

## Animal Occupational Health Policy

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### I. Purpose

To promote health and prevent occupational injury and illness among individuals at The University of Texas Health Science Center at Houston (UTHSC-H) who may have occupational exposure to animals in The Center for Laboratory Animal Medicine and Care (CLAMC) or other research facilities or laboratories operated by UTHSC-H.

### II. Scope

This policy applies to all designated visitors, students, faculty, and staff who work at UTHSC-H or University managed facilities. Enrollment in the program is required for all individuals 1) working within the University facilities which house animals 2) having direct contact with animals; 3) having direct contact with non-sanitized animal cages or enclosures; 4) having direct contact with non-fixed or non-sterilized animal tissues, fluids, and/or wastes; or 5) providing service or support to animal equipment, devices, and/or facilities.

Once enrolled, participation in the program is strongly encouraged for all individuals having animal contact. However, if an individual declines to further participate, a signed declination form is required. It is recommended the individual make this decision after consulting with their personal physician.

### III. Definitions

**Association for the Assessment and Accreditation of Laboratory Animal Care International (AAALAC)** - the external body with assessment capabilities of animal use facilities and programs.

**Allergens** - any substance that is recognized by the immune system and causes an allergic reaction. Specific animal contact with hair, dander, scales, fur, feces, urine, saliva, etc. can cause an allergic reaction. Cumulative exposures may result in sensitization; whereby, an individual may develop symptoms not previously experienced with normal handling or contact with animals.

**Allergy** – exaggerated reaction by the body's immune system to foreign bodies, or allergens. Common allergic reactions may result from animal proteins such as; animal's urine, saliva, hair, dander, or bedding material. These allergens may also have a cumulative effect on an individual. According to National Institute for Occupational Safety and Health (NIOSH), it is estimated that approximately 33% of animal handlers exhibit some allergic symptoms.

**Enrollment** (Occupational Health & Safety Program and Medical Surveillance) - is defined as having a completed medical questionnaire with signature on file in Employee Health Services (EH). Once enrolled, an individual will participate in the medical surveillance, medical exams, vaccinations, and screening if required and all free of charge to the participant.

**The Center for Laboratory Animal Medicine and Care (CLAMC)** – is responsible for the health and well being of laboratory animals used for the institution's biomedical research programs, including training and professional veterinary, surgical and animal care services. CLAMC facilities accommodate a variety of species and include a modern experimental surgery suite. Its 70,000 plus square feet of vivaria are geographically dispersed throughout the Texas Medical Center and a satellite facility in Huntsville.

**Personal Protective Equipment (PPE)** – Safety equipment such as gloves, aprons, face shield, or goggles which are required to be worn when coming into contact with animals, hazardous chemicals, toxic materials, etc.

**Sensitization** – The condition when exposed to an allergen or chemical, even small amounts, that produce adverse affects or symptoms not previously experienced when exposed to the same chemical dose or allergen.

**Suppressed Immune System** – The medical conditions or disorders that would increase an individual's susceptibility to disease or illness. Healthy immune systems are the best defense against allergens, viruses, bacteria, and other vectors commonly encountered while working with animals.

**Zoonoses** - All diseases and infections transmitted between animal and humans including bacteria, viruses, parasites, or other vectors and causing disease under natural conditions. Examples include: Q-fever, rabies, enteric bacteria, toxoplasmosis, tuberculosis, and salmonella. See Appendix A.

#### **IV. Responsibilities**

Employees are responsible for:

1. Completing federally mandated animal care and use training, principal investigator training, or animal service support training as required.
2. Using all personal protective equipment, clothing, or other safety devices where required.
3. Being familiar with all standard operating procedures for safety, personal hygiene, and emergency situations.
4. Informing their supervisor immediately of any animal bites, scratches, illnesses, or injuries received from working with animals.
5. Enrolling in the Occupational Health Program prior to working with animals.
6. Completing, or periodically updating, the medical questionnaire or declination form.
7. Maintaining good hygiene practices, wearing Personal Protective Equipment (PPE), and following all safe operating procedures at all times.
8. Notifying their supervisor immediately in the event of a possible biological, radiological, chemical, or physical agent exposure.
9. Administering and scheduling appointments with EH.

Supervisor or PI is responsible for:

1. Ensuring all employees enroll in the Occupational Health Program prior to working with animals.
2. Confirming all employees received proper training (Animal Research Training Courses, Basic Laboratory and Clinical Safety Training, etc.) for their work activities with animals.
3. Ensuring all employees are proficient and understand the standard operating procedures for each protocol.
4. Ensuring all employees receive appropriate PPE and take necessary precautions against hazards.
5. Investigating all animal bites or injuries reported by employees.
6. Communicating new procedures to employees when process, facility, or equipment changes occur.

Center for Laboratory Animal Medicine and Care Executive Director is responsible for:

1. All animal and human health conditions in CLAMC.
2. Working with Environmental Health and Safety and EH in the implementation and development of the Occupational Health Policy as it relates to animal contact.

Environmental Health and Safety is responsible for:

1. Performing PPE assessments, training and periodic monitoring where animal contact occurs.
2. The trending and analysis of illness, injuries, and exposures encountered during research activities, daily work routine and occupational activities.
3. Assistant in identifying all employees that require enrollment into the Occupational Health Program.

Animal Welfare Committee is responsible for:

1. Maintaining and updating this policy
2. Assuring oversight of the Occupational Health Policy as an integral component of The UTHSC-H's The Center for Laboratory Animal Medicine and Care Program for the humane care and use of animals, using the

Guide for the Care and Use of Laboratory Animals and the Occupational Health and Safety in the Care and Use of Research Animals as a basis for evaluation.

3. Identification of personnel that require enrollment into the Occupational Health Program through the submission and screening of protocols submitted to the committee.

Employee Health Services (EH) is responsible for:

1. Performing health risk assessments based on job classification.
2. To review health information with physical examination and diagnostic studies as required among enrolled animal users for their fitness for duty while working with animals, based on inherent risk, exposure, and medical history.
3. The identification of all employees with signs or symptoms, or a predisposition to illness or disease, which would require engineering or administrative controls to reduce exposure. These employees shall not be returned to their work area without further consultation between the physician, individual, and their supervisor.
4. Maintaining all employee health records in accordance with applicable standards.

## V. Procedures

After completing animal use training, all designated visitors, students, faculty, and staff are required to either enroll or decline enrollment in the animal user program by completing the medical questionnaire. After completing this form, the questionnaire must be forward to EH..

This form will then be reviewed and based on job classification, potential risk, and/or medical history; an appointment will be scheduled with the occupational health provider when necessary. All individuals are required to have a baseline questionnaire on file prior to working with animals. EH may require questionnaires to be revised periodically based on current trending or a report in increased medical symptoms. If there are changes in an individual's medical history; especially, increased allergic reactions, a compromised immune system, pregnancy, or the intent to become pregnant, individuals should notify their supervisor or PI immediately and update their medical questionnaire.

The need for a baseline and/or the annual medical exam will be based on hazard type, type of contact, frequency of exposure, job classification, assigned work area, or changes in medical history.

The occupational health provider will review any exam results, medical testing, and screening for adverse effects or deleterious symptoms. If there are no complications, the physician will complete a fit for duty form and the employee will be authorized to continue work with hazardous substances, animals, or in designated facilities.

Should symptoms, or the indication of complications, become severe, the individual may be temporarily reassigned or removed from exposure until engineering or administrative controls can be designed and implemented.

Using the matrix below, individuals can determine the types of medical exams, screenings, and vaccines; their frequency; the types of health hazards; and the medical surveillance criteria required.

Exams, screenings, and vaccines for CLAMC personnel, or anyone working with non-human primates, are mandatory. All other personnel should reference the Animal Category below to determine the exams, screenings, and vaccines appropriate for their type of animal contact.

<b>Animal Category</b>	<b>Exams, Screenings, &amp; Vaccines</b>	<b>Frequency</b>	<b>Health Hazard</b>	<b>Medical Surveillance Criteria</b>
<b>CLAMC</b> Lab Rodents – Rats& Mice Rabbits Dogs Nonhuman Primates Pigs Birds Ferrets Fish mollusc <i>Aplysia</i>	Medical history review and physical examination (if medical history indicates a condition that may impair fitness for duty)	Initial & Annually	Zoonoses – see appendix A Allergens Bites/ Scratches	Baseline Required PRIOR to work assignment or entering regulated area;  Annually & as required by Physician;  Or, changes in medical history - Individual may experience an increased susceptibility to

<i>californica</i>				disease or illness from a Suppressed Immune System or other related health factors
	Animal allergy baseline & consultation (as required)	Initial & Annually	Allergens from hair, dander, urine, bedding, etc.	Baseline Required PRIOR to work assignment or entering regulated area  Changes in medical history; or health conditions
	Tuberculin Skin Test - PPD	Initial & every six months thereafter	Nonhuman primates are primary source All other animals considered reservoirs	Baseline Required PRIOR to work assignment or entering regulated area  Changes in medical history
	Toxoplasmosis antibodies Titer (FEMALES of child-bearing capacity)	Initial for women of childbearing age (only if working with cats).	Cats and/or their feces	Baseline or changes in medical history
	Tetanus/Diphtheria Vaccine	Initial Re-initiated every 10 years		Required PRIOR to work assignment or entering regulated area, OR Injury
	Rabies Vaccine	Available upon request or as needed based on the risk assessment		
	Measles, Mumps, Rubella (MMR) Vaccination (proof of previous vaccination acceptable)	Initial		Required prior to work with primates
<b>Support Personnel – Trades, EHS, Police – assigned duties that require individual to enter an animal research area</b>	Medical history review and physical examination (if medical history indicates a condition that may impair fitness for duty)	Initial	Lab Rodents – Rats & Mice Rabbits Dogs Nonhuman Primates Pigs Birds Ferrets Fish mollusc <i>Aplysia californica</i>	Evaluations will be conducted on an individual basis
	Medical history review Status of immunizations	Periodic (every 5 years)		
	Animal allergy baseline & consultation (as required)	Initial & Annually	Allergens from hair, dander, urine, bedding, etc.	Baseline Required PRIOR to work assignment or entering regulated area  Changes in medical history; or health conditions
	Tuberculin Skin Test - PPD	Initial & annual thereafter	Nonhuman primates are primary source All other animals considered reservoirs	Baseline Required PRIOR to work assignment or entering regulated area  Changes in medical history

	Tetanus/Diphtheria Vaccine	Initial Re-initiated every 10 years		Required PRIOR to work assignment or entering regulated area, OR Injury
	Measles, Mumps, Rubella (MMR) Vaccination (proof of previous vaccination acceptable)	Initial		Required prior to access to primate areas

## VI. Training

Animal use and care training is required for all individuals having contact with animals as described under II. Scope. PI's, Researchers, Trades, and other support groups can fulfill this requirement by attending animal care and use training classes and environmental health and safety training. PI's and Supervisor's are responsible for their employees or students having received animal user training prior to working with animals. For more information, contact CLAMC at 713-500-7728.

## VII. Animal contact

Animal contact from any species that breaks the handler's skin, involves a splash to the mucous membranes or occurs from a percutaneous inoculation used on or in animal care should be documented through the First Report of Injury form. Examples of animal contact include but are not limited to bites, scratches or allergic reactions. Animals infected with biohazards might pose additional hazards and should be noted on First Report of Injury Form.

**Rodent** - Secure the animal in the cage. Immediately begin first aid treatment by washing the wound with soap and water for fifteen minutes or flushing the mucous membranes with water or saline for fifteen minutes. Contact supervisor to report injury and fill out First Report of Injury form. Report to EH if needed.

**Rabbit** – Secure the animal in the cage. Immediately begin first aid treatment by washing the wound with soap and water for fifteen minutes or flushing the mucous membranes with water or saline for fifteen minutes. Contact supervisor to report injury and fill out First Report of Injury form. Report to EH if needed.

**Ferret** – Secure the animal in the cage. Immediately begin first aid treatment by washing the wound with soap and water for fifteen minutes or flushing the mucous membranes with water or saline for fifteen minutes. Contact supervisor to report injury and fill out First Report of Injury form. Report to EH if needed.

**Dog** – Secure the animal in a cage. Immediately begin first aid treatment by washing the wound with soap and water for fifteen minutes or flushing the mucous membranes with water or saline for fifteen minutes. Contact supervisor to report injury and fill out First Report of Injury form. Report to EH if needed. The animal should be penned and observed for a period of ten days for signs of Rabies. If the bite occurs immediately prior to being sacrificed, brain tissue should be collected and sent to the Houston Department of Health and Human Services laboratory for confirmation testing using form  
<http://www.houstontx.gov/health/Lab/Rabies%20form%20hard%20copy-rev%2062706.pdf>

**Bird** – Secure the animal in a cage. Immediately begin first aid treatment by washing the wound with soap and water for fifteen minutes or flushing the mucous membranes with water or saline for fifteen minutes. Contact supervisor to report injury and fill out First Report of Injury form. Report to EH if needed.

**Pig** – Secure the animal in a cage. Immediately begin first aid treatment by washing the wound with soap and water for fifteen minutes or flushing the mucous membranes with water or saline for fifteen minutes. Contact supervisor to report injury and fill out First Report of Injury form. Report to EH if needed.

**Nonhuman Primate** - Secure the animal in a cage. Obtain Macaque Exposure Kit and notify co-worker to call veterinary staff. Immediately begin first aid treatment by washing the wound with bleach for fifteen minutes or flushing the mucous membranes with water or saline for fifteen minutes. Contact supervisor to report injury and fill out First Report of Injury form. Report to EH immediately for blood draw. Blood samples of both the nonhuman primate and human will be sent to the National B Virus Resource Center, Viral Immunology Center, Georgia State University, 50 Decatur Street, Atlanta, GA 30302-4118. <http://www.gsu.edu/bvirus>

## VIII. Physical Hazards

**Heavy Lifts** – Physically moving items such as cages, cage racks, feed and bedding can cause injury to backs, upper extremities such as shoulders and arms, and lower extremities such as legs and knees. Sprains and strains are the most common injury for animal care workers. Items such as rusty casters can cause burdens on the body. Notify a supervisor to replace such items. The use of a manual lift or fork lift should be used whenever possible. Employing safe lifting practices is also advisable. Contact Environmental Health & Safety (EH&S) for evaluation and training of heavy lifts.

**Ergonomics** – The practice of making the job fit the employee can be implemented in many daily tasks performed by animal workers. The use of walk on weight scales for the dogs eliminates the need to physically pick up the animals for weighing. The purchase of a motorized floor cleaner reduces the time needed to perform a task and back strains injuries. Notify EH&S for evaluation and consultation of a process which is adding undue burden to the worker.

**Noise** – Some animals such as dogs, pigs and nonhuman primates as well as machine processes such as cage washing can create excessive noise. Noise loss from loud environments can occur gradually over periods of years without much notice by the individual. Notify EH&S to conduct noise monitoring of work environments to see if they are outside the recommended guidelines.

**Slip, Trip and Falls** – Many processes involved with animal care will subject the worker to slippery surfaces such as mopping floors, maneuvering large items in small spaces, creating a trip hazard and situations where falls could occur. Slips, trips and falls are the second leading cause of injuries in the University. To avoid these situations always use caution, pre plan the procedure to eliminate any last minute hurrying and notify the supervisor if a hazardous situation develops. Wearing slip resistant footwear is recommended.

## IX. Allergens

Allergens are any substance that is recognized by the immune system and causes an allergic reaction. Specific animal contact with hair, dander, scales, fur, feces, urine, saliva, etc. can cause an allergic reaction. Cumulative exposures may result in sensitization; whereby, an individual may develop symptoms not previously experienced with normal handling or contact with animals. Preventive measures include wearing gloves and a dedicated laboratory coat when handling animals or their tissues or fluids. Contact your Supervisor to fill out the First Report of Injury form before proceeding to EH for diagnosis.

## X. Biological Hazards

Biological substances such as viruses, bacteria, fungi, rDNA and human cell lines are used in research animals. These substances pose hazards alone and can sometimes be amplified or lessened in an animal system. Specific training on animal handling practices and bedding and carcass waste disposal procedures will be unique to each experiment. Hazard posting on the outer doors to the holding areas specify the hazards being used on the animals and the necessary precautions (i.e. PPE) needed to handle these animals. These hazard postings have been created and reviewed by the CLAMC veterinary staff and Environmental Health and Safety based on recommendations from the Animal Welfare Committee and Biological Safety Committee protocol approvals. Notify the supervisor if any explanation is needed before work begins.

## XI. Chemical Hazards

Chemical hazards such as pharmaceuticals, cleaning agents, detergents and research substances are used in research animals and in the course of animal care and husbandry. Take caution when using detergents, acidic descaling solutions and alcohols as they can cause burns or be toxic by inhalation, ingestion or dermal contact. Pharmaceuticals such as anesthetics, antibiotics, analgesics and research drugs can be toxic at very small concentrations. The use of controlled substances, carcinogens, reproductive hazards, and toxins are reviewed by the Animal Welfare Committee and Chemical Safety Committee.

## XII. Radiological Hazards

**Non Ionizing Radiation** – Ultraviolet lights such as those used in biological safety cabinets or overhead lighting can cause burns to the eyes and skin. Please make sure that all ultraviolet sources are turned off before working in the area.

**Ionizing Radiation** - Radioisotope tracers, X-ray machines and lasers can cause burns and other forms of damage. Specialized training is required to use this agent.

The uses of all radiological hazards are reviewed by the Animal Welfare Committee and Radiation Safety Committee.

### **XIII. Waste**

**Bedding** – All bedding should be changed out in a laminar flow hood or biological safety cabinet. Some experiments require chemical disinfection or autoclaving of the bedding prior to disposal. Notify the supervisor if any explanation is needed before work begins.

**Carcass** – Animal carcasses should be disposed of in the appropriate cold storage facility at the following locations: MSE, IMM, DBB, DC and UCT animal facilities. Animals will be stored and made available for three days for research purposes. After that, the remains will be cremated. Disposal of carcasses subject to biological, chemical or radiological hazards should be consistent with the approved protocol from the respective committees.

**Sharps** – Sharps should be placed in a sharps container filled no more than  $\frac{3}{4}$  full. Contact the Hazardous Waste Line for pick up at 713.500.5837.

**PPE** – Personal Protective Equipment used in animal-related hazardous work should be disposed of in a biohazard box for disposal or autoclaving when prescribed by the protocol approvals. Contact the Hazardous Waste Line for pick up at 713.500.5837.

### **XIV. Personal Hygiene**

Clothing should be supplied and laundered by the institution and changed as frequently as needed to maintain personal hygiene. Clothing should be disposed of or decontaminated prior to being submitted for laundering. The use of disposable gloves, masks, head covers, coats, coveralls and shoe covers might be needed. Outer garments worn inside the animal rooms should not be worn outside of the animal facility. Personnel should wash hands frequently. No eating, drinking, use of tobacco products or applying cosmetics in animal rooms.

### **XV. Pregnancy, immunocompromised, illness**

Animal care handlers who are pregnant or trying to become pregnant, immunocompromised by illness or medications could be more susceptible to infection from hazards and zoonotic disease than healthy individuals. Discuss your working conditions and hazards with the EH or your physician.

### **XVI. Additional Information and References**

*Biosafety in Microbiological and Biomedical Laboratories(BMBL). 5<sup>th</sup> ed. 2007. CDC/NIH*

*Occupational Health and Safety in the Care and Use of Research Animals, 1997. National Research Council, National Academy of Sciences*

*Guide for the Care and of Laboratory Animals, National Research Council, 1996*

*Occupational Health and Safety in the Care and Use of Nonhuman Primates, National Research Council, 2003*

*Public Health Service Policy on the Humane Care and Use of Laboratory Animals, National Institutes of Health, 2000*

NIOSH Preventing Asthma and Allergies Alert  
[Preventing Asthma in Animal Handlers \(1998\)](http://www.cdc.gov/niosh/animalrt.html)  
<http://www.cdc.gov/niosh/animalrt.html>

**XVI. Forms**

Medical Questionnaire

Supervisors First Report of Injury

CLAMC Risk Assessment Summary Forms

Implementation Date: 04.27.2007	Approval: Executive Director, EHS	Signature: Dr. Robert Emery
Annual Review Date: 9/29/08	Executive Director, CLAMC	Dr. Bradford Goodwin
Revision Date: 9/29/08	Director, Employee Health Services	Susan Parnell

**Health Surveillance Questionnaire for Animal Contact and Use of Significant Biological Agents**  
**UTHSC Employee Health Services**  
**7000 Fannin, UCT Suite 1620**  
**Houston, TX 77030**  
**713-500-3267**

## Confidential Medical Information

**PURPOSE:** The purpose of this form is to obtain individual health history for an employee working with animals and other significant biological agents. It will be used in conjunction with the Risk Assessment form to evaluate appropriate medical surveillance needs.

**CONFIDENTIALITY STATEMENT:** This form requires that you provide personal health information that is protected by University policy and State and Federal law. Your rights to the confidentiality of your personal health information will be strictly maintained by Employee Health Services. Your information will be used or disclosed in accordance with those policies and laws only to the minimal extent necessary for your treatment or business operations. You have the option of sending the form via regular mail or sending it via interoffice mail to the address above .

**INSTRUCTIONS:** Please complete entire form. Answers left blank will be assumed to be a negative response. The information you supply will be submitted to the UT Health Services medical staff for review. If you have any questions on the form, please contact UT Health Services, telephone 713-500-3267.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Have you had a previous animal handler questionnaire, medical surveillance, or vaccination at Employee Health?

No \_\_\_ Yes \_\_\_ If yes, when \_\_\_\_\_

**Vaccines:** Please indicate what vaccines you have had. Please provide a copy of your vaccines.

<b>Vaccine</b>	<b>Date</b>	<b>Vaccine</b>	<b>Date</b>
Hepatitis B #1	_____	Tetanus (Td or Tdap)	_____
Hepatitis B #2	_____	Q Fever	_____
Hepatitis B #3	_____	Varicella (chicken pox)	_____
Hepatitis A #1	_____	Rabies Titre	_____
Hepatitis A #2	_____	Rabies #1	_____
MMR # 1	_____	Rabies #2	_____
MMR#2	_____	Rabies #3	_____
		Typhoid	_____
		Yellow Fever	_____

**Tuberculosis Testing**

Have you had a PPD (TB) Skin test? Yes  No

Date of last PPD skin test. \_\_\_\_\_ Result:  Positive  Negative

If POSITIVE, date of last chest X-ray \_\_\_\_\_

If POSITIVE in the past, please indicate Yes/No for each of the following.

	Yes	No		Yes	No
Fever	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>
Bloody Sputum	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss	<input type="checkbox"/>	<input type="checkbox"/>			

**Animal / Biological Agent Contact**

Please indicate the animals you work with (Check the box if you work with the specified animal).

Amphibians	<input type="checkbox"/>	Gerbils	<input type="checkbox"/>	Rats	<input type="checkbox"/>	Other (list):
Birds	<input type="checkbox"/>	Goats	<input type="checkbox"/>	Rabbits	<input type="checkbox"/>	
Cats	<input type="checkbox"/>	Guinea Pigs	<input type="checkbox"/>	Reptiles	<input type="checkbox"/>	
Cattle	<input type="checkbox"/>	Hamsters	<input type="checkbox"/>	Sheep	<input type="checkbox"/>	
Dogs	<input type="checkbox"/>	Mice	<input type="checkbox"/>	Swine	<input type="checkbox"/>	
Ferrets	<input type="checkbox"/>	Non-human Primates	<input type="checkbox"/>	Wild Rodents	<input type="checkbox"/>	
Fish	<input type="checkbox"/>	Poultry	<input type="checkbox"/>		<input type="checkbox"/>	

Please indicate tissue, blood, or biological agents that you work with (check the box if you work with the specified product).

Do you work with nonhuman primate tissues? Yes  No

Do you work in an area where nonhuman primates or nonhuman primate tissues are housed or handled?  
Yes  No

Do you work with human blood products? Yes  No

Do you work with animal blood products? Yes  No

Do you work with human tissue? Yes  No

Do you work with animal tissue? Yes  No

Do you work with recombinant DNA technology? Yes  No

If yes, does the research involve techniques in which viable, recombinant DNA-containing micro-organisms are used to infect animals that then require Bio-safety level 3 containment? Yes  No

**Medical History**

Have you had a prior history of the following conditions? Yes  No

If yes, please indicate the condition(s), and enter the date of onset (if known).

Condition	Yes	Date	Condition	Yes	Date
Pneumonia	<input type="checkbox"/>	_____	Recurrent Bronchitis	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	_____	Heart Disease	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	_____	Heart Murmur or Valve Disease	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	_____	Kidney Disease	<input type="checkbox"/>	_____
Liver Disease	<input type="checkbox"/>	_____	Cancer	<input type="checkbox"/>	_____
Gastrointestinal Disorders	<input type="checkbox"/>	_____	Loss of Consciousness	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	_____	Arthritis	<input type="checkbox"/>	_____
Chronic Back or Joint Pain	<input type="checkbox"/>	_____			

Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)? Yes  No

Are you currently taking any medications (Including non-prescription)? Yes  No

If yes, list below: \_\_\_\_\_

For Women: Are you pregnant, or planning to be pregnant in the next year? Yes  No

**Animal Related Injuries or Illnesses**

Have you ever contracted a disease from animals, or experienced an animal related injury (including bites, scratches, needle sticks, etc.)? If yes, please indicate the last 5 occurrences.

Date _____	Injury/Illness _____	Treatment Location _____
Date _____	Injury/Illness _____	Treatment Location _____
Date _____	Injury/Illness _____	Treatment Location _____
Date _____	Injury/Illness _____	Treatment Location _____
Date _____	Injury/Illness _____	Treatment Location _____

**Animal Allergies**

Have you had any recent problems with the following symptoms? Yes  No

Please indicate which symptoms you have experienced (check the yes or no box next to each symptom).

Condition	Yes	No	Condition	Yes	No
Watery or itching eyes			Shortness of breath		
Runny nose			Chest tightness		
Sneezing			Rash or hives		
Wheezing			Chronic allergies (dust, pollen, food, mold)		
Chronic cough			Asthma		

Are these more frequent while at work? Yes  No

Are these symptoms associated with?

Dogs <input type="checkbox"/>	Cats <input type="checkbox"/>	Cattle <input type="checkbox"/>	Horses <input type="checkbox"/>	Bird (Feathers) <input type="checkbox"/>
Pigs <input type="checkbox"/>	Nonhuman Primates <input type="checkbox"/>	Rabbits <input type="checkbox"/>	Goats <input type="checkbox"/>	Sheep (Wool) <input type="checkbox"/>
Rats or Mice <input type="checkbox"/>	Guinea Pigs <input type="checkbox"/>	Alfalfa <input type="checkbox"/>	Weeds <input type="checkbox"/>	Trees <input type="checkbox"/>
Chemicals <input type="checkbox"/>	Latex <input type="checkbox"/>	Wood <input type="checkbox"/>	Grasses <input type="checkbox"/>	Mold <input type="checkbox"/>
Other <input type="checkbox"/> List: _____				

Have these required any treatment with over-the counter medications (Claritin, Benadryl, decongestants, eye drops, etc?) Yes  No

Have you had to wear a respirator, goggles or protective clothing to protect yourself from allergies (e.g., hay fever [rhinitis], eye symptoms, hives or asthma) at work? Yes  No

Have you been treated by your own physician for allergies that began at work? Yes  No

Has your health status changed in the last year?  No.  Yes, please explain: \_\_\_\_\_.

If you suspect you may have work related allergies or have any other questions about your health status or this form, please contact:

UT Health Services-Employee Health  
 7000 Fannin, Suite 1620  
 Houston, TX 77030  
 713-500-3267

Email contact: [uthealthservices@uth.tmc.edu](mailto:uthealthservices@uth.tmc.edu)

**ADDITIONAL INFORMATION:** For detailed information on animal allergies and other hazards, please request a copy of “Allergies in Animal Handlers” and “Occupational Health for Individuals Exposed to Animals in Their Studies or Work” from Kelly Garner at 500-7730 or [Kelly.N.Garner@uth.tmc.edu](mailto:Kelly.N.Garner@uth.tmc.edu).

This information will now be evaluated and you will be contacted by UT Health Services medical staff for additional information, action and training.

**SUPERVISOR'S FIRST REPORT OF INJURY**

Other than signature please print. If you have questions about completing this form please call RMI 713-500-8127

ID# \_\_\_\_\_ INJURY DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Day of Week

NAME: \_\_\_\_\_  
Last First MI

HOME ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Work # Home#

BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX:  Male  Female  
Month Day Year

MARITAL STATUS:  Married  Single  Divorced  Widow

Full Name of Spouse \_\_\_\_\_ Number of Dependents \_\_\_\_\_

INJURY DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Time: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
AM PM

TITLE: \_\_\_\_\_

INTEROFFICE ADDRESS: \_\_\_\_\_

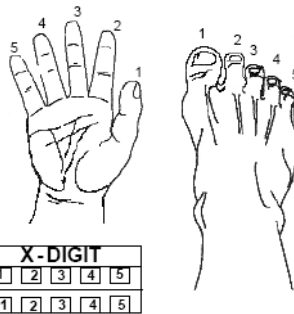
POSITION: EMPLOYEE \_\_\_\_\_ RESIDENT \_\_\_\_\_ \*STUDENT \_\_\_\_\_  
 Full Time  Part Time (Check all that apply)

SUPERVISOR: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ Pager: \_\_\_\_\_

SUPERVISOR NOTIFIED OF INJURY: \_\_\_\_\_  
Month Day Year Time  AM  PM

BODY PART AFFECTED			
MARK APPROPRIATELY	X - R - Right L - Left	R	L
Head	Eye		
Face	Shoulder		
Neck	Arm		
Chest	Hand		
Stomach	Leg		
Lower Back	Knee		
Upper Back	Ankle		
Groin	Foot		
Coccyx	Toe		
Other	Finger		



INJURY TYPE	
MARK APPROPRIATELY	
X	Fall
	Needle Stick
	Exposure
	Sprain / Strain
	Burn
	Contusion / Bruise
	Bite**Describe Source Below
	Laceration / Cut
	Assault
	Eye Injury
	Rash
	Other-Describe Below

Describe the accident and how it occurred: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Names and departments of witnesses: \_\_\_\_\_

ACCIDENT LOCATION AREA			
BLDG	FLOOR	ROOM#	EXTERIOR LOCATION

GENERAL: (Mark an X in the appropriate areas)		
<input type="checkbox"/> OFFICE	<input type="checkbox"/> STAIRWELL	<input type="checkbox"/> OPERATING ROOM
<input type="checkbox"/> HALLWAY	<input type="checkbox"/> PARKING LOT/SIDEWALK	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> ELEVATOR	<input type="checkbox"/> LABORATORY	

**INFORMATION RELEASE**  
 I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, or my health, to furnish to the U.T. System, Office of Risk Management or its representative any and all information relevant to the injury or illness which I am reporting, including: medical history, consultation reports, hospital records, etc. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Signature of Injured Party: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_\_ PLEASE INITIAL, showing that you have been offered medical treatment, but do not wish to received any at this time. (initialing indicated that an opportunity to receive medical treatment was given, it does not prevent future treatment.
  - \_\_\_\_\_ PLEASE INITIAL, showing that you have received a copy of the Business Procedures Memorandum (BPM) 66-10-04 concerning confidentiality of your social security number.
  - \_\_\_\_\_ PLEASE INITIAL, showing that you have been received directions on how to choose a doctor from the Approved Doctor List. If you use any other doctor, other than in an emergency, you could be responsible for all bills incurred.
- By my signature below, I have examined this form and the information written above relating to my injury is true and correct.

\_\_\_\_\_  
 Signature of Injured Party / Date

\_\_\_\_\_  
 Signature of Supervisor / Date

**ALL INFORMATION MUST BE COMPLETED BEFORE REPORT CAN BE PROCESSED**

**Distribution:** { Original - Risk Management & Insurance, OCB 1.330 Phone: (713) 500-8127, Fax (713) 500-8111  
 Copy - HCPC Safety Office (Harris County Psychiatric Center-Injuries Only) Phone: (713) 741-7880  
 Copy - U.T. Health Services, UCT 1620/HCPC Case Manager/ Health Care Provider Copy Phone: (713) 500-3267, Fax (713) 500-3263  
 Copy - Department Copy \*Students are not covered under Workers' Compensation, this form is for record only.

UTHSCH CLAMC Risk Group 1 Risk Assessment

Risk Category and Risk Events	How Likely is it that this will occur? (Probability)				How Severe Will It Be Should It Occur? (Severity or Risk of Failure)				How Prepared is the Organization? (Preparedness)				Risk Score	
	High	Med	Low	None	Life		Permanent		Temp		None	None		None
					Threatening	Harm	Harm	None	Poor	Fair				
Score:	3	2	1	0	3	2	1	0	3	2	1	0		
<b>Biological</b>														
Viruses		X				X						X		6
Bacteria		X				X						X		6
Rickettsia			X					X				X		3
Protozoa			X					X				X		3
Fungus		X						X				X		4
<b>Chemical</b>														
Cleaners		X						X				X		5
Disinfectants		X						X				X		5
Sterilants (such as EtO)			X					X				X		4
Anesthetic gases		X						X				X		5
Pesticides			X					X				X		3
Preservatives			X					X				X		4
Unidentified chemical hazards		X						X				X		4
<b>Physical</b>														
Pushing, pulling, lifting	X						X					X		6
Slips, trips, and falls	X						X					X		6
Scratches, punctures, and bites			X				X					X		5
Pinch/crush injuries		X					X					X		5
Noise		X						X				X		4
Electric Shock			X			X						X		5
Compressed gas cylinder injury			X		X							X		5
High pressure washer			X					X				X		3
Hydraulic lift lines			X					X				X		3
Autoclave injuries	X							X				X		5
Lasers			X					X				X		3
Thermal burns	X							X				x		5
<b>Radiological</b>														
UV light		X						X				X		4
Non-ionizing		X						X				X		4
Ionizing (such as X-rays, isotopes & Fluoroscopy)			X					X				X		3
<b>Allergen Effects</b>														
Urticaria	X							X				X		6
Rhinitis	X							X				X		6
Conjunctivitis	X							X				X		6
Asthma		X			X							X		7
Anaphylaxis			X		X							X		6
<b>Hygiene Issues</b>														
Utilities interrupted		X						X				X		5
Staffing shortage			X			X						X		5
Lack of PPE			X		X							X		6
Inadequate environmental cleaning		X					X					X		6
<b>Training Issues</b>														
Ineffective respirator training			X				X					X		4
Lack of knowledge of animal specific behavior			X					X				X		3
Lack of knowledge of protocol specific hazards		X						X				X		4
Lack of knowledge of occupational injury and illness reporting process			X					X				X		4
Need recognition of allergy symptoms			X		X							X		6
Lack of knowledge of biological hazards including animal specific concerns			X		X							X		5
Lack of knowledge of chemical exposures and controls			X					X				X		4
Lack of knowledge regarding physical hazards			X					X				X		4
Lack of knowledge regarding radiologic hazards			X					X				X		4
<b>Community Issues</b>														
Vaccine preventable diseases			X		X							X		5
Tuberculosis			X					X				X		4
Physical deconditioning		X						X		X				7
Allergies	X							X				X		5
Asthma		X						X				X		5
Injuries		X			X							X		6

This risk assessment is based upon risks identified in the UTHSCH CLAMC Facility and documented hazards in Animal Care settings as documented in: The Guide for the Care and Use of Laboratory Animals (NRC1996) and Occupational Health and Safety in the Care and Use of Research Animals (1997).  
 Risk scores range from 0 (least risk) to 9 (highest risk)  
 This risk assessment pertains to persons with non-human primates and animals other than rabbits and rodents  
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UTHSCH CLAMC Risk Group 2 Risk Assessment

Risk Category and Risk Events	How Likely is it that this will occur? (Probability)				How Severe Will It Be Should It Occur? (Severity or Risk of Failure)				How Prepared is the Organization? (Preparedness)				Risk Score
	High	Med	Low	None	Life Threatening		Permanent Harm		Temp Harm		None		
	3	2	1	0	3	2	1	0	3	2	1	0	
<b>Score:</b>	3	2	1	0	3	2	1	0	3	2	1	0	
<b>Biological</b>													
Viruses	X				X						X		6
Bacteria	X				X						X		6
Rickettsia			X					X			X		3
Protozoa			X					X			X		3
Fungus	X							X			X		4
Parasites	X							X			X		4
<b>Chemical</b>													
Cleaners	X							X			X		4
Disinfectants	X							X			X		4
Sterilants (such as EtO)	X							X			X		4
Anesthetic gases	X							X			X		5
Pesticides			X					X			X		3
Preservatives	X							X			X		5
Unidentified chemical hazards	X							X			X		4
<b>Physical</b>													
Pushing, pulling, lifting	X	X						X			X		5
Slips, trips, and falls	X							X			X		6
Scratches, punctures, and bites		X						X			X		5
Pinch/crush injuries	X							X			X		5
Noise			X					X			X		3
Electric Shock			X		X						X		5
Compressed gas cylinder injury			X		X						X		5
Autoclave injuries	X							X			X		5
Lasers	X							X			X		4
Thermal burns	X							X			X		4
<b>Radiological</b>													
UV light	X							X			X		4
Non-ionizing	X							X			X		4
Ionizing (such as X-rays, isotopes & Fluoroscopy)			X					X			X		3
<b>Allergen Effects</b>													
Urticaria	X							X			X		6
Rhinitis	X							X			X		6
Conjunctivitis	X							X			X		6
Asthma		X			X						X		7
Anaphylaxis			X		X						X		6
<b>Hygiene Issues</b>													
Utilities interrupted		X						X			X		4
Staffing shortage			X					X			X		4
Lack of PPE			X		X						X		5
Inadequate environmental cleaning			X					X			X		4
<b>Training Issues</b>													
Ineffective respirator training			X					X			X		4
Lack of knowledge of animal specific behavior			X					X			X		3
Lack of knowledge of protocol specific hazards		X						X			X		4
Lack of knowledge of occupational injury and illness reporting process			X					X			X		4
Need recognition of allergy symptoms			X		X						X		6
Lack of knowledge of biological hazards including animal specific concerns			X		X						X		5
Lack of knowledge of chemical exposures and controls			X					X			X		4
Lack of knowledge regarding physical hazards			X					X			X		4
Lack of knowledge regarding radiologic hazards			X					X			X		4
<b>Community Issues</b>													
Vaccine preventable diseases			X		X						X		5
Tuberculosis			X					X			X		4
Physical deconditioning		X						X		X			7
Allergies	X							X			X		5
Asthma		X						X			X		5
Injuries	X				X						X		6

This risk assessment is based upon risks identified in the UTHSCH CLAMC Facility and documented hazards in Animal Care settings as documented in: The Guide for the Care and Use of Laboratory Animals (NRC1996) and Occupational Health and Safety in the Care and Use of Research Animals (1997).  
 Risk scores range from 0 (least risk) to 9 (highest risk)  
 This risk assessment pertains to persons who work with rabbits, rodents and biological material  
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UTHSCH CLAMC Risk Group 3 Risk Assessment

Risk Category and Risk Events	How Likely is it that this will occur? (Probability)				How Severe Will It Be Should It Occur? (Severity or Risk of Failure)				How Prepared is the Organization? (Preparedness)				Risk Score
	High	Med	Low	None	Life		Permanent Temp		Poor	Fair	Good	N/A	
					Threatening	Harm	Harm	None					
<b>Score:</b>	3	2	1	0	3	2	1	0	3	2	1	0	
<b>Biological</b>													
Viruses			X		X					X			5
Bacteria			X		X					X			5
Rickettsia			X				X			X			3
Protozoa			X				X			X			3
Fungus			X				X			X			3
<b>Chemical</b>													
Cleaners			X				X			X			3
Disinfectants			X				X			X			3
Sterilants (such as EtO)			X				X			X			3
Pesticides			X				X			X			3
Preservatives			X				X			X			3
Unidentified chemical hazards		X					X			X			5
<b>Physical</b>													
Pushing, pulling, lifting	X						X			X			6
Slips, trips, and falls	X						X			X			6
Scratches, punctures, and bites		X					X			X			5
Pinch/crush injuries	X						X			X			6
Noise			X					X		X			3
Electric Shock			X			X				X			5
Compressed gas cylinder injury			X			X				X			5
High pressure washer			X				X			X			3
Hydraulic lift lines			X				X			X			3
Lasers			X				X			X			3
Thermal burns			X				X			X			3
<b>Radiological</b>													
UV light		X					X			X			4
Non-ionizing		X					X			X			4
Ionizing (such as X-rays, isotopes & Fluoroscopy)			X				X			X			3
<b>Allergen Effects</b>													
Urticaria		X					X			X			4
Rhinitis		X					X			X			4
Conjunctivitis		X					X			X			4
Asthma			X			X				X			6
Anaphylaxis			X			X				X			6
<b>Hygiene Issues</b>													
Utilities interrupted		X					X			X			5
Staffing shortage			X				X			X			5
Lack of PPE			X			X				X			6
Inadequate environmental cleaning		X					X			X			6
<b>Training Issues</b>													
Ineffective respirator training			X				X			X			4
Lack of knowledge of animal specific behavior	X						X			X			5
Lack of knowledge of protocol specific hazards	X						X			X			5
Lack of knowledge of occupational injury and illness reporting process			X				X			X			4
Lack of recognition of allergy symptoms		X				X				X			7
Lack of knowledge of biological hazards including animal specific concerns		X				X				X			5
Lack of knowledge of chemical exposures and controls		X					X			X			6
Lack of knowledge regarding physical hazards			X				X			X			5
Lack of knowledge regarding radiologic hazards		X					X			X			5
<b>Community Issues</b>													
Vaccine preventable diseases			X			X				X			5
Tuberculosis			X				X			X			5
Physical deconditioning		X					X		X				7
Allergies		X					X			X			5
Asthma		X					X			X			5
Injuries		X				X				X			6

This risk assessment is based upon risks identified in the UTHSCH CLAMC Facility and stated hazards in Animal Care settings as documented in: The Guide for the Care and Use of Laboratory Animals (NRC1996) and Occupational Health and Safety in the Care and Use of Research Animals (1997). The risk assessment pertains to Facilities workers, visitors, Animal Welfare Committee members, Environmental Health and Safety staff, and other persons with minimal exposure  
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## **Appendix A**

Cercopithecine herpesvirus 1 (B-Virus Infection)  
Lymphocytic Choriomeningitis (LCM)  
Hantavirus  
Orf Disease (Contagious Ecthyma and Contagious Pustular Dermatitis)  
Hepatitis A  
Rabies  
Q-Fever  
Cat-Scratch Fever  
Tuberculosis  
Psittacosis (Ornithosis, Parrot Fever, Chlamydiosis)  
Rat-Bite Fever  
Brucellosis  
Leptospirosis  
Campylobacteriosis  
Salmonellosis  
Shigellosis  
Toxoplasmosis  
Dermatomycosis (Ring-Worm)

### **Zoonoses**

Zoonoses are all diseases transmitted between animals and man under natural conditions. These diseases, many of which are often relatively innocuous in their normal host, may result in serious or fatal diseases in unusual hosts. With the number and range of potential zoonotic diseases, it is a reaffirmation of the validity of standard containment techniques that the number of zoonotic diseases transmitted between the laboratory research animals and the research personnel is so small.

### **Cercopithecine herpesvirus 1 (B-Virus Infection)**

*Host Range* - Herpes B-virus produces a mild clinical disease analogous to the human Herpes simplex virus in macaques. The disease in macaques is characterized by lingual or labial vesicles or ulcers and often keratoconjunctivitis or corneal ulcers, which are apparent for 1 - 2 weeks after the disease onset. As is typical of herpes viruses, a latency period follows with reactivation and expression of the virus (shedding) in monkeys during periods of physical or psychological stress. Several aberrant species, including humans, develop a severe and fatal encephalomyelitis when inoculated with the virus.

*Transmission* - Transmission of B-virus to man occurs primarily through bite or scratch wounds (saliva transmission) although cases of needle stick transmission, fomite (cage) transmission, and human-to-human transmission have been documented.

*Clinical Signs* - The incubation period varies from 2 days to 30 days with wide variation. A herpetiform vesicle may develop early at the site of inoculation. Early clinical signs include myalgia, fever, headache, and fatigue followed by a progressive neurological disease with numbness, hyperesthesia, paresthesia, ataxia, confusion convulsions, and ascending flaccid paralysis.

*Treatment* - Antiviral treatment with acyclovir or ganciclovir is effective in controlling the viral disease but management is controversial since discontinuance of acyclovir therapy is associated with increasing serologic titers to B-virus. Therapy may be life-long.

Early diagnosis and intervention is critical in managing potential B-virus exposures. Serological samples should be obtained from the macaque and the patient as soon as possible after the bite. The patient's wound site and the macaque's conjunctiva and buccal mucosa should be cultured for virus isolation. The wound should be thoroughly cleansed and disinfected with a 0.5% sodium hypochlorite solution recommended for antiseptics.

Physicians should consult the Viral Exanthemas and Herpesvirus Branch, Division of Viral Diseases, Centers for Disease Control and Prevention for assistance in case management.

*Prevention* - Protective clothing and equipment (face shield, mask, gloves, long-sleeved garments, etc.) when handling macaques is essential. While only serologically B-virus negative monkeys should be used to minimize potential exposure, no monkey should be considered B-virus negative. Whenever possible, macaques should be anesthetized prior to any manipulations or handling where personnel may be at risk.

### **Lymphocytic Choriomeningitis (LCM)**

*Host Range* - A member of the family Arenaviridae, this virus has a predilection for many rodent species and is common in wild mice throughout the world. A wide variety of laboratory animal species including mice, hamsters, guinea pigs, nonhuman primates, swine, and dogs can be infected with LCM but the laboratory mouse and hamster are the species of greatest concern with regard to transmission to man. The disease in laboratory mice and hamsters is usually clinically silent, and in the case of immunodeficient mice, may be undetectable with standard serologic techniques.

*Transmission* - Large quantities of virus are present in the blood, cerebrospinal fluid, urine, nasopharyngeal secretions, feces, and tissues of infected host animals. Transmission between animals may be transplacentally, by direct contact, by contact with fomites, or via injections or tumor transplantations with infected tissues. Transmission to man is usually via inhalation or contamination of mucous membranes or broken skin with infectious tissues or fluids from infected animals.

*Clinical Signs* - Humans develop an influenza-like illness usually characterized by fever, myalgia, headache, and malaise after an incubation period of 1-3 weeks. Severe cases in man may present with a maculopapular rash, lymphadenopathy, meningoencephalitis, orchitis, arthritis, and epicarditis. Several deaths have resulted from central nervous system involvement. Definitive diagnosis usually involves virus isolation from the blood or cerebrospinal fluid. Antibody is detectable approximately 2 weeks after onset of the illness, limiting the usefulness of serology for diagnosis of human disease.

*Treatment* - Ribavirin therapy substantially reduces the mortality in patients infected with other arenavirus infections and may prove to be of value in treating LCM infections. Additional information about therapy and serological testing for LCM is available through the Special Pathogens Branch, Division of Viral and Rickettsial Diseases, CDC.

*Prevention* - Periodic surveillance of rodent colonies and newly acquired rodents for evidence of endemic LCM infection is essential. All tumor cell lines and other tissues should be evaluated for the presence of LCM virus prior to inoculation into animals. Animal Biosafety Level 2 is recommended for studies in adult mice infected with mouse-brain passage strains. Animal Biosafety Level 3 should be used for work with infected hamsters.

### **Hantavirus**

*Host Range* - One of several genera in the family Bunyaviridae, Hantaviruses are widely distributed throughout nature among the rodent populations. Numerous genera of rodents including *Apodemus*, *Clethrionomys*, *Mus*, *Rattus*, *Pitomyys*, and *Microtus* have been implicated in foreign outbreaks of typical Hantavirus hemorrhagic disease. In the United States, *Rattus norvegicus*, *Peromyscus* spp., *Microtus californicus*, *Tamias* spp., and *Neotoma* spp. have been implicated in the rural and urban outbreaks of hantaviral disease.

*Transmission* - Infected rodents shed the virus in their respiratory secretions, urine, saliva, and feces for an extended period following infection. Transmission between animals occurs by direct contact with infected secretions or via aerosols. Human infection usually is via aerosol exposure with only brief exposures required. Transmission may also occur via bite wound and contamination or by exposure of mucous membranes or compromised skin to infectious materials.

*Clinical Signs* - The clinical signs are related to the strain of hantavirus involved. The disease varies from "nephropathia endemica" consisting of fever, back pain, and nephritis with moderate renal dysfunction to "hemorrhagic fever and renal syndrome" consisting of fever, myalgia, headache, petechiae, and other hemorrhagic manifestations including anemia, gastrointestinal bleeding, oliguria, hematuria, electrolyte imbalance and shock. Recent outbreaks of natural disease in the United States have presented with fever, myalgia, headache, and cough followed by rapid respiratory failure. Serologic tests are available and additional information may be obtained through the Special Pathogens Branch, Division of Viral and Rickettsial Diseases, CDC.

*Treatment* - Intravenous ribavirin therapy initiated early in the disease course may be of value. Hemodynamic maintenance and respiratory support are critical.

*Prevention* - The isolation, identification, and elimination of infected laboratory rodents or tissues prior to the exposure of laboratory personnel or animals is essential in the prevention of hantavirus infection in either the laboratory animals or the laboratory personnel. Serologic screening of rodent colonies and incoming animals is essential in minimizing laboratory personnel exposure.

### **Orf Disease (Contagious Ecthyma and Contagious Pustular Dermatitis)**

*Host Range* - This poxvirus is endemic in sheep and goat herds worldwide, including the United States. All ages of animals are affected although younger animals are more severely affected clinically. In small ruminants, Orf produces proliferative, pustular, crusty lesions around the lips, nostrils and urogenital orifices.

*Transmission* - Transmission is via direct contact with the virus-laden secretions from the lesions. Transmission via fomites is possible and rare person to person transmission has occurred.

*Clinical Signs* - The disease in humans is usually characterized by a single, or rarely multiple, lesion that is initially maculopapular or pustular and progresses to a weeping proliferative nodule. Regional lymphadenitis is uncommon and progression to a systemic disease is rare.

*Treatment* - Treatment is supportive. Lancing of the initial lesion is contraindicated.

*Prevention* - Vaccination of susceptible sheep and goats effectively prevents the disease. Protective clothing and good personal hygiene is effective in preventing exposure from infected animals.

### **Hepatitis A**

*Host Range* - Humans are the definitive reservoir host for Hepatitis A virus and infection of nonhuman primates occurs due to contact with infected human populations or their waste. Most nonhuman primates are susceptible and the disease is often subclinical in these species although viral propagation and spread does occur.

*Transmission* - Over 200 cases of human Hepatitis A virus infection have been associated with nonhuman primates. Transmission is fecal-oral.

*Clinical Signs* - Incubation period is about 30 days. The clinical disease in humans varies from a mild flu-like illness of 1 - 2 weeks duration to a severely debilitating disease lasting several months. Patients experience fever, malaise, anorexia, nausea, and abdominal discomfort which is usually followed in several days by the development of jaundice.

*Treatment* - Treatment is essentially supportive only. No effective antiviral drug is presently available.

*Prevention* - An approved killed-virus vaccine is now available and protective. Protective clothing and equipment along with adequate personal hygiene and sanitation minimizes the potential of disease exposure.

### **Hepatitis B, C, D and E**

*Host Range* - Humans are considered the only natural host of hepatitis B, C, D and E. Various nonhuman primates, particularly chimpanzees, can be infected experimentally but only one case of natural infection has been reported.

*Transmission* - Transmission occurs by percutaneous and permucosal exposure to infective body fluids. Infectious body fluids include blood, saliva, semen, and vaginal fluids.

*Clinical Signs* - Incubation period is usually 45-180 days. The clinical disease in humans manifests as anorexia, vague abdominal discomfort, nausea and vomiting, often progressing to jaundice.

*Treatment* - Treatment includes alpha interferon for chronic hepatitis B patients.

*Prevention* - An approved rDNA inactivate vaccine is available. Protective clothing and training on the safe use of needles and other sharps to avoid inoculation.

## **Rabies**

*Host Range* - Rabies is essentially distributed world-wide with the exception of a few countries that have eliminated the disease through import restrictions. All mammals are susceptible to infection with the rabies virus although dogs, cats, skunks, raccoons, bats, and other biting animals are the main reservoirs. Rabies in the wild animal population has been dramatically increasing over the past decade, increasing the likelihood of exposure in areas that have had little disease over the previous years.

*Transmission* - Usually via a bite wound although aerosol transmission has been documented in caves with bats. Personnel handling tissues of infected animals are potentially at risk. Most laboratory animal associated cases involve bite wounds from random source dogs and cats.

*Clinical Signs* - Patients initially experience apprehension followed by headache, malaise, fever and indefinite sensory changes referred to the site of the bite wound. Disease progression leads to paresis, paralysis, inability to swallow, delirium, convulsions, coma, and death due to respiratory paralysis.

*Treatment* - When exposure is documented, active immunization with rabies vaccine often prevents disease development. Treatment after the development of symptoms is futile.

*Prevention* - Acquisition only of animals with documented clinical health histories and vaccination to rabies virus. Animal vaccination is the most critical asset in rabies prevention. Pre-exposure vaccination for personnel at risk for exposure is strongly recommended.

## **Q-Fever**

*Host Range* - *Coxiella burnetii*, the etiologic agent of Q-fever, has a worldwide distribution with widespread infection in a variety of domestic and wild animals including sheep, goats, cattle, cats, dogs, and domestic fowl. While sheep are the primary laboratory animal associated with human cases of Q-fever, an outbreak of Q-fever in a human cohort exposed to a post-parturient cat and her litter along with document cases of Q-fever following exposure to rabbits emphasizes the role of other laboratory animals.

*Transmission* - Humans usually acquire this infection following exposure to infectious aerosols although infection following ingestion has been documented. The organism is shed in the urine, feces, milk, and especially the birth products of domestic animals which are generally asymptomatic. An infective dose of as little as one organism can produce Q-fever.

*Clinical Signs* - The disease in humans varies widely from asymptomatic to a variety of flu-like symptoms. Usually the disease has an abrupt onset with fever, chills, retrobulbar headache, weakness, malaise, and profuse sweating. Pneumonitis with chest pain, acute pericarditis, and hepatitis may occur. Endocarditis on native or prosthetic cardiac valves may extend relapses of the disease over years. Most cases resolve within 2 weeks of clinical signs. Serological methods are available for diagnosis of the human disease. Virus isolation poses a severe risk to the laboratory personnel and is generally not attempted.

*Treatment* - Tetracyclines are effective in treatment although prolonged therapy may be required.

*Prevention* - Exposure to post-parturient fetal membranes and fluids represents the greatest potential for infection and should be avoided. Whenever possible, only male or non-pregnant female sheep should be utilized. Physical barriers and appropriate laboratory clothing and protective equipment minimizes exposure. The organism is resistant to many disinfectants although sodium hypochlorite is effective.

For personnel at high risk, an investigational Phase 1 Q-fever vaccine is available from the Special Immunizations Program, US Army Medical Research Institute for Infectious Disease, Fort Detrick, Maryland.

## **Cat-Scratch Fever**

*Host Range* - *Bartonella henselae*, the rickettsial agent responsible for cat-scratch fever, is associated with cats most frequently although dogs, monkeys, and porcupines have also been implicated in disease transmission. Transmission between cats, and presumably between other species, by the domestic flea has been documented.

*Transmission* - Transmission to humans generally occurs after a cat scratch incident.

*Clinical Signs* - A small erythematous papule arises at the inoculation site within several days of exposure followed by a vesicle and scab formation with resolution in several days. Several weeks later regional lymphadenopathy appears in the draining lymph nodes which may persist for months. Lymph nodes may suppurate. Fever, malaise, anorexia, headache, and splenomegaly may occur. Rarely, central nervous system signs, osteolytic lesions, granulomatous hepatitis, and pneumonia may occur. Isolation of the organism from the blood, a cutaneous lesion, or biopsy material is required for definitive diagnosis. Serology is available and positive for most patients.

*Prevention* - Proper cat-handling techniques and protective clothing minimizes exposure. Flea control may minimize disease exposure between cats and personnel.

## **Tuberculosis**

*Host Range* - Tuberculosis of animals and humans is caused by a members of the genus *Mycobacterium*, including *M. tuberculosis*, *M. avium-intracellulare*, *M. bovis*, *M. kansasii*, *M. simiae*, *M. marinum*, and *M. chelonae*. While cattle, birds, and humans serve as the main reservoirs for these organisms, numerous laboratory animals are susceptible including nonhuman primates, swine, sheep, goats, rabbits, cats, dogs, and ferrets. Nonhuman primates, however, represent the primary laboratory animal associated with transmission to humans.

*Transmission* - While infection can occur by direct entry into the body or ingestion, inhalation of infective aerosols is the primary means of human exposure. Infective aerosols can be generated by high-pressure hoses, tissue manipulations at necropsy, improper sample handling in a clinical laboratory, or via coughing of the infective animal.

*Clinical Signs* - The incubation period for the development of a primary lesion and tuberculin skin test conversion is 4 - 12 weeks. The usual clinical signs are pulmonary due to the usual site of entry and consist of cough, sputum production, and progressive pulmonary disease. The disease may become latent with recrudescence over the lifetime of the infected person. Extra-pulmonary spread and systemic disease is possible with clinical signs directly related to the organ(s) infected. General symptoms include weight loss, fatigue, lassitude, fever, chills, and cachexia.

Diagnosis relies primarily on the intradermal tuberculin test in both humans and animals. Chest radiography and sputum smears and cultures are also used for definitive diagnosis.

*Treatment* - The appearance of multiply antibiotic resistant *Mycobacterium* has made treatment difficult or impossible in some rare cases. Isoniazid, rifampin, and streptomycin are all used in treatment regimens. Organism sensitivity should guide the treatment regimen.

*Prevention* - Routine surveillance of nonhuman primates for tuberculosis using the intradermal tuberculin test is critical in identifying and eliminating exposed animals. Laboratory personnel should also be screened via the intradermal tuberculin test on a routine basis. Vaccination on nonhuman primates with BCG is not recommended since it converts the tuberculin skin test to positive and does not prevent infection but only suppresses proliferation of the organism and clinical disease in the vaccinated animal.

## **Psittacosis (Ornithosis, Parrot Fever, Chlamydiosis)**

*Host Range* - Only *Chlamydia psittaci* is widely distributed in animals, both avians and mammals, and recognized as a zoonotic pathogen. Many laboratory animal species including birds, mice, guinea pigs, rabbits, ruminants, swine, cats, ferrets, muskrats, and frogs have been documented to be infected with *C. psittaci*.

*Transmission* - Spread to humans is via direct contact or aerosol exposure to the organism in exudates, secretions, or desiccated fecal material.

*Clinical Disease* - Avian strains appear to be more pathogenic for humans than mammalian strains of *C. psittaci*. The clinical disease may vary from conjunctivitis to a systemic disease with fever, headache, myalgia, chills, and upper and lower respiratory tract disease. More serious manifestations include extensive pneumonia, hepatitis, myocarditis, thrombophlebitis, and encephalitis. Relapses occur in untreated infections. Serology and organism isolation are used for diagnosis.

*Treatment* - Tetracyclines are effective in treatment.

*Prevention* - Limit acquisition of birds to only those from disease-free colonies. If required, wild or questionable birds may be treated with chlortetracycline to minimize disease spread potential exposure of personnel. Personal protective equipment, especially respiratory protection, and appropriate laboratory clothing can minimize transmission.

## **Rat-Bite Fever**

*Etiology and Host Range* - Rat-bite fever is caused by either *Streptobacillus moniliformis* or *Spirillum minor*, two bacteria that are normally present in the oral cavities of rodents, especially rats. The organisms are distributed worldwide although most commercial laboratory animal suppliers have eliminated the organisms from their production colonies. *Streptobacillus moniliformis* is the usual cause of rat-bite fever in the United States while *Spirillum minor* predominates in Asia and the far-east.

*Transmission* - The vast majority of human cases result from bite wounds (usually rat) contaminated with nasopharyngeal secretions. Transmission may occur by direct inoculation with blood from infected animals and some cases have occurred without bites or direct contact.

*Clinical Signs* - The clinical disease produced by *Streptobacillus moniliformis* (Streptobacillary Rat-Bite Fever, Haverhill Fever) and *Spirillum minor* (Spirillar Rat-Bite Fever, Sodoku) differs. Both, however, produce a systemic disease with bacteremia and organism localization throughout the body.

Streptobacillary Rat-Bite Fever has an incubation period that ranges from 1 to 22 days although the vast majority of cases have an incubation period of under 10 days. The onset of the disease is abrupt with fever, rigor, chills, headache, nausea, vomiting, arthralgia, and myalgia. The site of the rat bite is not involved and has generally healed by the time the patient becomes ill. Regional lymphadenopathy, characteristic of Spirillar Rat-Bite Fever, is usually not seen in Streptobacillary Rat-Bite Fever. Within several days of the disease onset, the patient develops a macular, maculopapular, or petechial rash that is most prominent on the extremities and may involve the palms and soles. Septic polyarticular arthritis develops in approximately one-half the patients. Untreated, complications include endocarditis, myocarditis, pericarditis, pneumonia, meningitis, and focal abscesses, with a mortality rate of 10-12%.

Spirillar Rat-Bite Fever has an incubation period of 1 to 3 weeks with the majority of the cases having an incubation period of over 10 days. While the rat bite may have healed during this period, the area will become swollen, indurated, and tender as the systemic phase of the disease begins. Fever, chills, headache, malaise, and regional lymphadenopathy characterize the clinical disease but the arthritis common in Streptobacillary Rat-Bite Fever does not occur. The initial clinical disease subsides after 3 to 5 days although relapses are common. Untreated Spirillar Rat-Bite Fever has a mortality rate of 5 - 10%.

*Treatment* - A variety of antibiotics may be used to treat both Streptobacillary and Spirillar Rat-Bite Fever. Procaine penicillin G appears to be generally effective against both organisms.

*Prevention* - Proper handling of laboratory rodents, especially rats is critical in reducing the potential for rodent bites and rat-bite fever. Personnel handling laboratory rodents should be familiar with the procedures or seek assistance from personnel with such experience.

## **Brucellosis**

*Host Range* - *Brucella melitensis*, *Brucella abortus*, *Brucella suis*, and *Brucella canis* are all potential human pathogens associated primarily with goats, cattle, swine, and dogs respectively. Of these, only *Brucella canis* is widely distributed in laboratory animals, infecting 1 - 6% of the dog population in dog-production colonies. *Brucella abortus* is prevalent in wild populations of bison and elk and may result in the exposure of personnel working with these animals.

*Transmission* - Most human cases of *Brucella canis* are associated with contact with aborting bitches and the placental tissues which are typically rich in infective organisms. The organism is also shed for a prolonged period in infective dogs. Direct skin or mucous membrane contact with the organism as well as inhalation of infectious aerosol is responsible for transmission.

*Clinical Signs* - *Brucella canis* produces a milder clinical disease in humans than any of the other pathogenic *Brucella* spp., varying from subclinical or inapparent infection to a disease characterized by fever, headache, chills, myalgia,

nausea, and weight loss. These flu-like symptoms are difficult to distinguish from many other diseases as the majority of human cases of brucellosis go undiagnosed. While septicemia and systemic disease may rarely occur, the disease is usually self-limiting. Chronic brucellosis, clinical disease lasting over 1 year, is relatively rare with *Brucella canis* in comparison to the other *Brucella* spp. pathogens of humans.

Diagnosis is primarily via serologic techniques, primarily serum agglutination. Isolation and cultivation of the organism is possible from the blood, bone marrow, or other tissues.

*Treatment* - A number of antimicrobial therapies are available for the treatment of brucellosis with the primary emphasis on the use of bacteriocidal combinations with a prolonged treatment course to minimize relapses. Combinations of tetracyclines (doxycycline or minocycline) and aminoglycosides (streptomycin or gentamicin) for 4 - 6 weeks are the primary treatment course.

*Prevention* - Prevention is primarily aimed at the exclusion of infected animals from the laboratory setting. All dogs should be screened for serologic reaction with *Brucella canis* prior to acquisition. Appropriate laboratory clothing and hygiene practices will reduce exposure.

## **Leptospirosis**

*Host Range* - Leptospirosis has a worldwide distribution in a variety of domestic and wild animals including rats, mice, field moles, hedgehogs, squirrels, gerbils, hamsters, rabbits, dogs, domestic livestock, other mammals, amphibians, and reptiles.

*Transmission* - Leptospiras are shed in the urine of infected animals, which often remain asymptomatic. Animals may be infected and shed the organism in their urine for life without clinical disease. Transmission occurs through direct contact of infected material with abraded skin or mucous membranes.

*Clinical Signs* - Early clinical disease is often quite diverse making early diagnosis nearly impossible. Disease severity may range from inapparent to a severe systemic illness with a sudden onset of fever, an intense often intractable headache, severe myalgia especially involving the calf muscles, chills, and conjunctival suffusion. Lymphocytic meningitis with a neutrophilia in the peripheral blood should arouse suspicion. Proteinuria and cylindruria usually accompany the early mild disease and blood urea nitrogen and creatinine are usually elevated. Elevated hepatic enzymes and a mild to moderate thrombocytopenia frequently occurs. Definitive diagnosis may be made by cultivation of the organism from the blood or urine (growth may take 30 or more days) or by either darkfield examination of urine or serology.

*Treatment* - A variety of antibiotics are useful in treatment including penicillin G, erythromycin, and doxycycline. While antibiotic therapy is effective at eliminating the organism, the lesions and tissue damage may require additional supportive treatment.

*Prevention* - Exclusion of infected animals from laboratory environments and vaccination of animals is the primary method of prevention. Appropriate laboratory clothing and protective equipment, especially gloves, minimizes exposure.

## **Campylobacteriosis**

*Host Range* - A wide variety of animals are susceptible to infection with members of the genus *Campylobacter* and the organism has been recognized as a leading cause of diarrhea in humans. Distribution is worldwide.

*Transmission* - Transmission is fecal-oral. The organism is shed in the feces of infected animals and may be shed for prolonged periods following recovery from clinical disease. Younger animals are more likely to shed organisms than older animals.

*Clinical Signs* - The incubation period averages between 3 and 5 days with a range of 1 - 10 days. The disease in humans is usually self-limiting and brief with a gastrointestinal illness characterized by watery diarrhea often with blood, mucus, and leukocytes. Abdominal cramps, nausea, vomiting, and fever are not unusual. Systemic disease and other complications are rare. Diagnosis requires cultivation of the organism from the feces.

*Treatment* - Supportive fluid therapy is recommended with antibiotics only used in severe cases or those with immunosuppressive conditions. Erythromycin and ciprofloxacin are effective.

*Prevention* - Proper laboratory clothing and protective equipment should reduce to potential exposure to infective fecal materials. Proper personal hygiene is essential.

## **Salmonellosis**

*Host Range* - Salmonellosis is distributed worldwide in a wide variety of animal species. While laboratory rodents are usually free of the disease, the potential for exposure through contaminated food and bedding sources remains. Wild rodents, amphibians, reptiles, avians, nonhuman primates, and dogs represent potential sources of zoonotic salmonellosis.

*Transmission* - Transmission is fecal-oral.

*Clinical Signs* - Salmonellosis is characterized by fever, abdominal pain and an acute enterocolitis with a watery diarrhea that often contains blood, mucus, and leukocytes. The incubation period is short, usually 8 - 48 hours, and the disease generally resolves within 5 days of onset although some patients may maintain diarrhea for as long as 2 weeks. Systemic spread of the disease is not typical but may occur with focal infections localized in nearly any body organ with resulting clinical disease. Definitive diagnosis requires isolation and culture of the organism from feces.

*Treatment* - The primary emphasis of treatment is on fluid and electrolyte replacement and balance. A variety of antibiotics can be used in cases where systemic spread of the bacteria occurs but the choices must be based upon culture and sensitivity tests since antibiotic resistance is common. Antibiotics are not recommended for uncomplicated enteric salmonellosis.

*Prevention* - Protective clothing and equipment, personal hygiene, and sanitation are the primary means of prevention in the laboratory environment.

## **Shigellosis**

*Host Range* - Shigellosis is a primate pathogen and nonhuman primates are the only animals that can transmit the disease to man in any but unusual circumstances.

*Transmission* - Transmission is fecal-oral.

*Clinical Signs* - The incubation period is 24 - 72 hours and the disease begins abruptly with an acute diarrhea accompanied by fever, nausea, and occasionally vomiting. The diarrhea is initially watery containing blood, mucus, and numerous leukocytes. In contrast to salmonellosis, systemic invasion is very rare. Definitive diagnosis requires cultivation of the organism.

*Treatment* - Supportive care with fluid and electrolyte replacement.

*Prevention* - Protective clothing and equipment, personal hygiene, and sanitation are the primary means of prevention in the laboratory environment.

## **Toxoplasmosis**

*Host Range* - The coccidian parasite, *Toxoplasma gondii*, is distributed worldwide in a wide variety of animals. Only domestic and wild felines, however, can serve as the definitive host and pass infective oocysts in their feces.

*Transmission* - The primary method of transmission is via ingestion of infectious oocysts from sources contaminated with feline feces. Ingestion of undercooked or uncooked meat from a variety of animals may also transmit the disease.

*Clinical Signs* - Toxoplasmosis is generally an asymptomatic or mild infection with flu-like symptoms including fever, myalgia, lymphadenopathy, and hepatitis. In pregnant women, however, the disease can have severe effects on the fetus ranging from death to delayed manifestations of infection following parturition. Primary infections in immunosuppressed humans can result in a maculopapular rash, pneumonia, skeletal myopathy, myocarditis, encephalitis, and death. Diagnosis is generally via serology.

*Treatment* - Pyrimethamine and sulfonamides are active against the tachyzoite forms while only the antimalarial agent atovaquone and the azalide azithromycin have activity against the tachyzoite and the tissue cysts.

*Prevention* - Protective clothing, protective equipment, sanitation, and personal hygiene are all important in minimizing exposure to the infective oocyst. Pregnant women without evidence of a toxoplasma titer and immunosuppressed personnel should be excluded from working with potentially infected cats whenever possible.

### **Dermatomycosis (Ring-Worm)**

*Host Range* - Dermatophytes have a worldwide distribution although geographical concentrations of certain dermatophytes may occur. *Microsporium canis* is most prevalent in dogs, cats, and nonhuman primates and human infections are most likely associated with these species. *Trichophyton mentagrophytes* is more commonly associated with rodents and rabbits and human infections are generally related to these animals.

*Transmission* - Either via direct contact with the infected animal or via contact with contaminated equipment or materials. Dermatophyte spores are widely distributed and persistent in the environment.

*Clinical Signs* - Humans usually develop a solitary nodule on the hand or extremity. Ulceration and drainage of the lesions can occur. Deep visceral infections are rare.

*Treatment* - A number of antifungal drugs are available for treatment which may consist of topical treatment, systemic treatment (primarily peroral), or a combination of both. Griseofulvin, ketoconazole, fluconazole, and itraconazole may all be used. Amphotericin B is generally reserved for parenteral treatment of systemic mycosis.

*Prevention* - Protective clothing and equipment, personal hygiene, and sanitation are the primary means of prevention in the laboratory environment. Disinfection is the most effective means of prevention.