

AIDS prevention programs.⁸ Such negative attitudes among African-Americans will finally limit the efficacy of HIV prevention programs. Further, it is generally a disadvantage to be the party against whom discrimination is practiced even if benefits associated with being reported exist in this case. We are therefore concerned about the criteria physicians use to resolve the many other difficult ethical decisions involving HIV-infected individuals. Finally, as noted in Schwartzbaum, *et al*,¹ the observed differential reporting could result in underestimating the number of White HIV-infected males of up to 20 percent. In sum, as Teutsch, *et al*, suggest, Whites do not benefit from the inequities of reporting. However, the potential harm of these inequities to the efficacy of AIDS prevention programs among African-Americans must also be recognized.

The goal of our inquiries is not to complicate the difficult issues involved in ethical decisions about HIV-infected individuals and their partners but rather to understand the criteria physicians use to implement such decisions. □

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Perinatal and Infant Mortality in Various Geographic Areas of Italy

Collins and David showed in a recent paper published in the *Journal*, that despite the constant and marked decline observed in infant mortality in the Chicago area over the last four decades, the Black/White infant mortality ratio did not decline, ranging from 1.6 in the late 1940s to 2.1 in the late 1980s.¹

Similar evidence emerged from an analysis of stillbirth, perinatal and infant mortality rates in various Italian geographic areas. Between 1955 and 1987 the national stillbirth, perinatal, and first-year mortality rates declined by about 80 percent.² However, there was no noticeable proportional reduction in the rates between the North Central and the Southern (and less rich) areas of the country. The rates and the corresponding North/South rate ratios are set out in Table 1. For example, the North/South perinatal mortality rate ratios were 0.7 both in the quinquennium in 1955-59 and in the triennium 1985-87, despite the introduction in late 1970 of a National Health System, covering the entire population of the country. This inequity did not change and may have increased slightly after taking into account the different baseline distribution in the three Italian geographic areas of birth weight, maternal age, and education, as well as in separate strata of maternal age and education.³ In the quadriennium 1980-83 (the period in which data were available), crude and standardized rates registered in the North and South of the country were respectively 6.6 and 6.1/

1000 birth (North) and 9.0 and 9.3 (South) for stillbirths; 14.1 and 13.0 (North) and 18.8 and 20.0/1000 births (South) for perinatal mortality; and 11.1 and 10.3 (North) and 15.8 and 17.0/1000 livebirths (South) for infant mortality.

Similarly, marked decreasing trends, but unchanged North/South ratios were observed in maternal mortality rates.⁴

These persistent inequalities in perinatal and infant mortality offer interesting clues about the role of medical technologies and socioeconomic and lifestyle conditions. In fact, if, in a public health perspective, the widespread availability of new technologies and knowledge to the whole population is obviously the main instrument to reduce inequalities in health, these persistent racial or geographic differences (even in a country like Italy covered by a National Health System) underline the role of general lifestyle habits as important determinants of perinatal and infant mortality. □

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TABLE 1—Stillbirth, Perinatal and Infant Mortality Rates in the Broad Italian Geographic Areas (selected periods)

	Geographic Areas			North/South Rate Ratio
	North	Central	South	
<i>Stillbirth (rates/1000 births)</i>				
1955-59	18.1	22.4	34.5	0.5
1965-69	12.7	14.5	24.5	0.5
1976-79	8.0	8.3	12.1	0.7
1985-87	5.6	5.5	7.5	0.7
<i>Perinatal Mortality (rates/1000 births)</i>				
1955-59	37.0	41.4	51.1	0.7
1965-69	28.8	30.6	41.3	0.7
1975-79	19.0	19.0	24.8	0.5
1985-87	10.5	10.7	15.1	0.7
<i>Infant Mortality (rates/1000 livebirths)</i>				
1955-59	38.4	37.4	60.5	0.6
1965-69	27.2	26.1	42.6	0.6
1975-79	16.0	15.5	21.7	0.7
1980-84	10.8	10.5	15.4	0.7