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| **CHARACTERISTICS** |
| Morphology | intracellular gram negative pleomorphic bacterium, 0.2 to 0.3 µm in diameter, produce colonies with a "fried eggs". |
| Disease | Immunocompromised patients and patients with agammaglobulinemia or who are receiving immunosuppressive drugs are particularly at risk. M. hominis does not usually persist in children after birth, but 17% of prepubescent girls are infected with this bacterium. |
| Zoonosis | None reported. |

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| **HEALTH HAZARDS** |
| Host Range | Humans and non-human primates. |
| Modes of Transmission | Sexual contact and cervical and vaginal contact during birth.  |
| Signs and Symptoms | Neonatal infections, including conjunctivis, respiratory distress, fever, meningitis, abscesses, and congenital pneumonia, which occurs a few hours after birth. In adults, M. hominis may be implicated in pharyngitis, septicaemia, lung infections, central nervous system infections, other respiratory tract infections, joint infection, and wound infections. |
| Infectious Dose | Unknown. |
| Incubation Period | Unknown.  |

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| **MEDICAL PRECAUTIONS/TREATMENT** |
| Prophylaxis | Clindamycin may be given early in pregnancy for infected women. |
| Vaccines | None available. |
| Treatment | tetracycline, clindamycin, and quinolone |
| 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 | Body fluid, swabs, and uro-genital tract tissues. 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 | Phenolic disinfectants, 1% sodium hypochlorite, 70% ethanol, formaldehyde, glutaraldehyde, iodophore, and peracedic acid |
| Inactivation | Inactivated by UV, microwave, gamma radiation, moist heat (15 minutes at 121oC) and dry heat (1 hour at 160-170oC). |
| Survival Outside Host | If protected from evaporation, M. hominis can survive for one hour in liquid specimens and have been found on toilet bowls. |

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| **SUPPLEMENTAL REFERENCES** |
| BMBL | <https://www.cdc.gov/labs/BMBL.html>  |
| CDC | https://www.cdc.gov/std/treatment-guidelines/mycoplasmagenitalium.htm |
| NIH Guidelines | <https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.pdf>  |
| Canada PSDS | <http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/index-eng.php> |

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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. |