

## **PATHOGEN SAFETY DATA SHEET**

## Streptococcus pneumoniae

CHARACTERISTICS	
Morphology	Aerotolerant, gram positive diplococci, lancet-shaped, occur in pairs, or short, tight chains.
Disease	Pneumonia, otitis media, meningitis.
Zoonosis	Possible, by bite wound or exposure to infected animals.

HEALTH HAZARDS	
Host Range	Humans and Animals.
	Direct contact with aerosol droplets. Direct oral and
Modes of	mucous membrane contact. Indirectly through articles
Transmission	freshly soiled with respiratory discharges.
	Shaking chills, chest pain, dyspnea, fever, productive
Signs and	cough, and sinusitis. Can cause middle ear infections.
Symptoms	Can progress to pneumonia, bacteremia, meningitis.
Infectious Dose	Unknown
Incubation Period	Generally 1-3 days

MEDICAL PRECAUTIONS/TREATMENT	
	Pneumococcal conjugate vaccine (PCV7) and
Prophylaxis	pneumococcal polysaccharide vaccine (PPV23)
	Pneumococcal conjugate vaccine (PCV13) and
	pneumococcal polysaccharide vaccine (PPV23).
	Vaccination is recommended for all children under 5
	years of age, all adults over 65 years of age, and high
	risk individuals of any age, including individuals with
	underlying medical conditions such as HIV or sickle-cell
Vaccines	disease.
	Variable susceptibility to: penicillin, tetracycline,
	cefotaxime, levofloxacin, erythromycin, and
	flouroquinolines, moxifloxacin and gatifloxacin,
Treatment	telithromycin, vancomycin, linezolid.
Surveillance	Monitor for symptoms of infection.
MSU Requirements	Report any exposures

LABORATORY HAZARDS	
Laboratory	
Acquired Infections	
(LAIs)	78 documented cases since 1999
	Sputum, blood, respiratory secretions, throat swabs,
	parenteral inoculation. Cultures, frozen stocks, other
Sources	samples described in IBC protocol.

SUPPLEMENTAL REFERENCES	
	http://www.phac-aspc.gc.ca/lab-bio/res/psds-
Canadian MSDS:	ftss/index-eng.php
BMBL	https://www.cdc.gov/labs/BMBL.html
	https://www.cdc.gov/pneumococcal/clinicians/streptoc
CDC	occus-pneumoniae.html
	https://osp.od.nih.gov/wp-
NIH Guidelines	content/uploads/NIH Guidelines.pdf

RISK GROUP & CONTAINMENT REQUIREMENTS	
	Agents that are associated with human disease
	which is rarely serious and for which preventive or
Risk Group 2	therapeutic interventions are often available.
	For all procedures involving suspected or known
BSL2	infectious specimen or cultures.
ABSL2	For all procedures utilizing infected animals.

SPILL PROCEDURES	
	Notify others working in the lab. Remove PPE and don new PPE. Cover area of the spill with absorbent material and add fresh 1:10 bleach:water. Allow 20 minutes (or as directed) of contact time. After 20
Small	minutes, cleanup and dispose of materials.
	<ul> <li>Immediately notify all personnel in the lab and clear all personnel from the area. Remove any contaminated PPE/clothing and leave the lab.</li> <li>Secure the area by locking doors, posting signage and guarding the area to keep people out of the space.</li> </ul>
	For assistance, contact MSU's Biosafety Officer (406-994-6733) or Safety and Risk Management (406-994-
Large	2711).

EXPOSURE PROCEDURES	
	Flush eyes, mouth, or nose for 5 minutes at eyewash
Mucous membrane	station.
Other Exposures	Wash area with soap and water for 5 minutes.
	Immediately report incident to supervisor, complete
	a <u>First Report of Injury</u> form, and submit to Safety
Reporting	and Risk Management.
	During business hours:
	Bridger Occupational Health 3406 Laramie Drive
	Weekdays 8am -6pm. Weekends 9am-5pm
	After business hours:
	Bozeman Deaconess Hospital Emergency Room
Medical Follow-up	915 Highland Blvd

VIABILITY	
	Susceptible to 1:10 bleach:water, 70 % ethanol and
Disinfection	2 % gluteraldehyde
	Inactivated by moist heat (15 minutes at 121° C) and
Inactivation	dry heat (1 hour at 160-170° C).
	Mouse carcasses – 180 to 270 days, sputum at room
	temperature survives 7 days, and gauze survives 2 to
Survival Outside Host	15 days.

PERSONAL PROTECTIVE EQUIPMENT (PPE)	
Minimum PPE Requirements	Lab coat, disposable gloves, safety glasses, closed toed shoes, long pants
Additional Precautions	Additional PPE may be required depending on lab specific SOPs and IBC Protocol.