

The University of Western Ontario
BIOLOGICAL AGENTS REGISTRY FORM
 Approved Biohazards Subcommittee: October 14, 2011
 Biosafety Website: www.uwo.ca/humanresources/biosafety/

This form must be completed by each Principal Investigator holding a grant administered by the University of Western Ontario (UWO) or in charge of a laboratory/facility where the use of Level 1, 2 or 3 biological agents is described in the laboratory or animal work proposed. The form must also be completed if any work is proposed involving animals carrying zoonotic agents infectious to humans or involving plants, fungi, or insects that require Public Health Agency of Canada (PHAC) or Canadian Food Inspection Agency (CFIA) permits.

This form must be updated at least every 3 years or when there are changes to the biological agents being used.

Containment Levels will be established in accordance with Laboratory Biosafety Guidelines, 3rd edition, 2004, Public Health Agency of Canada (PHAC) or Containment Standards for Veterinary Facilities, 1st edition 1996, Canadian Food Inspection Agency (CFIA).

Electronically completed forms are to be submitted to Occupational Health and Safety, (OHS), (Support Services Building, Room 4190 or to jstanle2@uwo.ca) for distribution to the Biohazards Subcommittee. For questions regarding this form, please contact the Biosafety Officer at extension 81135 or biosafety@uwo.ca. If there are changes to the information on this form (excluding grant title and funding agencies), contact Occupational Health and Safety for a modification form. See website: www.uwo.ca/humanresources/biosafety/.

Please ensure that all questions are fully and clearly answered. Failure to do so will lead to the form being returned, which will cause delays in your approval and frustration for you and your colleagues on the Committee.

If you are re-submitting this form as requested by the Biohazards Subcommittee, please make modifications to the form in bold print, highlighted in yellow. Please re-submit forms electronically.

PRINCIPAL INVESTIGATOR:	Martin J. McGavin
DEPARTMENT:	Microbiology and Immunology
ADDRESS:	SDRI-126
PHONE NUMBER:	519 850 2458
EMERGENCY PHONE NUMBER(S):	226 448 6897
EMAIL:	martin.mcgavin@schulich.uwo.ca

Location of experimental work to be carried out :

Building : SDRI	Room(s): 126B, 126C
Building : _____	Room(s): _____
Building : _____	Room(s): _____

***For work being performed at Institutions affiliated with the University of Western Ontario, the Safety Officer for the Institution where experiments will take place must sign the form prior to its being sent to the University of Western Ontario Biosafety Officer (See Section 15.0, Approvals).**

FUNDING AGENCY/AGENCIES: **NSERC; UWO**

GRANT TITLE(S): **Expression and function of secreted proteases in commensal Staphylococci**

UNDERGRADUATE COURSE NAME(IF APPLICABLE): _____

List all personnel working under Principal Investigators supervision in this location:

Name	UWO E-mail Address	Date of Biosafety Training
Benjamin Arsic	barsic@uwo.ca	Oct 16, 2009
Piraveina Gnanasuntharam	pgnanas2@uwo.ca	
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please include a ONE page research summary or teaching protocol in lay terms.
Forms with summaries more than one page will not be reviewed.**

Our research addresses fundamental mechanisms employed by *Staphylococcus aureus* and *Staphylococcus epidermidis* to infect and/or colonize humans. *Staphylococcus aureus* is considered a Level II pathogen, that can asymptotically colonize approximately 25% of the human population, while *S. epidermidis* is a ubiquitous on the skin of humans, and is occasionally capable of causing minor infections. The NSERC funded research program addresses the role of secreted protease enzymes in maintaining colonization of the skin, and in competition between *S. aureus* and *S. epidermidis* for colonization of the same niche. We also conduct infection models in mice to address the role of genes encoding specific virulence factors, in the ability of *S. aureus* to cause abscess infection. Typical work in the laboratory involves routine culture of *Staphylococcus* in volumes ranging from 2.5 ml to 1000 ml of liquid culture, analysis of secreted and cell surface proteins, and use of plasmid vectors for expression of recombinant protein, or construction of gene deletion mutations.

1.0 Microorganisms

1.1 Does your work involve the use of biological agents? YES NO
(non-pathogenic and pathogenic biological agents including but not limited to bacteria and other microorganisms, viruses, prions, parasites or pathogens of plant or animal origin)? If no, please proceed to Section 2.0

Do you use microorganisms that require a permit from the CFIA? YES NO

If YES, please give the name of the species Staphylococcus aureus, Staphylococcus epidermidis

What is the origin of the microorganism(s)? Human skin, and clinical isolates

Please describe the risk (if any) of escape and how this will be mitigated:

The laboratory is operated at a Level II containment level, with negative air pressure. Cultures are manipulated in a HEPA filtered biosafety cabinet.

Please attach the CFIA permit.

Please describe any CFIA permit conditions:

Permit is only required for import. All work is currently being conducted with existing strains that are maintained as part of the laboratories culture collection.

1.2 Please complete the table below:

Full Scientific Name of Biological Agent(s)* (Be specific)	Is it known to be a human pathogen? YES/NO	Is it known to be an animal pathogen? YES/NO	Is it known to be a zoonotic agent? YES/NO	Maximum quantity to be cultured at one time? (in Litres)	Source/ Supplier	PHAC or CFIA Containment Level
<i>Staphylococcus aureus</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	M. McGavin	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
<i>Staphylococcus epidermidis</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	M. McGavin	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
<i>E. coli DH5</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	M. McGavin	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3

**Please attach a Material Safety Data Sheet or equivalent from the supplier if the bacterium used is not on this link: http://www.uwo.ca/humanresources/docandform/docs/ohs/CFIA_Ecoli_list.pdf*

Additional Comments: _____

2.0 Cell Culture

2.1 Does your work involve the use of cell cultures? YES NO
(If NO, please proceed to Section 3.0)

2.2 Please indicate the type of primary cells (i.e. derived from fresh tissue) that will be grown in culture:

Cell Type	Is this cell type used in your work?	Source of Primary Cell Culture Tissue	AUS Protocol Number
Human	<input type="checkbox"/> Yes <input type="checkbox"/> No		Not applicable
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2.3 Please indicate the type of established cells that will be grown in culture in:

Cell Type	Is this cell type used in your work?	Specific cell line(s)*	Containment Level of each cell line	Supplier / Source of cell line(s)
Human	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please attach a Material Safety Data Sheet or equivalent from the supplier. (For more information, see www.atcc.org)*

2.4 For above named cell types(s) indicate PHAC or CFIA containment level required 1 2 2+ 3

Additional Comments: _____

3.0 Use of Human Source Materials

3.1 Does your work involve the use of human source materials? YES NO
 If no, please proceed to Section 4.0

3.2 Indicate in the table below the Human Source Material to be used.

Human Source Material	Source/Supplier /Company Name	Is Human Source Material Infected With An Infectious Agent? YES/UNKNOWN	Name of Infectious Agent (If applicable)	PHAC or CFIA Containment Level (Select one)
Human Blood (whole) or other Body Fluid	Innovative Research	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Blood (fraction) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (unpreserved)		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (preserved)		Not Applicable		Not Applicable

Additional Comments: **Pooled human serum certified free of Hepatitis and HIV**

4.0 Genetically Modified Organisms and Cell lines

4.1 Will genetic modifications be made to the microorganisms, biological agents, or cells described in Sections 1.0 and 2.0? YES NO If **NO**, please proceed to Section 5.0

4.2 Will genetic modification(s) involving plasmids be done? YES, complete table below NO

Bacteria Used for Cloning *	Plasmid(s) **	Source of Plasmid	Gene Transformed or Transfected	Will there be a change due to transformation of the bacteria?	Will there be a change in the pathogenicity of the bacteria after the genetic modification?	What are the consequences due to the transformation of the bacteria?
S. aureus	pMAD	Existing stock cultures	protease, lipase	Genes will be inactivated	The bacteria will be less virulent	Loss of gene function; reduced virulence

** Please attach a Material Safety Data Sheet or equivalent if available.*

*** Please attach a plasmid map.*

****No Material Safety Data Sheet is required for the following strains of E. coli:*

http://www.uwo.ca/humanresources/docandform/docs/ohs/CFIA_Ecoli_list.pdf

4.3 Will genetic modification(s) of bacteria and/or cells involving viral vectors be made?

YES, complete table below NO

Virus Used for Vector Construction	Vector(s) *	Source of Vector	Gene(s) Transduced	Describe the change that results from transduction

** Please attach a Material Safety Data Sheet or equivalent.*

4.3.1 Will virus be replication defective? YES NO

4.3.2 Will virus be infectious to humans or animals? YES NO

4.3.3 Will this be expected to increase the containment level required? YES NO

5.0 Will genetic sequences from the following be involved?

- ◆ HIV NO YES, specify
- ◆ HTLV 1 or 2 or genes from any Level 1 or Level 2 pathogens NO YES, specify
- ◆ SV 40 Large T antigen NO YES
- ◆ E1A oncogene NO YES
- ◆ Known oncogenes NO YES, specify
- ◆ Other human or animal pathogen and or their toxins NO YES, specify

5.1 Is any work being conducted with prions or prion sequences? NO YES

Additional Comments: _____

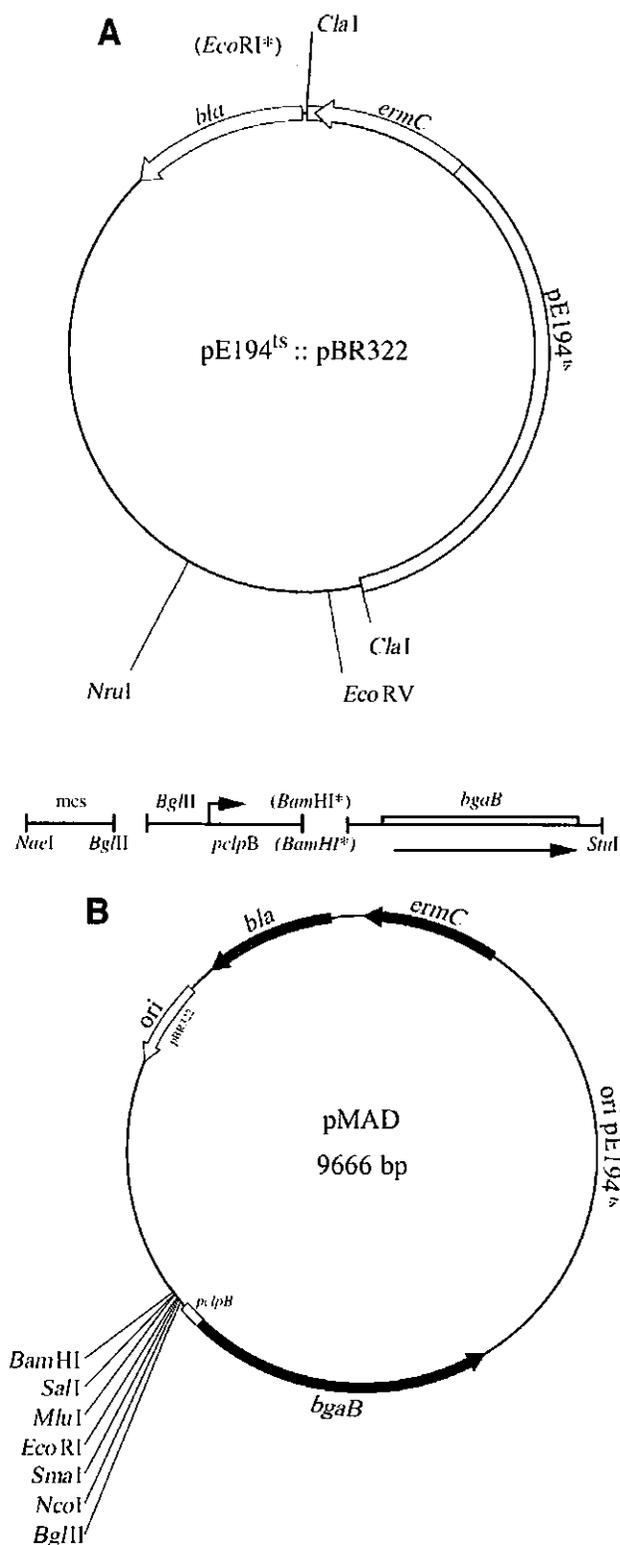


FIG. 1. Physical map of pE194^{ts}::pBR322 and its derivative pMAD. (A) Construction of the pMAD plasmid. DNA fragments used to construct pMAD are indicated: mcs, multiple cloning site; *pcpB*, DNA fragment from *S. aureus* containing the *clpB* promoter region; *bgaB*, DNA fragment containing the promoterless *bgaB* gene encoding a thermostable β-galactosidase (8). Asterisks indicate restriction sites which have been lost during the construction steps. (B) Map of the pMAD plasmid. Unique restriction sites are indicated.

(10). Transformants (10⁶ transformants/μg of DNA) were selected after 2 days at 30°C on rich medium (tryptic soy broth; Difco) containing either spectinomycin (100 μg/ml) or erythromycin (5 μg/ml).

One blue colony was streaked onto the same medium and incubated at 30°C. In the second step, a single blue colony was inoculated in tryptic soy broth complete medium without antibiotic at an optical density at 600 nm of 0.01 and incubated with shaking for 2 h at 30°C followed by 6 h at 42°C. Serial dilutions of this culture were plated on tryptic soy agar (TSA) containing X-Gal and spectinomycin and incubated at 42°C overnight. Among a vast majority of light blue clones due to the integration of the vector by a single crossover event, 1 to 5% of white colonies were present and represent candidate clones resulting from a double crossover event and loss of the vector (Fig. 2). Several white colonies were isolated on the same medium at 37°C and verified for erythromycin sensitivity. To confirm the gene deletion, chromosomal DNA was extracted from five candidate clones and used in PCRs with oligonucleotides OMD202 (5'-GCGGAAACGCCATTTCAA CG-3') and OMD203 (5'-GCTGCCGTTTCTTCAATTGC-3'), hybridizing 926 bp upstream from the *vraF* translational start site and 1,006 bp downstream from the *vraG* stop codon, respectively. All of the spectinomycin-resistant, erythromycin-sensitive white colonies on X-Gal-containing plates had the expected deletion and replacement of the *vraF/vraG* locus. The pMAD vector was also used to create various deletions in the *sarA* and *sigB* genes in clinical isolates of *S. aureus* strain 15 981, producing biofilms. In addition to the well-characterized roles of SarA in the regulation of many virulence determinants, it has been shown that SarA plays a role in the regulation of biofilm development (23). The pMAD vector also replicates at 30°C in other gram-positive bacteria and was successfully used to create gene replacements in *L. monocytogenes* and *Bacillus cereus* as we describe here.

Gene replacement in *L. monocytogenes*. A similar strategy was used to inactivate the *ctsR* gene in *L. monocytogenes* strain LO28 (4). In this mutant, the *ctsR* gene was replaced through a double crossover event by the *aphA3* kanamycin resistance gene deprived of its transcription initiation and termination sequences. However, the introduction of an antibiotic resistance marker can sometimes be undesirable for various reasons, such as the polar effect of the inserted DNA on the expression of the downstream genes in an operon or the multiple introductions of DNA fragments or different mutations within the same strain. To construct a deletion without insertion of foreign DNA, the *clpB* gene of *L. monocytogenes* was chosen as a target. A deletion eliminating the entire coding sequence of the *clpB* gene was constructed by generating through PCR two DNA fragments, of 829 and 761 bp, with oligonucleotides AC189 and AC190 (5'-AATGGATCCCACA TCGGAGCGAGTAAACAC-3' and 5'-TAAGTCGACTCAT TCGTCTCCTCCTTATAAAA-3', respectively) and AC192 and AC193 (5'-CACGTCGACTGAAAGGGAAAACCTTTG GTTG-3' and 5'-TATCCATGGAATATTTACTGGTT TTA-3', respectively), corresponding to the chromosomal DNA regions located directly upstream and downstream, respectively, from the *clpB* gene. These two DNA fragments were cloned in tandem in pMAD, resulting in plasmid pMADΔ*clpB*. A three-step procedure was used to obtain the

6.0 Human Gene Therapy Trials

6.1 Will human clinical trials be conducted involving a biological agent? YES NO
(including but not limited to microorganisms, viruses, prions, parasites or pathogens of plant or animal origin)
If no, please proceed to Section 7.0

6.2 If YES, please specify which biological agent will be used:
Please attach a full description of the biological agent.

6.3 Will the biological agent be able to replicate in the host? YES NO

6.4 How will the biological agent be administered?

6.5 Please give the Health Care Facility where the clinical trial will be conducted:

6.6 Has human ethics approval been obtained? YES, number: NO PENDING

7.0 Animal Experiments

7.1 Will live animals be used? YES NO If **NO**, please proceed to section 8.0

7.2 Name of animal species to be used **Mouse; Balb/c, B16**

7.3 AUS protocol # **2010-221**

7.4 List the location(s) for the animal experimentation and housing. **DSB 6027**

7.5 Will any of the agents listed in section 4.0 be used in live animals
 NO YES, specify: **Mutant S. aureus strains will be tested in infection models; mutations will cause reduced virulence**

7.6 Will the agent(s) be shed by the animal:
 YES NO, please justify:

8.0 Use of Animal species with Zoonotic Hazards

8.1 Will any animals with zoonotic hazards or their organs, tissues, lavages or other body fluids including blood be used (see list below)? YES NO - If **NO**, please proceed to section 9.0

8.2 Will live animals be used? YES NO

8.3 If **YES**, please specify the animal(s) used:

- | | | |
|-----------------------------|--|-----------------------------|
| ◆ Pound source dogs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ◆ Pound source cats | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ◆ Cattle, sheep or goats | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Non-human primates | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Wild caught animals | <input type="checkbox"/> YES, species & colony # | <input type="checkbox"/> NO |
| ◆ Birds | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Others (wild or domestic) | <input type="checkbox"/> YES, specify | <input type="checkbox"/> NO |

8.4 If no live animals are used, please specify the source of the specimens:

9.0 Biological Toxins and Hormones

9.1 Will toxins or hormones of biological origin be used? YES NO If **NO**, please proceed to Section 10.0

9.2 If YES, please name the toxin(s) or hormones(s)
Please attach information, such as a Material Safety Data Sheet, for the toxin(s) used.

9.3 What is the LD₅₀ (specify species) of the toxin or hormone

9.4 How much of the toxin or hormone is handled at one time*?

9.5 How much of the toxin or hormone is stored*?

9.6 Will any biological toxins or hormones be used in live animals? YES NO
If **YES**, Please provide details:

*For information on biosecurity requirements, please see:
http://www.uwo.ca/humanresources/docandform/docs/healthandsafety/biosafety/Biosecurity_Requirements.pdf

Additional Comments: _____

10.0 Insects

10.1 Do you use insects? YES NO - If **NO**, please proceed to Section 11.0

10.2 If YES, please give the name of the species.

10.3 What is the origin of the insect?

10.4 What is the life stage of the insect?

10.5 What is your intention? Initiate and maintain colony, give location:
 "One-time" use, give location:

10.6 Please describe the risk (if any) of escape and how this will be mitigated:

10.7 Do you use insects that require a permit from the CFIA permit? YES NO
If **YES**, Please attach the CFIA permit & describe any CFIA permit conditions:

11.0 Plants

- 11.1 Do you use plants? YES NO - If **NO**, please proceed to Section 12.0
- 11.2 If YES, please give the name of the species.
- 11.3 What is the origin of the plant?
- 11.4 What is the form of the plant (seed, seedling, plant, tree...)?
- 11.5 What is your intention? Grow and maintain a crop "One-time" use
- 11.6 Do you do any modifications to the plant? YES NO
If yes, please describe:
- 11.7 Please describe the risk (if any) of loss of the material from the lab and how this will be mitigated:
- 11.8 Is the CFIA permit attached? YES NO
If **YES**, Please attach the CFIA permit & describe any CFIA permit conditions:

12.0 Import Requirements

- 12.1 Will any of the above agents be imported? YES, country of origin NO
If **NO**, please proceed to Section 13.0
- 12.2 Has an Import Permit been obtained from HC for human pathogens? YES NO
- 12.3 Has an import permit been obtained from CFIA for animal or plant pathogens? YES NO
- 12.4 Has the import permit been sent to OHS? YES, please provide permit # NO

13.0 Training Requirements for Personnel Named on Form

All personnel named on the above form who will be using any of the above named agents are required to attend the following training courses given by OHS:

- ◆ Biosafety
- ◆ Laboratory and Environmental/Waste Management Safety
- ◆ WHMIS (Western or equivalent)
- ◆ Employee Health and Safety Orientation

As the Principal Investigator, I have ensured that all of the personnel named on the form who will be using any of the biological agents in Sections 1.0 to 9.0 have been trained.

An X in the check box indicates you agree with the above statement...
Enter Your Name Martin J. McGavin **Date:** April 24, 2012

14.0 Containment Levels

14.1 For the work described in sections 1.0 to 9.0, please indicate the highest HC or CFIA Containment Level required. 1 2 2+ 3

14.2 Has the facility been certified by OHS for this level of containment?
 YES, location and date of most recent biosafety inspection: **SDRI-126; September 23, 2011**
 NO, please certify
 NOT REQUIRED for Level 1 containment

14.3 Please indicate permit number (not applicable for first time applicants): **BIO-UWO-0239**

15.0 Procedures to be Followed

15.1 Are additional risk reduction measures necessary beyond containment level 1, 2, 2+ or 3 measures that are unique to these agents? YES NO
If **YES** please describe:

15.2 Please outline what will be done if there is an exposure to the biological agents listed such as a needlestick injury or an accidental splash:
Immediately inform Occupational Health and Safety; make appointment with Dr. or Nurse, and fill out accident report.

15.3 As the Principal Investigator, I will ensure that this project will follow the Western Biosafety Guidelines and Procedures Manual for Containment Level 1 & 2 Laboratories (and the Level 3 Facilities Manual for Level 3 projects). I will ensure that UWO faculty, staff and students working in my laboratory have an up-to-date Hazard Communication Form, found at <http://www.shs.uwo.ca/workplace/workplacehealth.html>

An X in the check box indicates you agree with the above statement...
Enter Your Name Martin J. McGavin **Date:** April 24, 2012

15.4 Additional Comments: _____

16.0 Approvals

1) UWO Biohazards Subcommittee: SIGNATURE: _____
Date: _____

2) Safety Officer for the University of Western Ontario SIGNATURE: _____
Date: _____

3) Safety Officer for Institution where experiments will take place (if not UWO): SIGNATURE: _____
Date: _____

Approval Number: _____ Expiry Date (3 years from Approval): _____

Special Conditions of Approval:



Office of Biohazard Containment and Safety
Science Branch, CFIA
59 Camelot Drive, Ottawa, Ontario K1A 0Y9
Tel: (613) 221-7068 Fax: (613) 228-6129
Email: ImportZoopath@inspection.gc.ca

Bureau du confinement des biorisques et sécurité
Direction générale des sciences, ACIA
59 promenade Camelot, Ottawa, Ontario K1A 0Y9
Tél: (613) 221-7068 Téléc: (613) 228-6129
Courriel: ImportZoopath@inspection.gc.ca

October 20th, 2009

Ms. Shamila Survery / Mr. Michael Decosimo
Cedarlane Laboratories Ltd
4410 Paletta Court
Burlington, Ontario L7L 5R2

By Facsimile: (289) 288-0020

SUBJECT: Importation of *Escherichia coli* strains

Dear Ms. Survery / Mr. Decosimo:

Our office received your query about the importation of *Escherichia coli* from the American Type Culture Collection (ATCC) located in Manassas, Virginia, United States. The following *Escherichia coli* strains are considered to be level 1 animal pathogens:

- | | | | | |
|---------------|--------------------|-----------|-------------------|----------------|
| • 5K | • CIE85 | • J52 | • MC4100 (MuLac) | • U5/41 |
| • 58 | • DH1 | • J53 | • MG1655 | • W208 |
| • 58-161 | • DH10 GOLD | • JC3272 | • MM294 | • W945 |
| • 679 | • DH10B | • JC7661 | • MS101 | • W1485 |
| • 1532 | • DH5 | • JC9387 | • NC-7 | • W3104 |
| • AB284 | • DH5-alpha | • JF1504 | • Nissle 1917 | • W3110 |
| • AB311 | • DP50 | • JF1508 | • One Shot STBL3 | • WA704 |
| • AB1157 | • DY145 | • JF1509 | • OP50 | • WP2 |
| • AB1206 | • DY380 | • JJ055 | • P678 | • X1854 |
| • AG1 | • E11 | • JM83 | • PA309 | • X2160T |
| • B | • EJ183 | • JM101 | • PK-5 | • X2541 |
| • BB4 | • EL250 | • JM109 | • PMC103 | • X2547T |
| • BD792 | • EMG2 | • K12 | • PR13 | • XL1-BLUE |
| • BL21 | • EPI 300 | • KC8 | • Rri | • XL1-BLUE-MRF |
| • BL21 (DE3) | • EZ10 | • KA802 | • RV308 | • XL0LR |
| • BM25.8 | • FDA Seattle 1946 | • KAM32 | • S17-1λ -PIR | • Y10 |
| • C | • Fusion-Blue | • KAM33 | • SCS1 | • Y1090 (1090) |
| • C-1a | • H1443 | • KAM43 | • SMR10 | • YN2980 |
| • C-3000 | • HF4714 | • LE450 | • SOLR | • W3110 |
| • C25 | • HB101 | • LE451 | • SuperchargeEZ10 | • WG1 |
| • C41 (DE3) | • HS(PFAMP)R | • LE452 | • SURE | • WG439 |
| • C43 (DE3) | • Hfr3000 | • MB408 | • TOP10 | • WG443 |
| • C600 | • Hfr3000 X74 | • MBX1928 | • TG1 | • WG445 |
| • Cavalli Hfr | • HMS174 | • MC1061 | | |

The Office of Biohazard Containment and Safety (BCS) of the Canadian Food Inspection Agency (CFIA) only issues import permits for microorganisms that are pathogenic to animals, or parts of microorganisms that are pathogenic to animals. As the products listed above are not considered pathogenic to animals, the Office of BCS does not have any regulatory requirements for their importation.

Please note that other legislation may apply. You may wish to contact the Public Health Agency of Canada's (PHAC) Office of Laboratory Security at (613) 957-1779.

Note: Microorganisms pathogenic to animals and veterinary biologics require an import permit from the CFIA.

Sincerely,

Cinthia Labrie
Head, Animal Pathogen Importation Program
Office of Biohazard Containment & Safety

Canada



Home > Laboratory Biosafety and Biosecurity > Biosafety Programs and Resources > Pathogen Safety
Data Sheets and Risk Assessment > Staphylococcus aureus - Material Safety Data Sheets (MSDS)

Staphylococcus aureus - Material Safety Data Sheets (MSDS)

MATERIAL SAFETY DATA SHEET - INFECTIOUS SUBSTANCES

SECTION I - INFECTIOUS AGENT

NAME: *Staphylococcus aureus*

SYNONYM OR CROSS REFERENCE: Staphylococcal diseases, impetigo, toxic shock syndrome, food poisoning, intoxication

CHARACTERISTICS: Gram positive cocci, usually in clusters; coagulase positive; non-spore forming; non-motile; many strains produce exotoxins including staphylococcal enterotoxins A,B,C,D,E, toxic shock syndrome toxin (TSST-1) and exfoliative toxins A, and B

SECTION II - HEALTH HAZARD

PATHOGENICITY: Opportunistic pathogen, normal flora; produces a variety of syndromes with a range of clinical manifestations; clinically different in general community, newborns, menstruating women, and hospitalized patients; food intoxication is characterized by abrupt/violent onset, severe nausea, cramps, vomiting, and diarrhea lasting 1-2 days; animal bites can result in localized infections; may cause surface or deep/system infections in both community and hospital settings; surface infections include impetigo, folliculitis, abscesses, boils, infected lacerations; deep infections include endocarditis, meningitis, septic arthritis, pneumonia, osteomyelitis; systemic infection may cause fever, headache, malaise, myalgia; newborns are susceptible to scalded skin syndrome (SSS) caused by exfoliative toxins; may be colonized during delivery resulting in sepsis meningitis; toxic shock syndrome is an acute multi-system illness caused by TSST-1 a super antigen; characterized by sudden onset, high fever, vomiting, profuse watery diarrhea, myalgia, hypotension erythematous rash

EPIDEMIOLOGY: Occurs worldwide; particularly in areas where personal hygiene is suboptimal; in hospitals by development of antibiotic-resistant strains

HOST RANGE: Humans; to a lesser extent, warm-blooded animals

INFECTIOUS DOSE: Virulence of strains varies greatly

MODE OF TRANSMISSION: Contact with nasal carriers (30-40% of population); from draining lesions or purulent discharges; spread person-to-person; ingestion of food containing staphylococcal enterotoxin (food may be contaminated by food handlers hands); from mother to neonate during delivery

INCUBATION PERIOD: Variable and indefinite, commonly 4-10 days; disease may not occur until several months after colonization; interval between eating food and onset of symptoms is usually 2-4 hours (30 min to 8 hours)

COMMUNICABILITY: As long as purulent lesions continue to drain or carrier state persists; auto-infection may continue for the period of nasal colonization or duration of active lesions

SECTION III - DISSEMINATION

RESERVOIR: Human; patients with indwelling catheters or IVs act as reservoirs for nosocomial infections; food borne - occasionally cows with infected udders

ZOOZOSIS: Yes - direct or indirect contact with infected animals

VECTORS: None

SECTION IV - VIABILITY

DRUG SUSCEPTIBILITY: Many strains are multi-resistant to antibiotics and are of increasing importance; methicillin resistant (MRSA) strains have caused major outbreaks world-wide; Vancomycin resistant (VRSA) are being increasingly isolated; sensitivity must be determined for each strain

SUSCEPTIBILITY TO DISINFECTANTS: Susceptible to many disinfectants - 1% sodium hypochlorite, iodine/alcohol solutions, glutaraldehyde, formaldehyde

PHYSICAL INACTIVATION: Organisms are destroyed by heat (moist heat - 121° C for at least 15 min, dry heat - 160-170° C for at least 1 hour; enterotoxins are heat resistant, stable at boiling temperature

SURVIVAL OUTSIDE HOST: Carcass and organs - up to 42 days; floor - less than 7 days; glass - 46 hours; sunlight - 17 hours; UV - 7 hours; meat products - 60 days; coins - up to 7 days; skin from 30 min to 38 days

SECTION V - MEDICAL

SURVEILLANCE: Monitor for skin inflammation if wounded by a sharp instrument; isolation of organism from wound or blood, CSF, urine; isolation of > 10⁵ organisms or enterotoxin from suspected food

FIRST AID/TREATMENT: Fluid replacement for food poisoning; in localized skin infections, drain abscesses; antibiotic therapy for severe infections

IMMUNIZATION: None

PROPHYLAXIS: None

SECTION VI - LABORATORY HAZARDS

LABORATORY-ACQUIRED INFECTIONS: 29 reported cases up to 1973 with 1 death

SOURCES/SPECIMENS: Clinical specimens - blood, abscesses, lesion exudates, CSF, respiratory specimens, feces, urine

PRIMARY HAZARDS: Injuries from contaminated sharp instruments; ingestion; aerosols

SPECIAL HAZARDS: Direct contact with open cuts and lesions of skin

SECTION VII - RECOMMENDED PRECAUTIONS

CONTAINMENT REQUIREMENTS: Biosafety level 2 practices, containment equipment and facilities for activities with cultures or potentially infectious clinical materials

PROTECTIVE CLOTHING: Laboratory coat: gloves when skin contact is unavoidable

OTHER PRECAUTIONS: Thorough handwashing before leaving the laboratory and after handling infectious materials

SECTION VIII - HANDLING INFORMATION

SPILLS: Allow aerosols to settle; wear protective clothing; gently cover spill with paper towel and apply 1% sodium hypochlorite, starting at perimeter and working towards the centre; allow sufficient contact time (30 min) before clean up

DISPOSAL: Decontaminate before disposal; steam sterilization, chemical disinfection

STORAGE: In sealed containers that are appropriately labelled

SECTION IX - MISCELLANEOUS INFORMATION

Date prepared: March, 2001

Prepared by: Office of Laboratory Security, PHAC

Although the information, opinions and recommendations contained in this Material Safety Data Sheet are compiled from sources believed to be reliable, we accept no responsibility for the accuracy, sufficiency, or reliability or for any loss or injury resulting from the use of the information. Newly discovered hazards are frequent and this information may not be completely up to date.

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Date Modified: 2011-02-18



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Bacteria Search Results

Genus: Staphylococcus		Species: epidermidis	
	Risk Group Level	Notes	
Australia/New Zealand 2002:			
Belgium 2004:	2		
Switzerland 2003:	2		
United Kingdom 2004:			
Germany 2001:	2	AR	
NIH 2002			
European Community 2000:			
Singapore 2004:		Singapore Schedule:	
Japan:			
Human Pathogen: Yes		Select Agent CDC: No Select Agent USDA: No	
Animal Pathogen: Yes			
Plant Pathogen: No			
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