street, SW., Washington, DC 20590, or fax (202) 366-7721. The guide can be downloaded from NHTSA's home page at http://www.nhtsa.dot.gov/people/injury/ems.

Environmental Health

The National Institute of Environmental Health Sciences (NIEHS) has produced a new booklet, **Environmental Disease From A toZ.** It takes the reader on an illustrated journey through the alphabet, covering a wide range of environmentally induced illnesses from asthma to zinc deficiency. The book gives readers an idea of the diversity of environmental agents one may be exposed to and the diseases that may result. The book is appropriate for a wide variety of audiences, from schoolchildren to adults, and includes suggestions on how the illnesses can be prevented or treated. A free copy is available from NIEHS Office of Communications, P.O. Box 12233, Research Triangle Park, NC 27709, Attention: John Peterson, Mail Drop EC-12, (919) 541-7860. E-mail requests may be directed to booklet@niehs.nih.gov. Teachers may receive larger quantities.

Cancer

A **new education campaign** by the National Cancer Institute focuses on mammography and breast cancer risk. New publications and resources include a pamphlet, "Understanding Breast Changes: The Facts About Breast Cancer and Mammograms," that explains the risk factors for breast cancer and benefits for and limitations of mammography; and "Not just once, but for a lifetime," a publication and bookmark that explain the importance of regular mammograms for women in their 40s and older. Resources for health professionals include "Why Get Mammograms?", a physician's pad with tear-off fact sheets on mammograms for patients; and "Over 40? Consider Mammograms," a set of five posters each featuring a woman of a different racial/ethnic background. Breast cancer and mammography fact sheets also are available. The new mammography brochures can be ordered by calling NCI's Cancer Information Service at 1-800-4-CANCER. The new information also is available on the NCI web site (**http://rex.nci.nih.gov**).

Diabetes and Chronic Disabling Conditions

The National Eye Institute (NEI) has launched its first public service campaign to address diabetic eye disease. The campaign began during National Diabetes Month in November and features television, radio, and print public service ads distributed nationally. The ads emphasize the message that "diabetic eye disease doesn't have to take away your sight." In addition to the campaign, the National Eye Health Education Program, sponsored by NEI, joined forces to coordinate and conduct activities at the community level during National Diabetes Month. For a free brochure, "Don't Lose Sight of Diabetic Eye Disease," write to Diabetic Eye Disease, 2020 Vision Place, Bethesda, MD 20892-3655, or visit the NEI web site at **http://www.nei.nih.gov**.

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Immunization and Infectious Diseases

A new **Dr. Seuss Immunization Campaign** is designed to ensure that children receive the complete series of vaccinations on time. The campaign will build on the awareness produced by the Childhood Immunization Initiative. At a national immunization partnership meeting, one of the most recognizable Dr. Seuss characters, the Cat in the Hat, unveiled a limited series of six immunization posters featuring Dr. Seuss characters. The posters will be distributed for display by the the Centers for Disease Control and Prevention (CDC) to health care providers, medical clinics, community centers, and schools. The six posters each feature a different Dr. Seuss character telling an immunization story in rhyme. For example, Cat in the Hat reminds parents and physicians that "each exam is a chance to bring kids up to date. On routine and catch up, shots that shouldn't really wait."

For more information about immunizations and the diseases they prevent, contact CDC's toll-free National Immunization Information Hotline at (800) 232-2522 or (800) 232-0233 (Spanish). To view the Dr. Seuss posters, go to the CDC National Immunization Technical Information Service web site at **http://www.immunization.org/drseuss/goodnews.html**. Questions about using or distributing the posters should be directed to the Community Outreach and Planning Branch, (404) 639-8375.

Children

A report called **The Future of Children: Children and Poverty** addresses problems of poor children, including material deprivation and poor health, childhood mortality, school problems, out-of-wedlock births, and violent crime. For copies, write the David and Lucile Packard Foundation, Center for the Future of Children, 300 2nd Street, Suite 102, Los Altos, CA 94022.

Success Stories documents how school-based health centers have successfully met the health and educational needs of elementary-aged students. The report costs $15, plus $2 shipping and handling. For copies, contact the National Health and Educational Consortium, 1001 Connecticut Avenue, NW., Suite 310, Washington, DC 20036, (202) 822-8405.

In Funding

Maternal and Infant Health

The Department of Health and Human Services has awarded Healthy Start grants totaling $50 million to 40 **new communities with high infant mortality rates**. These new grants raise the number of Healthy Start communities to 60. Healthy Start grants stress personal responsibility, community commitment and involvement, increased access to health and social services, and innovation to curtail infant mortality rates and low birth weight. These communities will use Healthy Start's nine models to address infant mortality, low birth weight, and other health concerns affecting women, infants, and their families. Models include community-based consortia, outreach and client recruitment, case coordination/case management, family resource centers and clinical services, risk prevention and reduction, service linkages, training and education, and adolescent programs.

Sexually Transmitted Diseases

In fall 1998, the American Social Health Association (ASHA) will provide new **State-by-State estimates of sexually transmitted disease (STD) incidence and prevalence and costs of adequate STD prevention** and control compared to STD treatment costs. ASHA has been awarded a 1-year grant of nearly $100,000 from the Henry J. Kaiser Foundation. Because the rates of STDs reported to CDC reveal only a small portion of actual STD prevalence, estimates of STD incidence and prevalence are important to meet the longstanding need for reliable estimates of the numbers of people affected by STDs.

Most STDs are symptomless, so people with STDs often do not seek treatment or may self-diagnose incorrectly. Without comprehensive screening, there is no knowledge of the extent of STD infections. ASHA will convene a panel of experts to develop procedures for estimating incidence and prevalence of the most common STDs and to identify prevention methods on which to base cost estimates. As its next step, the panel will produce cost estimates for implementing these prevention measures in each State and will

determine return on investment calculations that reflect the financial savings of prevention over treatment.

In Video

Older Adults

The American Association for Retired Persons (AARP) has produced a **video kit to increase awareness of how HIV/AIDS affects older persons**. The message targets not only older adults but also families, professionals, and communities. The AARP video kit, "It Can Happen to Me," can be obtained for loan or a $20 purchase by check payable to AARP. Submit requests to AARP, Program Scheduling Office, 601 E Street, NW., Washington, DC 20049.

Educational Aids

Substance Abuse: Alcohol and Other Drugs

A new **Strategizer Technical Assistance Manual** on children of alcoholics (COAs) is now available. The Strategizer series is produced by the Community Anti-Drug Coalitions of America. The COA manual is an update on the current research on COAs and their families and includes pointers on what coalitions and individuals can do that is helpful to these children. The National Association for Children of Alcoholics (NACoA) assisted with this publication. Copies are available through NACoA, 11426 Rockville Pike, Suite 100, Rockville, MD 20852, (888)55-4COAS or (301) 468-0985; fax (301) 468-0987; E-mail: nacoa@charitiesusa.com.

Family Planning

Responding to the Challenge of Adolescent Pregnancy Prevention: Community Planning Guides for Effective Programs is a series of program development and implementation information guides. Volumes include: **I. Understanding the Context of Teen Pregnancy Prevention**; **II. Implementing Effective Sexuality Education**; **III. Improving Contraceptive Access**; **IV. Life Options**; and **V. Community-Wide Strategies**. The cost is $15 per volume or $70 for the 5-volume set, plus 20 percent for shipping and handling. To order, contact Advocates for Youth, 1025 Vermont Avenue, NW., Suite 200, Washington, DC 20005, (202) 347-5700; fax (202) 347-2263.

Maternal and Infant Health

The **Universal Childbirth Picture Book**, now available from the Women's International Network News, provides pictures for health care workers and educators to use in teaching about conception and normal childbirth. The book, designed for groups and individuals, covers female and male bodies, fertilization, embryonic development, nutrition, pregnancy changes, birthing, nursing, and family planning. A glossary and international resource and reading list also are provided. The book is available in English, French, Spanish, Somali, and Arabic for $7 plus $4 shipping and handling, or $4.20 per copy if purchased in bulk. Write Fran Hosken, Women's International News Network, 187 Grant Street, Lexington, MA 02173, or call (617) 862-9431.

Immunization and Infectious Diseases

The **emerging infections slide set** has been updated. Produced by the National Center for Infectious Diseases (NCID), the 40-slide set is free. To obtain a copy, write to the Office of Health Communications, NCID, Centers for Disease Control and Prevention, 1600 Clifton Road, MS C-14, Atlanta, GA 30333; fax (404) 639-4194. For more information, call (404) 639-3682.

ETCETERA

Environmental Protection Agency (EPA) Administrator Carol Browner and Department of Health and Human Services Secretary Donna Shalala—co-chairs of the Task Force on the Protection of Children from Environmental Health Risks and Safety Risks—have established two working groups to generate **Federal strategies for protecting children from environmental health and safety risks**.

Kenneth Olden, Director of the National Institute of Environmental Health Sciences, and William Farland, Director of the National Center for Environmental Assessment in EPA's Office of Research and Development, were named to form the Research and Data Needs Working Group to develop a research strategy. A Program Implementation Working Group, co-chaired by Barry Johnson, Director of the Agency for Toxic Substances and Disease Registry, and Gerry Clifford, EPA Regional Administrator, is developing outreach efforts and will seek partnerships with other Federal, State, and outside organizations. Overseeing both groups is a Steering Committee co-chaired by Richard Jackson of the Centers for Disease Control and Prevention and Ramona Travato of EPA's Office of Children's Health Protection.

For more information about the Task Force and its activities, check the homepage for the Environmental Health Policy Committee at **http://web.health.gov/environment.**

The Food and Drug Administration (FDA) has issued **final regulations for mammography facilities**. The regulations, published in the October 18, 1997, *Federal Register* replace interim regulations in effect since 1992 and implement the 1992 Federal Mammography Quality Standards Act (MQSA). MQSA requires that all mammography facilities in the Nation meet specific quality standards, be accredited by an FDA-approved accreditation body, and be inspected annually.

The regulations require that personnel who perform mammography be trained adequately and be qualified to conduct mammography examinations and interpret results. In addition, doctors and patients must be quickly and fully informed of results so that followup testing or treatment can begin immediately. Standards are also in place for mammography equipment. Finally, original mammograms must be made available to other medical facilities at a patient's request, to facilitate comparison with new mammograms.

All accredited facilities receive a certificate from FDA, which must be displayed prominently. The names and locations of accredited facilities are available from the Cancer Information Service at (800)4-CANCER (422-6237) or on the FDA web site at **www.fda.gov/cdrh/dmqrp.html**.

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