

2. Khan MY. Brucellosis: observations on 100 patients. *Ann Saudi Med.* 1986;6:S19-S23.
3. Pike RM. Laboratory-associated infections: incidence, fatalities, causes, and prevention. *Ann Rev Microbiol.* 1979;33:41-46.
4. Kaufmann AF, Fox MD, Boyce JM, et al. Airborne spread of brucellosis. *Ann NY Acad Sci.* 1980;353:105-114.
5. Anon. How does *Brucella abortus* infect human beings? *Lancet.* 1983;2:1180.
6. Kiel FW, Khan MY. Analysis of 506 consecutive positive serologic tests for brucellosis in Saudi Arabia. *J Clin Microbiol.* 1987;25:1384-1387.
7. Meyer KF, Eddie B. Laboratory infections due to Brucella. *J Infect Dis.* 1941;68:24-32.
8. Howe C, Miller ES, Kelly EH, Bookwalter HL, Ellingson HV. Acute brucellosis among laboratory workers. *N Engl J Med.* 1947;236:741-747.
9. Montes J, Rodriguez MA, Martin T, Martin F. Laboratory-acquired meningitis caused by *Brucella abortus* strain 19. *J Infect Dis.* 1986;154:915.
10. Ollé-Goig JE, Canela-Soler J. An outbreak of *Brucella melitensis* infection by airborne transmission among laboratory workers. *Am J Public Health.* 1987;77:335-338.
11. Al-Aska AK, Chagla AH. Laboratory-acquired brucellosis. *J Hosp Infect.* 1989;14:69-71.
12. Nelson KE, Ruben FL, Andersen B. An unusual outbreak of brucellosis. *Arch Intern Med.* 1975;135:691-695.
13. Staszkiwicz J, Lewis CM, Colville J, Zervos M, Band J. Outbreak of *Brucella melitensis* among microbiology laboratory workers in a community hospital. *J Clin Microbiol.* 1991;29:287-290.

Sulfadiazine Available to Treat Toxoplasmosis

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The CDC recently obtained permission from the Food and Drug Administration to make sulfadiazine available to physicians in the United States under an "Investigational New Drug" (IND) application protocol until a domestic commercial source can be re-established. Domestic manufacturing of the drug ceased in October 1992. Sulfadiazine is a sulfa drug commonly used in combination

with pyrimethamine to treat toxoplasmosis in patients with AIDS and newborns with congenital infections.

The drug is available from the CDC at no cost for the treatment of acute infection and for maintenance therapy of suspected or proven toxoplasmosis in persons with AIDS, persons with ocular disease, pregnant women who are infected, and congenitally infected infants. Infants and pregnant women in the second and third trimester must have an elevated

Toxoplasma IgM titer before sulfadiazine can be released under this IND protocol.

The drug will not be available under the CDC IND protocol for primary prophylaxis of toxoplasmosis. Requests should be directed to the CDC's Division of Parasitic Diseases, National Center for Infectious Disease, telephone (404) 488-4928.

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