McMaster University
Medical Monitoring Program Information Sheet

The purpose of this document is to provide information on an agent/virus in order for all McMaster University staff and students to make an informed decision about entering our medical monitoring program.

Please review this document, print your name, sign and date the Memorandum of Understanding and Agreement and then provide it to your supervisor.

Adenovirus Types 1, 2, 3, 4, 5 and 7

The following summary is provided by the McMaster Biosafety Office.

For a complete copy of the excerpted text below please refer to: http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/msds3e-eng.php

MODE OF TRANSMISSION: Directly by oral contact and droplet spread

SUSCEPTIBILITY TO DISINFECTANTS: Susceptible to 1% sodium hypochlorite, 2% glutaraldehyde, 0.25% sodium dodecyl sulfate

PHYSICAL INACTIVATION: Sensitive to heat>56°C; unusually stable to chemical or physical agents and adverse pH conditions

SURVIVAL OUTSIDE HOST: Resistance to chemical and physical agents allows for prolonged survival outside of the body. Adenovirus type 3 survived up to 10 days on paper under ambient conditions; adenovirus type 2 survived from 3-8 weeks on environmental surfaces at room temperature

LABORATORY-ACQUIRED INFECTIONS: Ten cases documented up to 1988

SOURCES/SPECIMENS: Respiratory secretions

PRIMARY HAZARDS: Ingestion; droplet exposure of the mucous membrane. Contact with feces from infected animals

CONTAINMENT REQUIREMENTS: Biosafety level 2 practices and containment facilities for all activities involving the virus and potentially infectious body fluids or tissues
PROTECTIVE CLOTHING: Laboratory coat; gloves when skin contact with infectious materials is unavoidable.

The following summary is provided by Employee Health Services.

For a complete copy of the excerpted text below please refer to:
http://www.cdc.gov/ncidod/dvrd/revb/respiratory/eadfeat.htm

Facts
Adenoviruses most commonly cause respiratory illness; however, depending on the infecting serotype, they may also cause various other illnesses, such as gastroenteritis, conjunctivitis, cystitis (bladder infection), and rash illness. Adenovirus infection is transmitted directly by oral contact and droplet spread; indirectly by handkerchiefs, eating utensils and other articles freshly soiled with respiratory discharge of an infected person; outbreaks have been related to swimming pools; and possible spread through the fecal-oral route.

Symptoms
The incubation period for adenovirus is typically from 1 to 10 days. Symptoms include fever, rhinitis, pharyngitis, tonsillitis, cough and conjunctivitis; common cause of nonstreptococcal exudative pharyngitis among children under 3 years; more severe diseases include laryngitis, croup, bronchiolitis, or severe pneumonia; a syndrome of pharyngitis and conjunctivitis (pharyngoconjunctival fever) is associated with adenovirus infection.

Diagnosis
Antigen detection, polymerase chain reaction assay, virus isolation, and serology can be used to identify adenovirus infections. Adenovirus typing is usually accomplished by hemagglutination-inhibition and/or neutralization with type-specific antisera or by hexon gene sequence molecular methods. Since adenovirus can be excreted for prolonged periods, the presence of virus does not necessarily mean it is associated with disease.

Treatment
Most infections are mild and require no therapy or only symptomatic treatment. Because there is no virus-specific therapy, serious adenovirus illness can be managed only by treating symptoms and complications of the infection.

Prevention
Strict attention to good infection-control practices, including contact and droplet precautions, is effective for stopping nosocomial outbreaks of adenovirus-associated disease. Frequent hand hygiene is recommended. Laboratory coat and gloves when skin contact with infectious materials is unavoidable.
Memorandum of Understanding and Agreement (“MUA”) for BSL2 Medical Monitoring Program

Note: This MUA is to be signed by the employee/student and supervisor, filed and kept by the supervisor. It will be reviewed during the annual biosafety audit by the McMaster Biosafety office.

The employee/student named below acknowledges and agrees as follows:

- I have read and understand all of the information in this Medical Monitoring Information Sheet provided jointly by the McMaster Biosafety Office and Employee Health Services and reviewed the biologically hazardous agent to which I have potential exposure. Initial here____

- I will report a pregnancy or a compromised immune system (due to medication {steroid or other immunosuppressive therapy}, organ transplant, chemotherapy or radiation therapy, HIV infection etc.) to my supervisor and X (graduate students) or Employee Health Services Occupational Health Nurse at ext. 20310 (faculty and staff) Initial here____

- I will report an exposure to a biological agent to my supervisor immediately and complete a McMaster incident/accident report. Initial here____

- I will report any illness that resembles the symptoms listed in this Medical Monitoring Information Sheet to my supervisor. Initial here____

- I recognize my responsibility to observe all safety practices and precautions while present in the BSL2 laboratory. Initial here____

- I am aware of, and wish to participate in, the medical monitoring program (RMM #605) for this biological level 2 agent. Please circle: [yes] [no] Initial here____

Employee/Student print name: ____________________________  Supervisor print name: ____________________________

Signature: ____________________________  Signature: ____________________________

Date: ____________________________  Date: ____________________________