strains have been isolated in Japan. Horiuchi and colleagues reported in a recent issue of Antimicrobial ***Agents and Chemotherapy*** that seven strains of ***Shigella*** had sparfloxacin and ciprofloxacin MICs of approximately 0.4 μg/mL, with slightly higher resistance to ofloxacin and with high-level resistance to naladixic acid (> 100 μg/mL).

Although the MICs of resistant strains were within the breakpoint published by the NCCLS (for example, ≤2 μg/mL ofloxacin), the authors reported that three patients infected by relatively sparfloxacin-resistant strains did not have pathogens eradicated after sparfloxacin therapy. Susceptible strains have extremely low MICs, in the range of 0.001 to 0.01 μg/mL. The *Shigella sonnei* strains reported here were 16 to 32 times less susceptible to fluoroquinolones.

Nearly all strains that cause shigellosis in the United States are *S sonnei* and are uniformly susceptible to fluoroquinolones. Most laboratories report breakpoint susceptibilities of *S sonnei* strains and do not detect relatively resistant strains.

Because agents like fluoroquinolones have very low MICs against enteric bacteria, it is unclear whether MICs a log or two higher indicate resistant strains. This report by Horiuchi provides some clinical evidence that certain strains treated with sparfloxacin are not eradicated.

FROM: Horiuchi S, et al. *Antimicrob* ***Agents Chemother*** 1993;37:2486-2489.

AHCPR Releases Clinical Practice Guidelines for Managing HIV Infection

The U.S. Department of Health and Human Services announced the release of new clinical practice guidelines to assist family physicians and other primary care practitioners in diagnosing and treating individuals with HIV infection. These guidelines were developed by a 19-member, private sector panel of medical experts and persons living with HIV for the Agency for Health Care Policy and Research (AHCPR), a part of HHS's Public Health Service. For additional information, contact AHCPR Bob Isquith at (301) 594-1364, extension 173.

Paul Named to Replace Fauci as Head of AIDS Research Office

Dr. William E. Paul, a scientist at the National Institute of Allergy and Infectious Disease (NIAID) in Bethesda, MD, will take over the newly restructured Office of AIDS Research from Dr. Anthony S. Fauci, an AIDS researcher. Dr. Paul, a highly regarded immunologist, will oversee the entire federal budget for AIDS studies, which this year comes to $1.3 billion. He will be responsible for shaping the direction of the research and determining how best to distribute the funds among the 21 institutes at the National Institutes of Health (NIH).

Dr. Paul, who has been at the NIH for more than 25 years, has not been involved directly in AIDS research. But, because his work deals with the immune system, it could end up being relevant to the disease. He has published more than 400 scientific papers, the most celebrated of which were those describing his laboratory's discovery of interleukin-4, one of the essential signaling molecules of the immune system.

Dr. Fauci had run the Office of AIDS Research in a smaller and less formalized version since 1988, while carrying out other duties as an administrator and scientist, but when Congress restructured the office last spring, it demanded that a full-time director be chosen. Scientists and advocates of AIDS research have expressed enthusiasm for the selection of Dr. Paul.

FROM: New *York* ***Times*** February 17, 1994.

FDA Considers New Rules for Reuse of Single-Use Hemodialyzers

The Food and Drug Administration (FDA) has proposed guidelines that would require manufacturers of single-use dialyzer products to test, label, and obtain new FDA approvals for multiple use of their products. Human test subjects would have to be stratified by age, race, sex, length of time receiving dialysis treatment, dialyzer type, and clinical cause of the end-stage renal disease (ESRD).

Although many manufacturers label and distribute their dialyzers for single use, the FDA believes that reprocessing for reuse has become so widespread that manufacturers should be required to qualify single-use dialyzers by the same standards that apply to dialyzers for multiple uses. The draft guidance document would go further than current requirements, however, in requiring manufacturers to monitor ESRD facilities' reprocessing for reuse. FDA data show that 70% of ESRD facilities have some form of reuse and that 80% of U.S. dialyzers are reused.

The Health Industry Manufacturers Association (HIMA) has challenged the FDA's authority to compel compliance with the proposed guidelines for hemodialyzer approval, labeling, and reprocessing for reuse, and may take legal action to block the guide-

https://doi.org/10.1017/S0195941700009462 Published online by Cambridge University Press