Section 2. This law reads, "[T]he practitioner . . . shall not be civilly or criminally liable for failure to disclose information relating to a positive test result for [the] human immunodeficiency virus of a patient to a sexual partner or a needle-sharing partner."

I believe it is the right of the judicial system to decide the integrity of this law.

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## Response

*To the Editor:*

Our article reviewed the common law regarding physicians' liability to third parties for the transmission of infectious diseases. This principle has been termed, "the duty to warn." We took this principle and applied it specifically to the human immunodeficiency virus (HIV) infection.

In a handful of states, statutory provisions modify this common law principle, placing discretionary judgment about warning others on the physician and simultaneously removing physician liability for failure to warn about HIV infection. This modification has been termed "the authority to warn." We purposefully avoided mentioning the few statutes that limit physician liability for HIV transmission to third parties because it is not clear whether these statutes are valid.

Immunity statutes concerning the disclosure of communicable diseases and child abuse to state agencies exist in most states. Because these statutes serve to promote individual health and community health, the courts have upheld such statutes as representing the legitimate exercise of state health and welfare powers. Immunity from liability for informing a state agency about a hazardous condition contrasts with immunity from liability for consciously failing to inform someone of a hazardous condition.

Statutes removing physician liability for acting in good faith to preserve another person's health are antithetical to statutes removing liability for failing to act to preserve another individual's health. The statute Mr Cohen mentions does not promote public health in general, nor does it specifically protect identified at-risk third parties. Only the physician is protected.

Although no cases involve these HIV-specific statutes, several states have general statutes that limit physician liability in civil suits (tort reform acts). Some of these tort reform acts have been tested and declared void. Because HIV-specific statutes limiting physician liability appear tailored to physicians' pecuniary interests, these statutes appear not to serve legitimate public health goals. As such, they are likely to be struck when challenged in court.

Rather than broaden the scope of our article into this gray area of the law, we omitted discussion of these statutes. For the practicing physician, the wiser path is to rely on the established principles of law.

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population overall.) The overall seropositive rate among the women tested was 2%. The incidence of seropositive HIV infection was 0.9% among white women, 3.3% among black women, and 3.7% among Hispanic women.

Thirty-one percent of all women who tested positive for HIV reported using intravenous drugs. Among white, black, and Hispanic women, the incidence of intravenous drug users who tested seropositively was 43%, 26%, and 32%, respectively.

Among those women who reported having sexual intercourse with a person at risk for HIV infection, the overall seropositive rate was 4.3%, or 1.5%, 8.2%, and 3.6% for white women, black women, and Hispanic women, respectively.

The March 29 issue of *Morbidity and Mortality Weekly Report* cautions against applying these data to the overall population as minority women are disproportionately represented here. Because of the high incidence of HIV infection in this population, the CDC strongly urges that publicly funded testing and counseling programs aggressively target minority women for AIDS prevention education.

## From the NIH

### NCEP issues dietary guidelines for children

The National Cholesterol Education Program (NCEP) has issued new dietary guidelines for children and adolescents with a family history of heart disease. The NCEP guidelines are the same as those 1988 guidelines recommended for all adults.

Specifically, children 2 years of age and older should limit their fat intake to 30% of all calories consumed daily, with no more than 10% of these fat calories coming from foods with saturated fat. Cholesterol intake should not exceed 300 mg per day, according to the NCEP.

Panel members recommended that children should undergo cholesterol testing only if they are at risk for heart disease later in life because of a family history of this disease. This limitation would mean that approximately 14 million children, or 25% of the youth population, would require testing.

These latest recommendations—the first federal guidelines for this population—are based on a broad consensus of 42 medical groups.