Background: Brucellosis is one of the most widely reported laboratory acquired bacterial infections. Microbiology laboratory workers are at increased risk of brucellosis through unsuspected exposure to cultures from clinical specimens. Brucellosis is common in India, but no such laboratory exposure was reported in the Indian literature. Here we report our experience in managing an outbreak of Brucella in our institution. However, Laboratories in non-endemic areas must prepare for potential isolation of Brucella species and periodic education to laboratory staff about handling the specimens may prevent such exposures in the future.

Table 1

<table>
<thead>
<tr>
<th>High Risk (Sniffed the culture plates)</th>
<th>No Risk (Present within the Microbiology Lab)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Microbiology Lab Personnel</td>
<td>5</td>
</tr>
<tr>
<td>3 week Post Exposure Antibiotic Prophylaxis given</td>
<td>Yes for all five personnel (all 5 completed the course)</td>
</tr>
<tr>
<td>Monthly symptomatic screening for 6 months</td>
<td>Yes</td>
</tr>
<tr>
<td>Baseline Serological testing</td>
<td>Done (all negative)</td>
</tr>
<tr>
<td>6 months follow up testing</td>
<td>Done (all negative)</td>
</tr>
</tbody>
</table>

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Room: Hall 3 (Posters & Exhibition)

Brucella exposure in a microbiology laboratory in South India - Never sniff a gift fish

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Background: Brucellosis is one of the most widely reported laboratory acquired bacterial infections. Microbiology laboratory workers are at increased risk of brucellosis through unsuspected exposure to cultures from clinical specimens. Brucellosis is common in India, but no such laboratory exposure was reported in the Indian literature. Here we report our experience in managing an outbreak of Brucella melitensis culture in a microbiology laboratory.

Methods & Materials: In January 2015, a 10 year old boy admitted with the diagnosis of septic arthritis in a tertiary care hospital in South India. The aerobic blood culture was processed in biosafety level II microbiology laboratory of the hospital grew Brucella melitensis. Before the identification of Brucella, the microbiology laboratory personnel present in the laboratory were exposed. Emergency control measures (risk assessment, post exposure antibiotic prophylaxis, symptomatic monitoring & serological testing) as per CDC guidelines was initiated to prevent an outbreak of laboratory associated Brucella.

Results: Totally 13 microbiology laboratory personnel were present during the processing time of Brucella culture. Their exposure level and outcome was discussed in Table 1.

Conclusion: The immediate notification of the exposure and emergency measures prevented the laboratory associated outbreak of Brucella in our institution. However, Laboratories in non-endemic areas must prepare for potential isolation of Brucella species and periodic education to laboratory staff about handling the specimens may prevent such exposures in the future.