

Biosafety Guidelines for *Brucella* Lab Workers

- **First aid:** Use warm soapy water for personal/skin decontamination, with care not to abrade skin. For eyes, thoroughly rinse with running water and chloramphenicol or tetracycline eye drops or ointment applied
- **Interim PEP:** After a potential lab exposure, individuals at high risk must begin Doxycycline 100 mg orally twice a day + rifampin 600 mg orally once a day for 21 days. For *Br. abortus* RB51, doxycycline is used alone. If doxycycline is contraindicated, trimethoprim-sulfamethoxazole may be used. For pregnant women, PEP must be discussed with their obstetricians. If symptoms appear, PEP should be continued for 6 successive weeks.
- **Appropriate disinfectants**
 - 70 % ethyl alcohol, 10 % bleach (Clorox), 1 % sodium hypochlorite, **or** 0.5 % phenol **for 10 minutes**
 - iodophor (Betadine Rx), glutaraldehyde & paraformaldehyde
- **All-personnel monitoring for brucellosis signs:** These are non-specific & systemic, with acute or gradual onset; intermittent fever, headache (frontal), weakness, profuse sweating, chills, anorexia, back pain, and joint pain for longer than 3 weeks, and weight loss being frequent. The chronic form can mimic miliary TB with suppurative lesions in the liver, spleen & bone.