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| **CHARACTERISTICS** |
| Morphology | Anaerobic, gram-negative bacilli, non-sporulating bacteria. Cells are slender with tapered ends or pleomorphism. |
| Disease | Pharyngotonsillitis, peritonsillar abscesses, Lemierre Disease, sepsis, metastastic abscesses in lungs, liver,joints and pleural spaces, intra-abdominal and pulmonary infections. Most prevalent species implicated in adverse pregnancy outcomes. |
| Zoonosis | Yes, through animal bites or handling infected animals with opens wounds/sores. |

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| **HEALTH HAZARDS** |
| Host Range | Humans and animals. |
| Modes of Transmission | Contact with mucous membranes, penetration through skin, transfer of bodily fluids, ingestion. |
| Signs and Symptoms | Redness, swelling, pain, fever. |
| Infectious Dose | Unknown. |
| Incubation Period | Unknown. |

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| **MEDICAL PRECAUTIONS/TREATMENT** |
| Prophylaxis | None. |
| Vaccines | None. |
| Treatment | Surgical drainage and/or treatment with appropriate antibiotics. If infection is discovered to be caused by F. nucleatum or F. necrophorum, treatment should be started promptly as these two species have been linked to deaths as a result of severe cases of Lemierre’s disease. |
| Surveillance | Monitor for symptoms. |
| MSU Requirements | Report any exposures. |

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| **LABORATORY HAZARDS** |
| Laboratory Acquired Infections (LAIs)  | Cases have been reported. |
| Sources | Feces, necrotic tissues, respiratory tract tissues, urogenital specimens, gut contents, litter, and soil. Cultures, frozen stocks, other samples described in IBC protocol. |

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

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| **VIABILITY** |
| Disinfection | Susceptible to 1:10 bleach:water, 70 % ethanol |
| Inactivation | Inactivated by moist heat (60 minutes at 121oC) and dry heat (1 hour at 160-170oC) |
| Survival Outside Host | Persists in soil for up to 18 weeks; survives in fecal slurry up to 24 hours. |

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| **SUPPLEMENTAL REFERENCES** |
| BMBL | <https://www.cdc.gov/labs/BMBL.html>  |
| NIH Guidelines | <https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.pdf>  |
| Canada PSDS | <https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment/fusobacterium.html> |

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| **SPILL PROCEDURES** |
| Small | 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 minutes, cleanup and dispose of materials. |
| Large | * Immediately notify all personnel in the lab and clear all personnel from the area. Remove any contaminated PPE/clothing and leave the lab.
* Secure the area by locking doors, posting signage and guarding the area to keep people out of the space.

For assistance, contact MSU's Biosafety Officer (406-994-6733) or Safety and Risk Management (406-994-2711). |

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| **EXPOSURE PROCEDURES** |
| Mucous membrane | Flush eyes, mouth, or nose for 5 minutes at eyewash station. |
| Other Exposures | Wash area with soap and water for 5 minutes. |
| Reporting | Immediately report incident to supervisor, complete a [First Report of Injury](https://firstreportinjury.mus.edu/) form, and submit to Safety and Risk Management. |
| Medical Follow-up | **During business hours:**Bridger Occupational Health 3400 Laramie Drive Weekdays 8am -6pm. Weekends 9am-5pm406-577-7674**After business hours:**Bozeman Deaconess Hospital Emergency Room915 Highland Blvd |

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| **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. |