

Bench Guide for Hazardous Pathogens

Nebraska Public Health Laboratory 24/7 Emergency Pager 402-888-5588

updated: December 2013

Warnings



- All specimens received in a biosafety level (BSL) 2 or higher facility are to be processed in a biological safety cabinet (Class II Type A BSC, at a minimum) to adhere to safe BSL2 practices. If a BSC is unavailable in the laboratory, employ an effective splash shield and continue to follow universal precautions. Additional precautions may be necessary if warranted by site-specific risk assessments.
- "Sniffing" of plates is dangerous and should NOT be done. A strong distinctive odor will be apparent without sniffing.
- Wet prep for motility and slide catalase are discouraged, as potential exposure to dangerous pathogens is great. Tube motility and tube catalase are stongly recommended.
- Select Agents are infectious substances that have been determined to have the potential to pose a severe threat to humans. The Category A classification contains both select agents and non-select agents. Shiga-toxin positive E.coli is an example of a Category A non-select agent organism. Additional precautions such as respiratory protection should be added when suspecting a select agent.
- References: Biosafety in Microbiology and Biomedical Laboratories; http://www.cdc.gov/biosafety/publications/bmbl5/BMBL5_ introduction.pdf. Guidelines for Safe Work Practices in Human and Animal Medical Diagnostic Laboratories, MMWR/January 6, 2012/Vol.61.

Warnings

Prevent Laboratory Acquired Infections (LAI)

Safety requirements when working with culture plates at an open bench:

- Wear appropriate PPE
- Wash hands frequently
- Keep hands away from nose, mouth and eyes
- Cover cuts and hangnails with adhesive bandages
- Do NOT use personal items in lab (cell phones, lip balm, etc.)
- Immediately seal any plate with mold or fungus
- Never sniff plates!
- Use aerosol-tight rotors for all centrifugations open rotor with in BSC

• Watch for trigger points!

- Work up all Gram negative diplococci and coccobacilli seen in original Gram stain of sterile sites in biosafety cabinet (despite likelihood of *Haemophilus influenzae*)
- Work up all slow growing organisms in biosafety cabinet, especially if no growth or poor growth on MAC. DO NOT USE these organisms on AUTOMATED systems because of lack of accuracy and danger of aerosols
- Cultures growing suspicious organisms should be manipulated only in the biosafety cabinet use class II biosafety cabinet with BSL-3 precautions including respiratory protection

Laboratory Acquired Infections

Trigger Points

A trigger point is a recognized combination of diagnostic findings used to determine when to heighten precautions for handling a specimen or culture.

Trigger points are indicators of possible high-risk pathogens that may require manipulation in a biosafety cabinet (BSC):

- Patient history of travel, hunting, farming, immigration
- Growth from sterile sites Blood, CSF, Body Fluid
- Gram stain of clinical specimen:
 - ➡ Sterile site with Gram negative diplococci or coccobacilli
 - ➡ Large Gram positive rods
 - → Many WBC, no organisms seen
- Poor growth after 48-72 hours incubation
- Growth only on chocolate or better growth on chocolate compared to SBA
- Growth of Gram negative rod (GNR) or coccobacilli (GNCB) on SBA/Choc with no or poor growth on MacConkey
- Any culture with mold
- Rapid growth of flat, nonhemolytic, irregular colonies with comma projections and ground-glass appearance; Gram stain shows large Gram positive rods, may decolorize.
- GNR with Bipolar staining (safety pin shape) in Gram stain
- GNR with "Fried Egg" or "Hammered Copper" appearance in older cultures

Trigger Points

HAZARDOUS PATHOGENS WORKUP TABLE

Select Agents

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	Growth				
Gram Stain Morphology	Sheep Blood Agar	Chocolate	MAC	Rule out	
Gram Positive Rods					
 Large Gram positive rods (1-1.5 µm x 3-5µm), may be in chains Capsule may be seen as a clear area around the rod in direct clinical specimen Gram stain of culture may show subterminal or centralized spores with no significant swelling of the cell May be easily decolorized 	 Good growth at 15-24 hr, growth may be observed as early as 8 hr 2-8 mm flat or slightly convex colonies with irregular edges Ground glass appearance May have comma shape projections (Medusa head) No or very little hemolysis Tenacious – stands up like beaten egg white 	See SBA	No Growth	Bacillus anthracis	
Gram Negative Rods					
 Gram negative slender rod (0.8 x 2-5 μm) small, straight or slightly curved May demonstrate bipolar (safety pin) morphology. 	 Poor growth at 24 hr Smooth, white, nonpigmented colonies at 48 hr May become dry, wrinkled colonies Growth at 42°C 	See SBA	 Growth at 24-48 hr May appear wrinkled at 24-72 hr Varied Morphology 	Burkholderia pseudomallei	
 Gram negative plump rod (0.5-0.8 x 1-3 μm) Single, short chains in broth Bipolar stain (safety pin) may occasionally be seen 	 Pinpoint growth at 24 hr Gray-white to opaque, nonhemolytic colonies at 48 hr May have a "fried egg"appearance after 48-72 hr Growth at room temperature (25°C) 	See SBA	Small non-lactose fermenting colonies at 48 hr	Yersinia pestis	

WORK UP ALL SLOW GROWING, GRAM NEGATIVE ORGANISMS IN A CLASS II BSC

Summary 1

HAZARDOUS PATHOGENS WORKUP TABLE

Select Agents

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	Gro			
Gram Stain Morphology	Sheep Blood Agar	Chocolate	MAC	Rule out
Gram Negative Coccobacilli or Small	Gram Negative Rods			
 Tiny, pleomorphic, poorly stained Gram negative coccobacillus (0.2x0.2-0.7 μm) Mostly single cells 	 May initially grow on SBA if cultured from nutrient rich specimen (blood culture) Usually no growth upon subculture - requires cysteine supplementation 	 Slow growth at ≤48 hr Gray-white, opaque, shiny or wet colonies 	No growth	Francisella tularensis
 Small Gram negative coccobacillus (0.5x0.6-1.5 µm), faintly staining May be slow to decolorize, can appear as Gram positive cocci 	 Slow/no growth at 24 hr Smooth, convex, nonpigmented, nonhemolytic at 48 hr 	See SBA	No growth	Brucella
 Straight or slightly curved small Gram negative rods or coccobacilli (0.5 x 1.5-3 μm) May have rounded ends or wavy sides May be in parallel bundles 	 Slow/no growth at 24 hr Smooth/gray, translucent colonies at 48 hr No growth at 42°C in 48 hr 	See SBA	• Poor growth or no growth on MAC	Burkholderia mallei

WORK UP ALL SLOW GROWING, GRAM NEGATIVE ORGANISMS IN A CLASS II BSC

HAZARDOUS PATHOGENS WORKUP TABLE

Non-Select Agents

	Grov				
Gram Stain Morphology	Sheep Blood Agar	Chocolate	MAC	Rule out	
Gram Negative Diplococci					
 Gram negative cocci in singles or pairs (1-2 μm) 	 Smooth, entire edges about 1mm diameter at 18 hr 	(See SBA)	No growth	N. meningitidis	
 Possibly intracellular in PMN's 	 Gray, convex, glistening, occasionally mucoid 				
	 Blood agar beneath colony may dis- play gray/green color 				
Mycobacteria			•	•	
 Faint staining "ghost-like" beaded Gram positive bacilli Diffcult to stain due to high lipid content Acid fast staining required (carbol fuchsin and fluorochrome stains) Slender, slightly curved or straight, rod-shaped organisms (0.2-0.6 x 1-10 µm) 	 Rapid growing Mycobacteria sp. appear as tiny, dry or "chalky" colonies within 3-5 days; branching filaments may be present on periphery of colonies Other clinically significantly Myco- bacteria (TB complex) require 2-6 wk incubation on complex media (such as Lowinstein-Jensen) or automated broth system 	(See SBA)	• No growth except for <i>M. fortuitum</i> or <i>M. Chelonae</i>	 Rapid growing Mycobacteria M. tuberculosis- bovis complex 	

WORK UP ALL SLOW GROWING ORGANISMS IN A CLASS II BSC

Summary 3

GRAM POSITIVE BACILLI

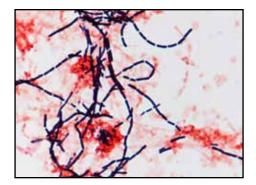
- Encountered in blood, skin lesion, sputum, CSF, rarely stool
- Large; single or in chains; seen in direct smear; may be easily decolorized
- Usually spores not seen in patient specimen; may be seen after extended growth in vitro
- Capsule may be seen from a direct patient specimen but not seen from culture



Bacillus anthracis, Gram stain. Direct smear from blood, 1000x (NPHL)



Bacillus anthracis, Gram stain. Direct smear from lung, 1000x (CDC)



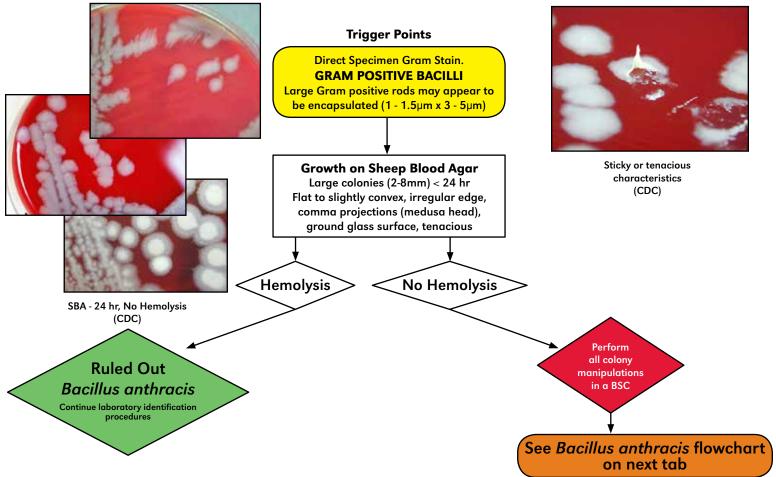
Bacillus anthracis, Gram stain. Direct smear from blood, 1000x (NPHL)

REFER TO Bacillus anthracis Tab 1

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Gram Positive Bacilli

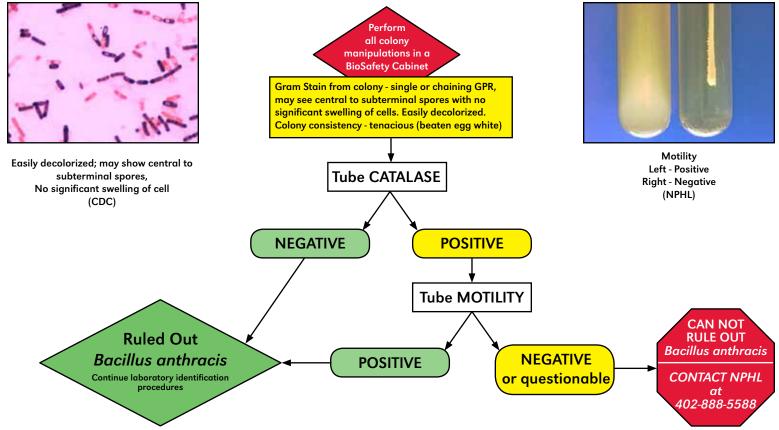
Bacillus anthracis Tab 1



Bacillus anthracis Tab 1

Bacillus anthracis Tab 2

Wet prep Motility, India Ink and Slide Catalase NOT RECOMMENDED



Bacillus anthracis Tab 2

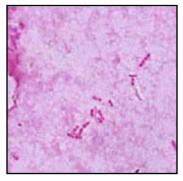
GRAM NEGATIVE ROD

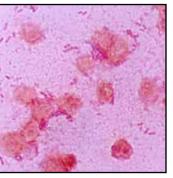
Burkholderia pseudomallei

- Cause of melioidosis, presents as pneumonia and systicemia systemic with wide-spread abscesses in lungs, liver, spleen and kidney
- Encountered in bone marrow or blood, tissue, urine or respiratory specimens
- Small, straight or slightly curved Gram negative rods
- May demonstrate bipolar staining, resembling safety pins, however this is not relied upon for a presumptive clinical diagnosis

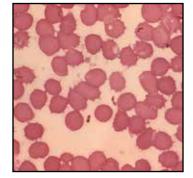
Yersina pestis

- Cause of plague, presents as bubonic, septicemic or pneumonic; sudden onset of fever, weakness, painful swollen lymphnodes; extremities turn black. Transmitted by flea bite
- Encountered in blood, lymph node aspirate, respiratory tract
- Medium-sized; plump; mostly single cells, short chains in broth
- Stains well; bipolar "safety pin" stain may occasionally be seen with Wright or Giemsa stain, however, this is not reliable; hard to see on Gram stain





B. pseudomallei Gram stain, 1000x (ASM)



Yersinia pestis, Gram stain, 1000x Yersinia pestis, Wright stain, Bipolar staining, 1000x

Note: Bipolar staining reported with other enteric bacteria, e.g., Pasteurella spp, Enteric GNR, other Yersinia spp.

REFER TO Burkholderia pseudomallei Tab

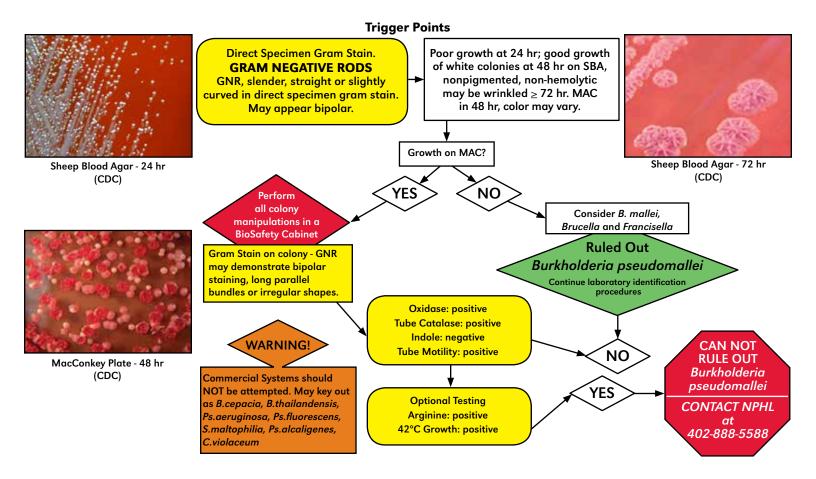
REFER TO Yersinia pestis Tab

(CDC)

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Gram Negative Rod

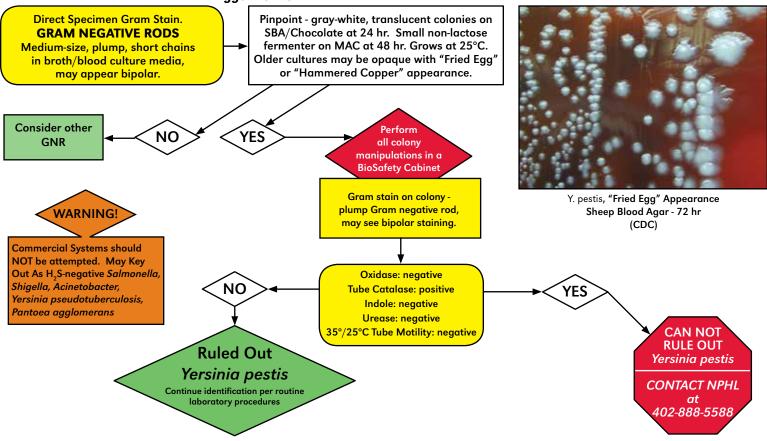
Burkholderia pseudomallei



Burkholderia pseudomallei

Yersinia pestis



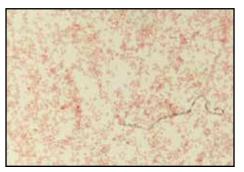


Yersinia pestis

GRAM NEGATIVE COCCOBACILLI

Francisella tularensis

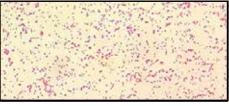
- Cause of tularemia, multiple presentations, sudden onset, persists for weeks if not treated
- Encountered in blood, CSF, lymph node, respiratory, abscess/wound, tissue
- Very tiny GNCB, weakly staining, difficult to see individual cells
- Interpretation very difficult due to minute size, often reported as NOS



Francisella tularensis Gram stain 1000x (NPHL)

Brucella spp.

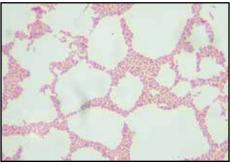
- Cause of brucellosis, presentation is non-specific and systemic, with fever, sweats, fatigue, muscle weakness, weight loss, can become chronic
- Encountered in blood, lymph node, bone marrow, liver or spleen, joint fluid, abscess
- Small GNCB, faint but discrete cells will be evident in direct smear
- May retain crystal violet stain, can be mistaken for Gram positive cocci
- 10 days sufficient incubation time in automated blood culture system; 21 days for manual



Brucella spp Gram stain 1000x (CDC)

Burkholderia mallei

- Cause of glanders, presents as cutaneous with lymphadenitis or systemic, manifesting as pneumonia or lesions in spleen and liver, often fatal if not treated
- Encountered in bone marrow or blood, respiratory, tissue, abscess/wound specimens or urine
- Faintly staining Gram negative, straight or slightly curved rod with rounded ends or coccobacilli
- May be arranged in pairs end-to-end, in parallel bundles



Burkholderia mallei Gram stain 1000x (CDC)

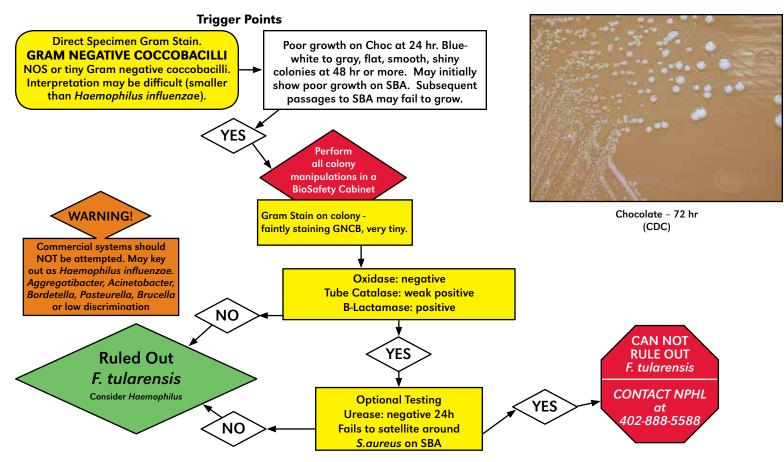
REFER TO Francisella tularensis, Brucella spp or Burkholderia mallei Tab

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Gram Negative Coccobacilli

Francisella tularensis

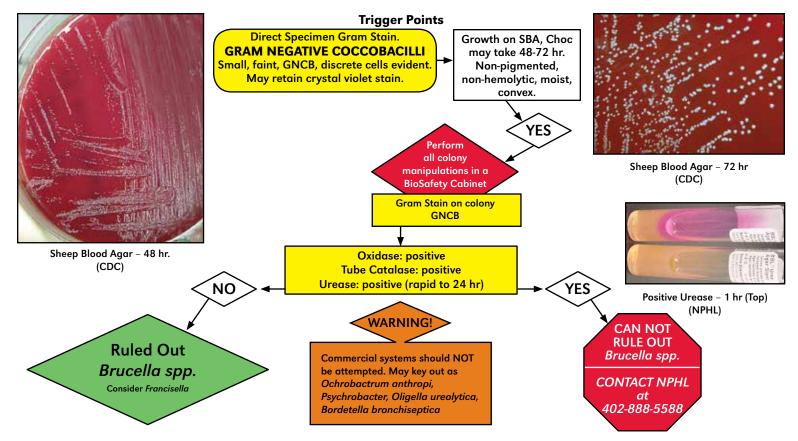
Note: Tularemia is a common laboratory acquired infection; all work on suspect cultures should be performed under BSL2 conditions



Francisella tularensis

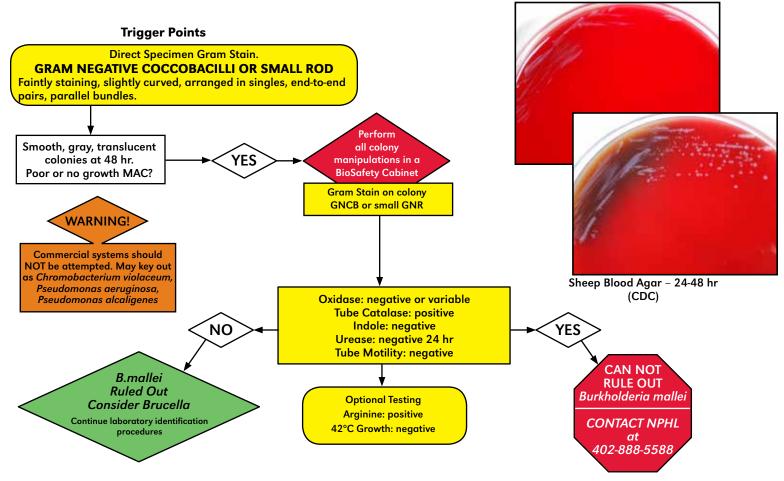
Brucella spp.

Note: Brucellosis is a common laboratory acquired infection; all work on suspect cultures should be performed under BSL2 conditions.



Brucella spp.

Burkholderia mallei



Burkholderia mallei

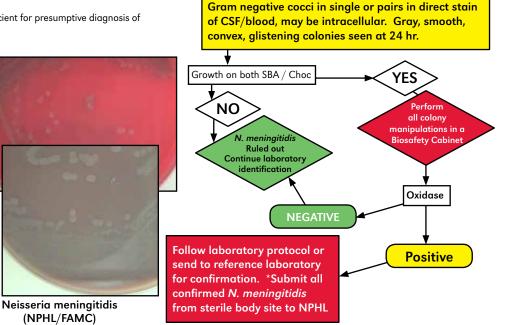
GRAM NEGATIVE DIPLOCOCCI

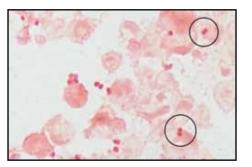
Neisseria meningitidis

- Cause of Invasive meningococcal disease (IMD) presents as meningitis or acute sepsis, with
 petechial lesions which coalesce. Mortality 30% with meningococcal septic shock. Complications
 include arthritis, pericarditis, pneumonia.
- Encountered in CSF, blood, joint aspirates, biopsy. Organism can be carried in pharyngeal area
- Gram negative diplococci seen in direct Gram stain can be intracellular in PMN's. May resist decolorization.
- Positive direct smears for gram negative diplococci is sufficient for presumptive diagnosis of meningococcal meningitis.

Note: meningococcemia can be a common laboratory acquired infection (LAI); all work on suspect culture should be performed under BSL2 conditions with BSL3 practices.

Trigger Points





Neisseria meningitidis Gram stain, 1000x (NPHL/FAMC)

Gram Negative Diplococci

SPOT TESTS OF HAZARDOUS ORGANISMS (adapted from CDC)

	Gram Stain Morphology	Growth							ω	
Organism		SBA	Choc	MAC	Motility	Oxidase	Catalase	Indole	Urease	Beta - Lactamase
Bacillus anthracis	GPR	+	+	_	_	NA	+	NA	NA	
Yersinia pestis	GNR	+	+	+	_	Ι	+		_	
Burkholderia pseudomallei	GNR	+	+	+	+	+	+	_	V	
Burkholderia mallei	GNCB	+	+	V	_	V	+		V	
Francisella tularensis	GNCB	_v	+	_	NA	Ι	Weak +	Ι	_	+
Brucella spp.	GNCB	+	+	V	NA	+	+	Ι	+	
Neisseria meningitidis	GNDC	+	+	_	NA	+	NA	NA	NA	

+ positive; — negative; +V most species/strains positive; —V most species/strains negative; V variable SBA Sheep Blood Agar; Choc = Chocolate Agar; MAC = MacConkey

Key Tests

BIOSAFETY & MOST COMMONLY ENCOUNTERED HAZARDOUS PATHOGENS (adapted from CDC and ASM)

Biosaf		ty Level		Recommended Precautions		
Organism	Specimen Handling	nen Culture Specimen Exposure/Risk for Sentine		Laboratories		
Bacillus anthracis	2	3	Blood, skin lesion exudates, CSF, pleural fluid, sputum; rarely urine & feces.	BSL2: Activities involving clinical material collection & diagnostic quantities of infectious cultures.	BSL3: Activities with high potential for aerosol or droplet production.	
Brucella spp.	2	3	Blood, bone marrow, CSF, tissue, semen, occasionally urine.	BSL2: Activities limited to collection, transport & plating of clinical material.	BSL3: <u>All</u> activities involving manipulations of cultures.	
Burkholderia mallei & pseudomallei	2	3	Blood, sputum, CSF, tissue, abscesses, and urine	BSL2: Activities limited to collection, transport & plating of clinical material.	BSL3: <u>All</u> activities involving manipulations of cultures.	
Francisella tularensis	2	3	Skin lesion exudates, respiratory secretions, CSF, blood, urine, tissues from infected animals & fluids from infected arthropods.	BSL2: Activities limited to collection, transport & plating of clinical material.	BSL3: <u>All</u> activities involving manipulations of cultures.	
Yersinia pestis	2	3	Bubo fluid, blood, sputum, CSF, feces, urine.	BSL2: Activities involving clinical material collection & diagnostic quantities of infectious cultures.	BSL3: Activities with high potential for aerosol or droplet production.	

Biosafety

RESOURCES

Packaging and shipping requirements must be met for all samples and are the responsibility of the shipper. Shipping materials can be obtained by calling NPHL at (402) 559-3590. Shipping instructions can be found www.nphl.org

BT preparedness information can be found on the CDC website www.bt.cdc.gov ASM - http://www.asm.org/index.php/issues/sentinel-laboratory-guidelines

Biosafety in Microbiological and Biomedical Laboratories (BMBL); DHHS/CDC – 5th Edition, Revised 2009

Guidelines for Safe Work Practices in Human and Animal Medical Diagnostic Laboratories - MMWR, supplement/Vol 61, January 6, 2012

Manual of Clinical Microbiology, 10th Edition, Versalovic, J; ASM Press

Cyber Infrastructure Group at Virginia Bioinformatics Institute Train the Trainer: Laboratory Preparedness for the Sentry Laboratory, NLTN, 2012

Special thanks to the Wisconsin State Laboratory of Hygiene for letting us use their idea for this Bench Guide. Updated by NPHL, 2013