



# Capsule

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The Capsule section of Special Features was designed to provide timely information on “what’s hot in the news—what’s happening of note.” It is our intention to provide readers with snippets on noteworthy events and information, along with the references needed to further investigate the subject. We hope the section will be of assistance and encourage you to contact us with topics you feel would be of interest to our readers.

## Foot-and-Mouth Disease (FMD)

Foot and Mouth Disease has wreaked havoc in Europe since the late winter. Heightened concerns have led the U.S. Department of Agriculture (USDA) to increase its efforts to prevent the entry of this disease into the U.S., last seen here in 1929.

David Huxsoll, director of the Agriculture Department’s Plum Island Laboratory off Long Island, New York, recently indicated that chances of an outbreak are “quite great,” considering the amount of people that travel between the United States and Britain.”

USDA has established a coordinated effort with other departments including the departments of Defense and Interior as well as the Federal Emergency Management Agency (FEMA) to ensure adequate resources are available to address an outbreak. For more information and resources on FMD, see:

[www.usda.gov/](http://www.usda.gov/)

[www.aphis.usda.gov/oa/fmd/index.html](http://www.aphis.usda.gov/oa/fmd/index.html)

## Bovine Spongiform Encephalopathy (BSE)

FMD is not the only serious concern to regulators, industry, and the public. Bovine Spongiform Encephalopathy (BSE), better known as Mad Cow Disease is

also of concern. The FDA published a report on BSE on March 1, 2001 that deals with the background, current concerns, and the U.S. response. It can be viewed and downloaded from:

[www.fda.gov/opacom/backgrounders/bse.html](http://www.fda.gov/opacom/backgrounders/bse.html)

## West Nile Virus

The *Morbidity and Mortality Weekly Reports (MMWR)* (April 13, 2001 / 50(14):273) has published a Notice to Readers: Revision of Guidelines for Surveillance, Prevention, and Control of West Nile Virus Infection.

The revised “Guidelines for Surveillance, Prevention, and Control of West Nile Virus Infection—United States, 2001” are now available from CDC at:

[www.cdc.gov/ncidod/dvbid/westnile/publications.htm](http://www.cdc.gov/ncidod/dvbid/westnile/publications.htm)

The revision of the 2000 Guidelines (CDC, 2000) was derived from discussions during the national meeting on West Nile virus held in Charlotte, North Carolina, during January 31 - February 4, 2001 (Gubler, Campbell, Petersen, & Roehrig, 2000).

## References

CDC. (2000). Guidelines for surveillance, prevention, and control of West Nile virus infection—United States. *Morbidity and Mortality Weekly Reports*, 49, 25-28.

Gubler, D. J., Campbell, G. L., Petersen, L., & Roehrig, J. T. (2000). West Nile virus in the United States: Guidelines for detection, prevention and control. *Virology Immunology*, 13, 469-475.

## **Biosafety and Genetically Modified Organisms**

Biosafety professionals are beginning to realize the application of biosafety goes well beyond the laboratory, whether it be in a clinical or research setting. New issues and frontiers exist that we would not have imagined 30 years ago. Addressing the issues of Genetically Modified Organisms (GMOs) is one of those challenges. As we have seen with FMD and BSE, organisms can have great economic as well as political impact. The Third World Network (TWN) has a web site that addresses issues faced by developing countries as GMOs and products are introduced into the world market. A draft "BiosafetyProtocol" is presented which discusses several aspects that countries could consider as they venture into the arena of GMOs. For more information, see:

[www.twinside.org.sg/bio.htm](http://www.twinside.org.sg/bio.htm)

## **OSHA Needlestick Requirements Take Effect April 18**

OSHA announced on April 12 that changes in its bloodborne pathogens standard intended to reduce needlesticks among health care workers and others who handle medical sharps went into effect April 18, 2001. The agency instituted a 90-day outreach and education effort before enforcing the new rules.

Mandated by the Needlestick Safety and Prevention Act, changes to OSHA's bloodborne pathogens standard were published January 18, 2001, to take effect April 18, 2001. The revisions clarify the need for employers to select safer needle devices as they become available and to involve employees in identifying and choosing the devices. The updated standard also requires employers to maintain a log of injuries from contaminated sharps.

The legislation exempted OSHA from certain standard rulemaking requirements so that the revised bloodborne pathogens standard could be adopted quickly. These changes now go into effect as originally scheduled. For more information, see:

[www.osha.gov](http://www.osha.gov)