and noninfectious to humans. The ability of the virus to penetrate the fabric is assessed by a culturing technique.

Manufacturers of protective materials have praised the development of these standards because, until now, there has been no universally acceptable test method. Critics of the test method charge that the tests do not necessarily simulate the "conditions of use," that is, the amount of pressure and time the materials are exposed to the liquid. Concern has been raised by some users regarding the clinical implications, that is, whether all protective barriers, regardless of the amount and type of anticipated exposure to blood and body fluids, would be required to pass these ASTM tests.

These test methods were developed by the ASTM Committee F23 on Protective Clothing and issued as emergency standards by ASTM for a period of only two years. Comments will be taken from the user community throughout this two-year period and will be used to evaluate the standards and the need to change their status to permanent, full-consensus standards.

Norman W. Henry, chairman of a subcommittee of F23 has said that "despite skepticism about the test conditions and methods, at least we have a consensus. These are emergency standards and can always be improved."

ASTM invites interested parties to participate in the development of these and other standards within Committee F-23. The next committee meeting is scheduled for June 23-25, 1993, in Atlanta. For more information, contact Norman W. Henry III, E.I. du Pont de Nemours & Co., Haskell Laboratory, Elkton Rd., PO. Box 50, Newark, DE 19714. Telephone (302) 366-5250.

Loofah Sponges Added to List of Source for *Pseudomonas aeruginosa* Pustular Folliculitis

Whirlpools, swimming pools, and hot tubs have been reported as sources of ***Pseudomonas aeruginosa*** causing cutaneous infections. Such infections are characterized by small pustular lesions on an erythematous base involving the skin of the trunk, buttocks, and extremities. A recent report indicates another source for this infection.

A 25year-old woman was reported to have a two-week history of perifollicular pustular lesions on her abdomen, thorax, and lower extremities. The lesions first appeared on her abdomen and then progressed to her legs. She then developed tender axillary lymphadenopathy. Gram stain of several pustules revealed many polymorphonuclear leukocytes and gram-negative bacilli and ***Pseudomonas aeruginosa*** was recovered from the culture.

The patient denied using spas, hot tubs, or swimming pools but reported using a loofah sponge that was kept hanging in her shower. Cultures of the sponge yielded heavy growth of ***P aeruginosa*** that was identical by serotyping and pyocin typing to the skin isolate. Although newly purchased loofah sponges yielded only a few colonies of ***Staphylococcus epidermidis*** and ***Bacillus*** species, sterilized sponges served as an excellent culture medium when inoculated with ***P aeruginosa*** (4 log10 increase in colony forming units per ml over 24 hours). Keeping sponges hanging in a moist shower may have allowed ***P aeruginosa*** to proliferate.

Because this organism has been recovered from sinks, baths, and tap water, inadequately maintained hot tubs, spas and sponges kept in such a moist environment may have contributed to this incident.

FROM: Bottone EJ, Perez II AA. *J Clin Microbiol* 1993;31:480-483.

New AIDS Research Institute Opens in San Francisco

The Gladstone Institute of Virology and Immunology at San Francisco General Hospital, affiliated with the University of California, San Francisco (UCSF), opened its doors in April 1993. Warner C. Greene, MD, PhD, has been named as Director. In addition to the National Institutes of Health, the Gladstone Institute is the largest AIDS research unit in the United States. With funding of $28 million for operating expenses donated by the J. David Gladstone Institute and $4 million from UCSF, five principal research groups will work cooperatively to study the HIV life cycle and new drugs, vaccines and treatments for HIV infection.

This is one of the few privately funded research centers in the country and has resulted from a unique partnership between the private sector, UCSF, the City of San Francisco, and the State of California.

Computer Reminders Double Rates of Influenza Vaccination in High-Risk Patients

Doctors who receive computer-generated reminders are twice as likely to administer influenza vaccine to patients at high risk for pulmonary disease during the winter. Dr. Clement J. McDonald and colleagues at Indiana University School of Medicine found that

vaccination of high-risk patients reduced winter hospitalizations, emergency room visits, and tests for respiratory ailments by 10% to 20%.

As part of a three-year randomized trial, physicians of patients at high risk for serious illness from influenza infection in the study group received computer reminders to take preventive-care actions, while physicians of high-risk patients in the control group did not receive such reminders. Patients at risk for influenza were those over 65 years of age or with chronic lung disease, asthma, diabetes mellitus, congestive heart failure, or renal or hepatic failure.

Patients in the intervention group received influenza vaccination twice as often as patients in the control group. The potential benefits of influenza vaccination was evaluated by comparing patient outcomes in the intervention and control groups during three winters. The rates of winter morbidity, emergency room visits, and hospitalization were significantly less for patients in the intervention group than control patients.

The authors concluded that the success of computer-generated reminders should support efforts to use computerized medical records in primary practices and to include the ability to generate patient-specific preventive care reminders.

FROM: McDonald CJ, Hui SL, Tierney WM. Effects of computer reminders for influenza vaccination on morbidity during influenza epidemics. ***MD Computing*** 9;1992:304-312.

NIH Opens First Trial of HIV Vaccines in Children

The National Institutes of Health (NIH) has opened the first trial of experimental HIV vaccines in children who are infected with HIV. The trial will compare the safety of three HIV experimental vaccines in 90 HIV-infected children recruited from 12 sites nationwide.

This study will enroll children from one month to 12 years old. All volunteers must have well-documented HIV infection but not symptoms of HIV disease other than swollen lymph glands or a mildly swollen liver or spleen. The trials will test two doses each of three experimental vaccines made from recombinant HIV proteins. These so-called subunit vaccines, each genetically engineered to contain only a piece of the virus, have so far proved well tolerated in ongoing trials in HIVinfected adults.

Preliminary evidence from similar studies under way in HIVinfected adults shows that certain vaccines can boost existing HIV-specific immune responses and stimulate new ones. It will be several years, however, before researchers know how these responses affect the clinical course of the disease. Health and Human Services Secretary Donna E. Shalala said this initial study can be seen as "a hopeful milestone in our efforts to ameliorate the tragedy of HIVinfected children who now face the certainty they will develop AIDS."

The CDC estimates that 10,000 children in the United States have HIV By the end of the decade, the World Health Organizations projects 10 million children will be infected worldwide.

In the United States, most HIV-infected children live in poor inner-city areas, and more than 80% are minorities, mainly black or Hispanic. Nearly all HIV infected children acquire the virus from their mothers during pregnancy or at birth. In the United States, an HIV-infected mother has more than a one in four chance of transmitting the virus to her baby. HIV disease progresses more rapidly in infants and children than in adults. The most recent information suggests that 50% of infants born with HIV develop a serious AIDS-related infection by three to six years of age. These infections include severe or frequent bouts of common bacterial illnesses of childhood that can result in seizures, pneumonia, diarrhea, and other symptoms leading to nutritional problems and long hospital stays.

For more information about the trial sites or eligibility for enrollment, call AIDS Clinical Trials Information Service, 1-800-TRIALS-A, from 9 A.M. to 7 P.M., EDT weekdays.

Court Rules on Patient's Right to File Suit for Fear of Contracting HIV from Surgeon

The Maryland Court of Appeals reversed the decision of a Baltimore circuit court that dismissed the claims of a patient alleging negligence and failure to obtain informed consent, fraud, and intentional infliction of emotional distress resulting from being operated on by a surgeon whom she did not know was infected with HIV

The patient learned of the surgeon's illness from a local newspaper article. The patient claimed that, as a result of the operation and the subsequent discovery of the HIV status of the surgeon, injury was incurred in the form of exposure to HIV and risk of AIDS, physical injury and financial cost from blood testing for HIV, pain, fear, anxiety, and severe emotional distress. The Baltimore circuit court, in dismissing the case in its entirety, ruled that the surgeon owed no duty to disclose his ailment as part of the doctor-patient exchange leading to informed consent and that

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