The Center for Labo(C)n4BTm(3Tj4Tqq4BBB(SM63(a)8( )To2-5F (Si.42m1.79142)8 Si.42Tm(i
Laboratory Animal Medicine and Care (CLAMC) or other research facilities or laborato
Houston.

II. Scope

This policy applies to all designated visitors, students, faculty, and staff who work at UTHealth Houston or University managed facilities. Enrollment in the occupational health program is available and encouraged 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. Each identified individual is required to complete an acknowledgement of the program and is strongly encouraged to enroll. Once enrolled, participation in the program is strongly encouraged for a9 (y)]TJ0 Tc 0 Tw 23.(i)-8.9 (pat)-9 (t)-1TJ0 Tc 0 T5J0 Tc

III. Definitions

AAALAC -International (AAALAC) -

Animal Welfare Committee (AWC) is responsible for:

	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 or T-SPOT	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

XII. Radiological Hazards

Non-Ionizing Radiation –

CLAMC Risk Group 2 Risk Assessment

(Applies to individuals with exposure to rabbits and rodents, and biological materials)

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 University? (Preparedness)	Risk Score
	High	Med	Low	None	Life Threatening	Permanent Harm		

Appendix C - Zoonoses

Note: This is list is intended to provide reference information for zoonoses applicable to a number of species, including those that are not currently housed at UTHealth Houston

Macacine 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.

Macacine 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 chlorhexidine scrub as recommended for antisepsis.

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 in uncommon and progression to a systemic disease is rare.

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 and 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.

Clinical Signs -

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. *Microsporum 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