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| **CHARACTERISTICS** |
| Morphology | Facultative anaerobic cocobacillus, gram-positive, rod-shaped or elliptical bacteria found as individual elements, in pairs or short chains. |
| Disease | Bacterial vaginosis (BV) is the most common vaginal infection in the world, with A. vaginae detected in 75% of women with BV. About 50% of patients with bacterial vaginosis are asymptomatic. |
| Zoonosis | None reported. |

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| **HEALTH HAZARDS** |
| Host Range | Humans. |
| Modes of Transmission | Sexual contact and cervical and vaginal discharge.  |
| Signs and Symptoms | The clinical manifestations are variable: increase in vaginal discharge of grayish or whitish color, milky consistency, fishy smell vaginal burning, dysuria and dyspareunia. Itching sensation, burning, pain is also reported, which can be confused with other causes of vaginitis. Usually there are no signs of inflammation and the cervix is normal. |
| Infectious Dose | Unknown. |
| Incubation Period | Unknown.  |

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| **MEDICAL PRECAUTIONS/TREATMENT** |
| Prophylaxis | Unknown. |
| Vaccines | None available. |
| Treatment | Clindamycin and metronidazole |
| Surveillance | Monitor for symptoms. Diagnosis can be confirmed by microbial culture and PCR. |
| MSU Requirements | Report any exposures. |

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| **LABORATORY HAZARDS** |
| Laboratory Acquired Infections (LAIs)  | None have been reported. |
| Sources | Vaginal discharge fluid. 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 | 0.5% sodium hypochlorite (1:10 bleach:water), 70% ethanol  |
| Inactivation | moist heat (15 minutes at 121oC) and dry heat (1 hour at 160-170oC). |
| Survival Outside Host | Unknown. |

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| **SUPPLEMENTAL REFERENCES** |
| BMBL | <https://www.cdc.gov/labs/BMBL.html>  |
| CDC | https://www.cdc.gov/std/treatment-guidelines/bv.htm |
| NIH Guidelines | <https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.pdf>  |

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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. |