**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 the “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.

**Effectiveness of Personal Protective Measures to Prevent Lyme Disease**


The introduction states: “After the manufacture of Lyme vaccine was discontinued in 2002, strategies to prevent Lyme disease (LD) have focused on personal protective measures. Effectiveness of these measures has not been conclusively demonstrated.” The purpose of this study was to assess the effectiveness of personal preventive measures. The authors of the study concluded that use of protective clothing and tick repellents (on skin or clothing) is effective in preventing LD. Visit the following link for more information:

www.cdc.gov/eid/content/14/2/pdfs/07-0725.pdf

**MMWR: Recommended Immunization Schedules for Persons Aged 0-18 Years—United States, 2008**

The recommended immunization schedules for persons aged 0-18 years and the catch-up immunization schedule for 2008 have been approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. Visit the following link for more information:

www.cdc.gov/mmwr/preview/mmwrhtml/mm5701a8.htm

**MMWR: Update: Potential Exposures to Attenuated Vaccine Strain *Brucella abortus* RB51 during a Laboratory Proficiency Test—United States and Canada, 2007**

In November 2007, New York State Department of Health (NYSDOH) officials notified CDC of potential exposures to attenuated vaccine strain *Brucella abortus* RB51 (RB51) in multiple clinical laboratories that participated in a Laboratory Preparedness Survey (LPS) proficiency test. The follow-up by public health officials with LPS-participating laboratories throughout the United States identified a total of 916 laboratory workers in 254 laboratories with potential RB51 exposure. The results highlight the need for routine adherence to recommended biosafety practices when working with infectious organisms, particularly during widespread infectious-disease events, including bioterrorism attacks. Visit the following link for more information:

www.cdc.gov/mmwr/preview/mmwrhtml/mm5702a2.htm

**Laboratory-acquired Brucellosis—Indiana and Minnesota, 2006**

In November 2006, two cases of brucellosis in microbiologists at two clinical laboratories were reported to state health departments in Indiana and Minnesota. The Minnesota Department of Health (MDH) contacted CDC regarding this suspected multistate cluster of laboratory-acquired brucellosis. MDH and the Indiana State Department of Health (ISDH) asked CDC to conduct further testing on *Brucella* isolates suspected of causing the infections and to provide recommendations for appropriate response by the laboratories. This report summarizes the investigation conducted jointly by MDH, ISDH, and CDC, provides guidance on safe laboratory handling of *Brucella* spp., and makes recommendations for responding to *Brucella* laboratory exposures. The results of that investigation determined that 146 workers at the two laboratories had been exposed to *Brucella* and that, although two *Brucella* isolates had been handled by both laboratories, infections in the two microbiologists were caused by two unrelated isolates. The events in Indiana and Minnesota emphasize the importance of adhering to recommended biosafety practices, timely sharing of information regarding laboratory exposures, and rapid implementation of response protocols. Visit the following link for more information:

www.cdc.gov/mmwr/preview/mmwrhtml/mm5702a3.htm

**Homeland Security Centers of Excellence**

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www.dhs.gov/xsres/programs/editorial_0498.shtm