Biological Agent Reference Sheet (BARS)

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BIOLOGICAL AGENT REFERENCE SHEET

Monkeypox virus (MPX)

	Мопкеурох	
CHARACTERIST	ICS	
Morphology	Belongs to family Poxviridae, sub-family Chordopoxvirinae and genus Orthopoxvirus. MPXV is a 200-250 nm brick-shaped enveloped virus with characteristic surface tubules and a dumbbell-shaped core component. The MPXV genome consists of linear double-stranded DNA. MPXV is antigenically related to the variola and vaccinia viruses. There are two distinct clades of MPXV–West African (thought to be less severe) and Central African (more clinical manifestations, easier to transmit, higher mortality rate than West African clade).	
Growth Conditions	,	
Select Agent Status	Laboratory testing has indicated that the 2022 outbreak is associated with the West African clade of monkeypox virus. The West African clade of monkeypox virus is not subject to select agent regulations (42 CFR § 73).	
HEALTH HAZAR	۵۵ ۵	
Host Range	Humans, squirrels, non-human primates, black-tailed prairie dogs, African brush-tailed porcupines, rats, and shrews	
Modes of Transmission	MPXV is transferred from infected animals through a bite or scratch, through direct contact with infected animal's blood, body fluids, or lesions, and via bush meat preparation. It is also transmitted from human-to-human via skin-to-skin contact, by direct contact with body fluids of an infected person or with virus-contaminated objects, and by respiratory droplets via prolonged face-to-face contact.	
Signs and Symptoms	Fever, malaise, headache, muscle aches, backache, swollen lymph nodes, chills, exhaustion. Rash developing 1-7 days later. Rash may be present in multiple stages at once (macule>papule>vesicle/pustule lesions>crusting>resolution). Rash can last 2-4wks. Patient is considered infectious 5 days prior to onset of rash until lesions have crusted and fresh layer of skin has formed.	
Infectious Dose	Unknown.	
Incubation Period	Approximately 5 to 21 days.	
MEDICAL PRECA	AUTIONS / TREATMENT	
Prophylaxis	Post-exposure prophylaxis (PEP) consists of vaccination within 4 days from date of exposure for best chance to prevent onset of disease. If given between 4-14 days after exposure, vaccination may reduce symptoms of disease.	
Vaccines	Vaccination with vaccinia virus (smallpox vaccine) is approximately 85% effective against monkeypox. (a) JYNNEOS (aka Imvamune or Imvanex)-licensed by U.S. FDA for prevention of MPXV infection, 2 doses, individuals are considered fully vaccinated 14 days after second dose; and (b) ACAM2000-licensed by U.S. FDA, 1 dose, individuals are considered fully vaccinated 4 wks after dose, should not be used in people who have certain health conditions such as weakened immune system, skin conditions like eczema or other exfoliative skin conditions, or pregnancy.	
Diagnosis & Treatment	Tecovirimat is considered as a potential therapeutic agent for MPXV infections, as it has been shown to have activity against many DNA viruses <i>in vitro</i> , including MPXV.	
Surveillance	Monitor for symptoms (unexplained fever, rash, or prominent lymphadenopathy)	
Emory Requirements	Symptoms to be reported to supervisor, Occupational Health Services, and Biosafety Officer immediately for further evaluation.	
LABORATORY H	IAZARDS	
Laboratory Acquired Infections (LAIs)	None reported to date. However, LAIs with other Orthonoxyinuses have been reported. Lab exposures to	
Sources	contact with the specimen or aerosols that may be generated. Lesion fluids or crusts, respiratory secretions, and tissues from infected animals or humans.	

SUPPLEMENTAI	L REFERENCES		
CDC	https://www.cdc.gov/poxvirus/monkeypox/index.html		
World Health Organization (WHO)	https://www.who.int/news-room/fact- sheets/detail/monkeypox		
Public health Agency of Canada	https://www.canada.ca/en/public-health/services/laboratory- biosafety-biosecurity/pathogen-safety-data-sheets-risk- assessment/monkeypox-virus.html		
PubMed	Preparation of Cell Cultures and https://pubmed.ncbi.nlm.nih.go		
CONTAINMENT			
BSL2+/ABSL2+	BSL2 facilities with BSL3 practices should be used for handling respiratory secretions, stool, or tissues for procedures performed in microbiology or pathology labs.		
BSL3/ABSL3	MPXV propagation in cell culture and initial characterization of viral agents recovered in cultures of MPXV specimens. Inoculation of animals for potential recovery of MPXV from samples, research studies involving animal inoculation for characterization of MPXV agents must be performed in ABSL-3 facilities.		
SPILL PROCEDU	RES		
Small	Notify others working in the lab. Allow aerosols to settle. Don appropriate PPE. An EPA-registered disinfectant should be used to remove contaminating matter from surfaces (e.g., of bench tops and equipment). All decontamination litter and other disposable materials should be autoclaved then disposed via Emory approved biological waste vendor (Stericycle)		
Large	Contact Emory's Biosafety Officer (404-357-1821) or the Spill Response Team (404-727-2888).		
EXPOSURE PRO			
Mucous membrane	Flush eyes, mouth, or nose for 2	•	
Other Exposures Seek Medical Attention Occupational	Wash area with soap and water 7:30 am - 4:00 pm (OHS): 404-686-5500, PIC# 50464 OHS After Hours:	<u>ENPRC</u> : Contact ENPRC Safety Office	
Health Services (OHS)	Advanced Practice Provider (APP) On Call 404-686-5500, PIC# 50464		
Reporting	Immediately report incidents to supervisor. Accidents/Exposures must be reported in H.O.M.E. via HR Self- Service portal. Emory HR website > Self-Service > Workplace Health > Report		
VIABILITY			
Disinfection	Orthopoxviruses are susceptible to 0.5% sodium hypochlorite, chloroxylenol-based household disinfectants, glutaraldehyde, formaldehyde, and paraformaldehyde.		
Inactivation	Orthopoxviruses are inactivated by heat (autoclaving and incineration).		
Survival Outside Host	Orthopoxviruses are stable at ambient temperatures when dried.		
PERSONAL PRO	TECTIVE EQUIPMENT (PPE)		
Minimum PPE Requirements	At minimum, personnel are required to don two pairs of gloves, closed toed shoes, solid front gown, and appropriate face and eye protection prior to working with Additional PPE may be required depending on lab specific SOPs.		
Additional Precautions	All procedures that may produce aerosols or involve high concentrations or large volumes should be done inside the Class II BSC.		