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| **CHARACTERISTICS** | |
| Morphology | Fungi. Dark brown to black ascomata with setae, or pink salmon to dark brown colonies producing phialidic conidiogenous cells. |
| Disease | In humans, only a few cases of ocular C. mutabilis infections have been reported. It has been described to be a causative agent of human peritonitis, endocarditis, endophthalitis, and keratitis. |
| Zoonosis | Possibly. The case of ocular infection first presented in domestic fowl (chicken with ocular infection). |

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| **HEALTH HAZARDS** | |
| Host Range | Humans, wood, water, soil, possible animals. |
| Modes of Transmission | Unknown. Acknowledging unusual modes of transmission may help bring this differential diagnosis into consideration. |
| Signs and Symptoms | For the eye infection case, corneal ulcer following a week of increasing eye pain. Another human sample was derived from pus from a mass over an ankle. |
| Infectious Dose | Unknown. |
| Incubation Period | Unknown. For the eye infection case, two weeks. |

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| **MEDICAL PRECAUTIONS/TREATMENT** | |
| Prophylaxis | None available. |
| Vaccines | None available. |
| Treatment | A course of oral, topical, intrastromal, and intracameral antifungals. Amphotericin B. |
| Surveillance | Monitor for symptoms. |
| MSU Requirements | Report any exposures. |

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| **LABORATORY HAZARDS** | |
| Laboratory Acquired Infections (LAIs) | None have been reported. |
| Sources | 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 plus cleaning of killed spores, 70 % ethanol |
| Inactivation | Inactivated by 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/fungal/features/fungal-infections.html |
| 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-5pm  406-577-7674  **After business hours:**  Bozeman Deaconess Hospital Emergency Room  915 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. |