also be implicated if they failed to follow the requirements and did not provide appropriate guidance and/or warning of failure to comply?

Yes, given that the injury is shown to be a result of a specific breach of duty set forth by the applicable standards of care. This is similar to the situation of a malpractice claimant who files suit against both the hospital and the physicians involved with his treatment. Individual officers, or employees of an institution, may be found liable for failure to insure compliance with the applicable standards. Even in the case of a governmental institution, individual officers or employees of the institution may be found liable in their personal capacity, while the institution itself is shielded from liability by the doctrine of sovereign immunity.

**Capsule**

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What’s new, what’s hot, what’s timely? If you don’t have time to search the Internet for the latest developments that might impact your work environment, you just might find some of this information in this “Capsule” column. Please e-mail any comments or suggestions to ekrisiunas@aol.com or to Co-Editor Barbara Johnson at barbara.johnson@verizon.net or Co-Editor Karen B. Byers at karen_byers@dfci.harvard.edu.

**Mumps Outbreak Update Information**

Changes in recommendations have been made for determining HCW immune status due to the 2006 outbreak published. Determining the immune status of personnel; either by documentation of two MMRs, a positive mumps IgG or history of physician-diagnosed mumps, or birth before 1957, is recommended.

For information regarding clinical disease, infection control measures, and updates on vaccinations see: Mumps-Technical Q&As for healthcare professionals at [www.cdc.gov/nip/diseases/mumps/mumps-tech-faqs.htm](http://www.cdc.gov/nip/diseases/mumps/mumps-tech-faqs.htm)

Additional information may also be found at Mumps information for healthcare professionals.

[www.cdc.gov/nip/diseases/mumps/default.htm](http://www.cdc.gov/nip/diseases/mumps/default.htm)

**CDC Health Update: Inhalation Anthrax Case Investigation, Pennsylvania, New York City—Update, 2/24/2006**

The recent case of inhalation anthrax presented investigators with some interesting challenges. Was this a case of bioterrorism or something else? The following link provides an update to this somewhat unusual, but not totally unexpected exposure.

[www.bt.cdc.gov/agent/anthrax/han022406.asp](http://www.bt.cdc.gov/agent/anthrax/han022406.asp)

**Avian Influenza Virus**

Avian influenza virus usually refers to influenza A viruses found chiefly in birds, but infections can occur in humans. The risk is generally low to most people, because the viruses do not usually infect humans. However, confirmed cases of human infection have been reported since 1997.

The CDC updated the following web site on April 24, 2006, with current information regarding the status of this growing concern.


**Emerging Infectious Diseases (EID)**

The May 2006 issue of the EID is dedicated to the re-emergence of Tuberculosis. This disease has shown extreme resilience during the past century in spite of the advancements in therapy. For more information, visit [www.cdc.gov/ncidod/EID/index.htm](http://www.cdc.gov/ncidod/EID/index.htm)

**Approaches to Safe Nanotechnology: An Information Exchange with NIOSH**

Nanotechnology–do you know what it is? Will your industry be impacted by it? What are the occupational health and safety issues? For an introduction to Nanotechnology, check out the following link. The document is still underdevelopment but provides an entrée to this fascinating field.

[www.cdc.gov/niosh/topics/nanotech/nano_exchange.html](http://www.cdc.gov/niosh/topics/nanotech/nano_exchange.html)