

Laboratory-Acquired Infections in Belgium (2007-2012)

An online Survey

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Laboratory-Acquired Infections in Belgium 2007-2012

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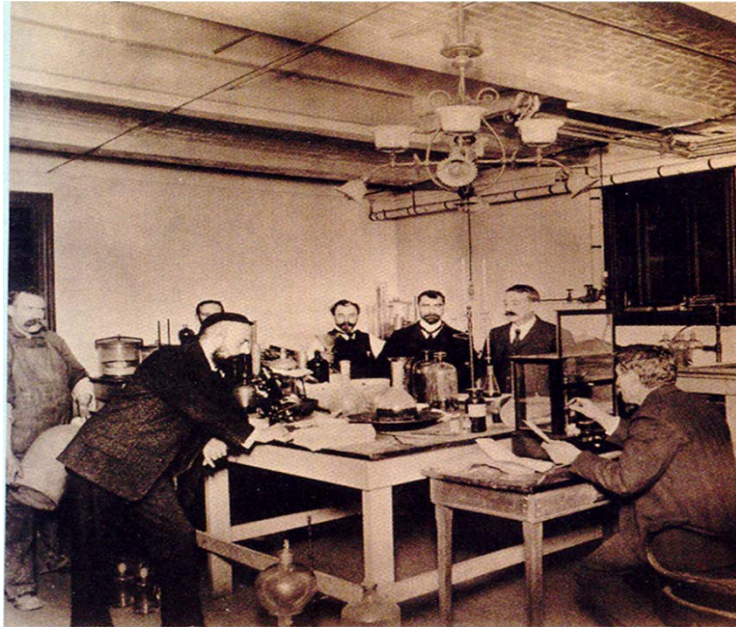
- ▶ Introduction
- ▶ Belgian LAI Survey
2007-2012
- ▶ Conclusions
- ▶ Recommendations



Introduction

History

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Golden age of microbiology 1866 - 1893

First contaminations in the lab

- Ingestion via “mouth” pipetting:

>> diphtheria, cholera

- Parenteral inoculation (syringes):

>> brucellosis, tetanus

Introduction

Aim of the survey

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▶ Gathering information on **bio-incidents** and **LAIs** in Belgian micro-biological laboratories to gain insight into possible underlying causes so as to provide the biosafety officer with tools which can enhance biological safety.

▶ **Laboratory-Acquired Infections (LAIs)**

« All direct or indirect human infections with or without the onset of symptoms following exposure to pathogenic organisms in a micro-biological laboratory »

▶ **Bio-incidents**

« All irregularities that occur while handling GMOs or pathogenic organisms »

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- ▶ **2012:** Online LAI survey in Flanders organized by SBB at the request of the Flemish Agency for Care and Health, Department Public health and Surveillance.
- ▶ **2013:** Extended over whole Belgium (Flemish, Walloon and Brussels-capital region)

Survey 1. Biosafety officer, prevention officer, occupational health practitioner

>> 213 institutions invited

>> Two types of questionnaires:

Survey 2. Personnel (survey 2)

>> 26 institutions invited (873 employees)

Belgian LAI Survey 2007-2012

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- ▶ **Tool:** Limesurvey 2.0, free online web survey tool with an automatic invitation, reminder and confirmation e-mail system



- ▶ **Anonymous**

Invitation addressed to the biosafety officer provided a web link (URL) and a unique token which granted access to the survey

- ▶ **In Dutch, French and English**

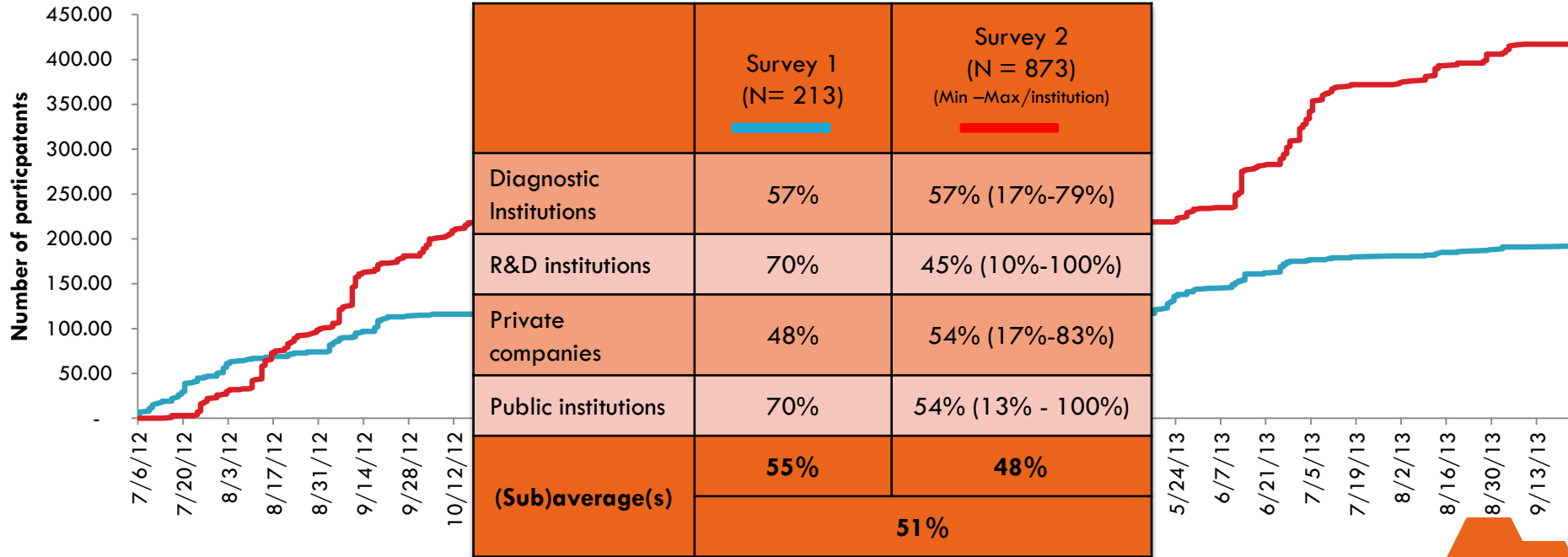
- ▶ **~50 questions and sub questions**

Single-answer questions, multiple question and open questions
Most of the question were mandatory

Participation

Belgian LAI Survey 2007-2012

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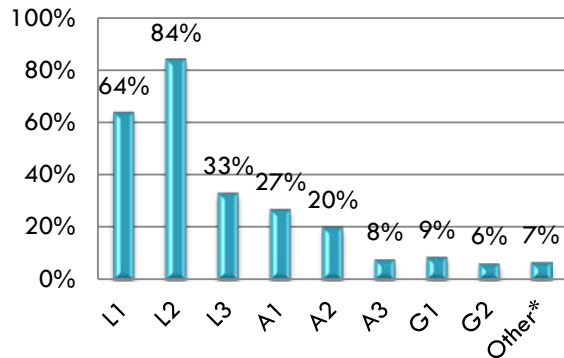
Laboratory-Acquired Infections in Belgium (2007-2012)

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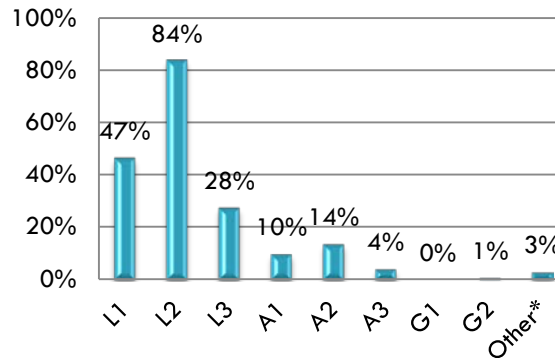
please peruse the LAI reports at your convenience online www.biosafety.be

Belgian LAI Survey 2007-2012

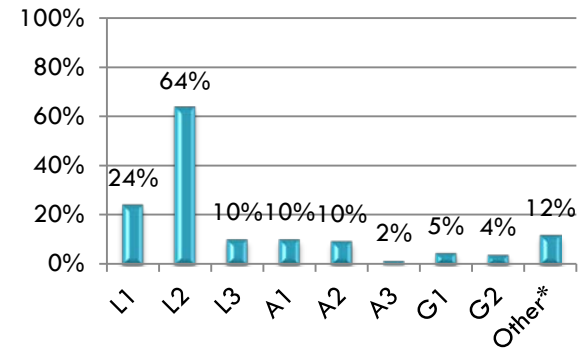
Containment levels available in the institutions survey 1



Containment levels available in the institutions survey 2



Containment levels in recent authorizations (n=559)



* Other: HR1 , LS1 , L2/BK, L2/Q, L3/BSE , G1-2/Q

LEGENDS: L = laboratory ; A = Animal facility; G = Green houses; HR = hospital room ; LS = large scale

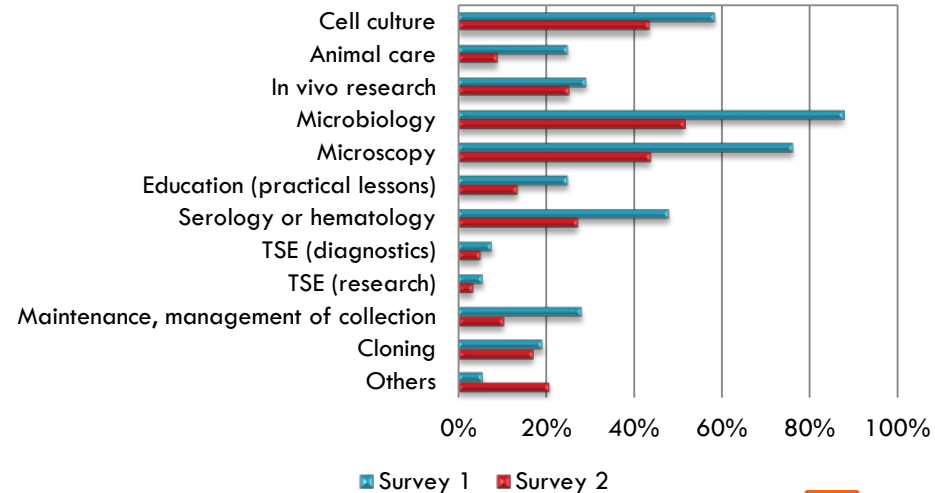
Participation Belgian LAI Survey 2007-2012

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► Participation rate in different sectors

	Survey 1 (N= 213)	Survey 2 (N = 873)
(Bio)medical (Human)	75%	60%
Veterinary (Animals)	9%	39%
Plant research	15%	1%

► Different types of activities



Participation

Belgian LAI Survey 2007-2012

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► **Conclusion:**

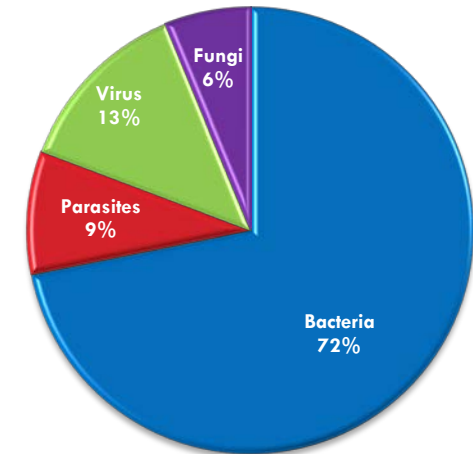
- The distribution pattern of the type of installations in survey 1 is similar to the requested containment levels in recent authorizations
- Similar patterns are observed in survey 2 for the types of activities and installations
- All types of sectors (except plant research) and activities are represented

>>> REPRESENTATIVE GROUP of participants in both surveys

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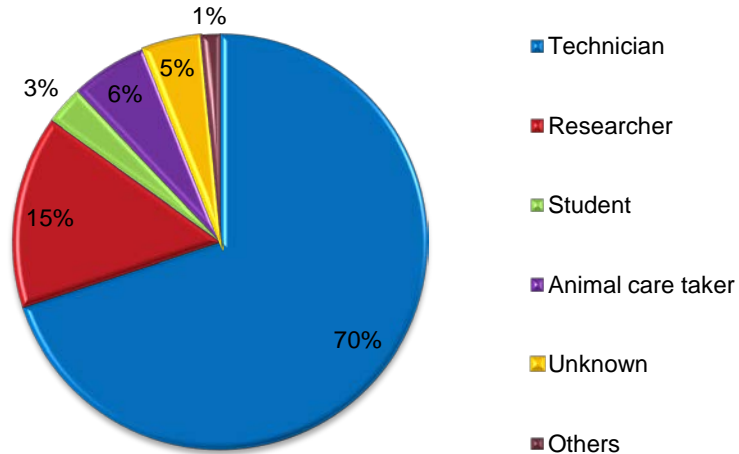
Organism	Risk class ¹	Min number of cases (%) (N= 73)	Max number of cases (%) (N= 92.5)
1 <i>Salmonella</i> bacteria (*)	2-3	16 (22%)	20 (19%)
2 <i>Mycobacterium tuberculosis</i> complex (*)	3	12 (16%)	15 (16%)
3 <i>Brucella</i> bacteria (*)	3	5 (7%)	10 (11%)
4 <i>Trypanosoma brucei gambiense</i>	2	5 (7%)	6 (6%)
5 Dermatophyte (<i>Microsporium canis</i> , <i>Trichophyton verrucosum</i>)	2	4 (5%)	5 (5%)
6 <i>Shigella</i> bacteria (‡)	2-3	4 (5%)	4 (4%)
7 <i>Coxiella burnetii</i> (*)	2	3 (4%)	3 (4%)
8 <i>Mycoplasma</i>	2	2 (2%)	2 (2%)
9 Herpes virus	2	2 (2%)	2 (2%)
10 Hepatitis C virus	3	1 (1%)	2 (2%)
11 <i>Campylobacter</i> (‡)	2	1 (1%)	1.5 (2%)
12 BCG (<i>Bacillus Calmette Guérin</i>)	2	1 (1%)	1 (1%)
13 Parvovirus B19	2	1 (1%)	1 (1%)
14 Avian Influenza (*)	2	1 (1%)	1 (1%)
15 HIV	3	1 (1%)	1 (1%)
16 <i>Toxoplasma gondii</i>	2	1 (1%)	1 (1%)
17 <i>Bartonella</i> bacteria	2-3	1 (1%)	1 (1%)
18 Rabies virus (*)	3	1 (1%)	1 (1%)
19 Recombinant viral vector	2-3	1 (1%)	1 (1%)
20 Rubella virus	2	1 (1%)	1 (1%)
21 <i>Listeria</i> bacteria	2	1 (1%)	1 (1%)
Unknown		7 (11%)	12 (13%)



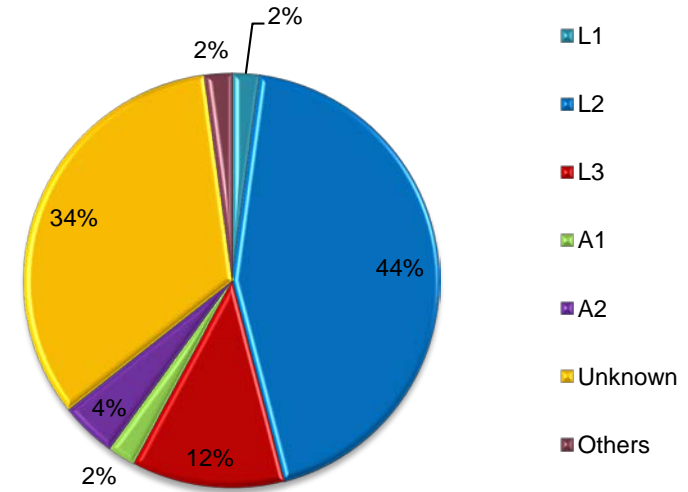
¹ Risk classes for human as based on the Belgian risk classifications of micro-organisms, <http://www.biosafety.be/RA/Class/ClassBEL.html>; * notifiable infectious disease (‡ only in case of collective outbreak)

Belgian LAI Survey 2007-2012

Who was infected?

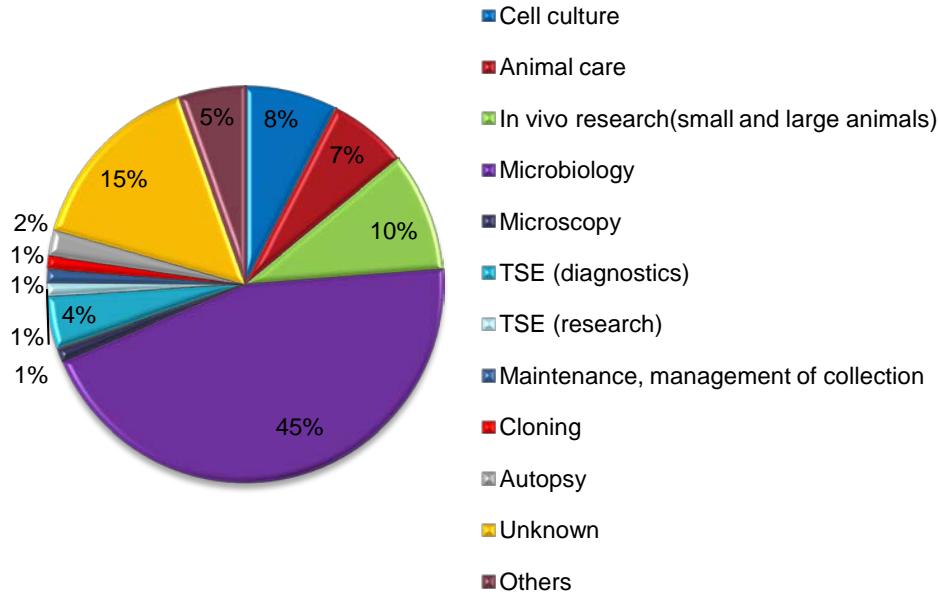


Where did the infection happen?

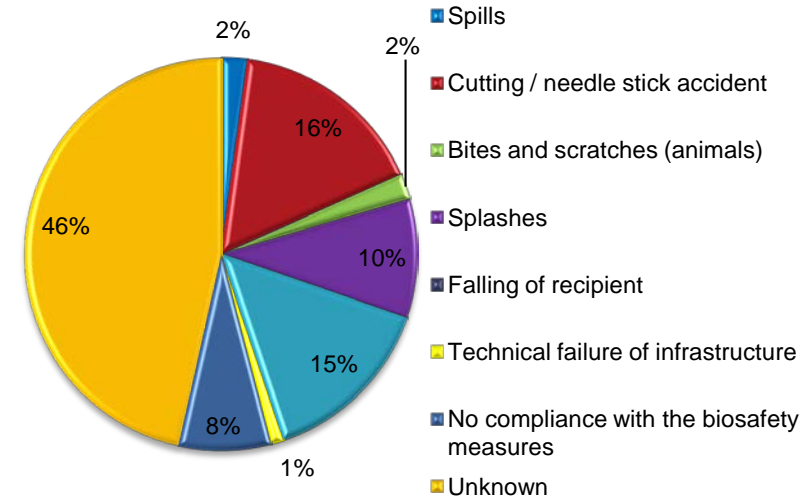


Belgian LAI Survey 2007-2012

In which context did the infection happen?



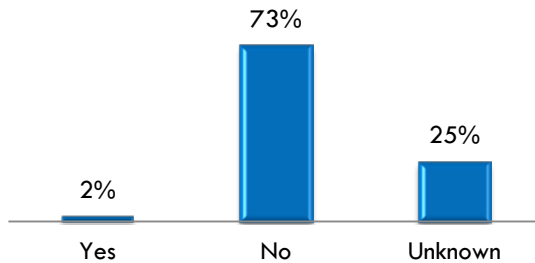
Type of incident involved in the infection?



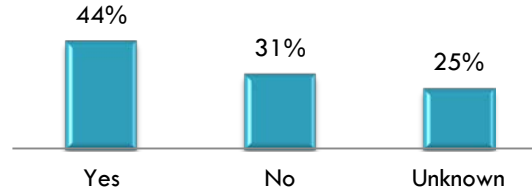
Belgian LAI Survey 2007-2012

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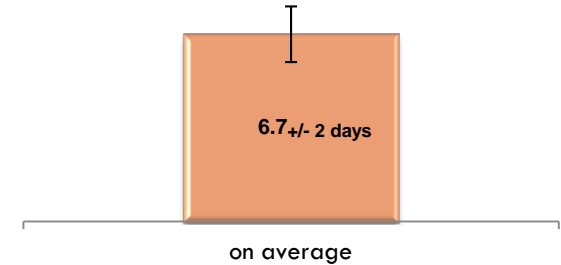
Was it transmitted to another person?



Is it proven that the infection is work related?



Days of disability (n=16)



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► Conclusion

“The most common **LAI** in Belgium is an **enterobacterial** infection of a **technician** during **microbiological** activities in a **BSL-2** lab **without clear origin**”



Belgian LAI Survey 2007-2012

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► Conclusion

“The most common LAI in Belgium is an enterobacterial infection of a technician during microbiological activities in a BSL-2 lab without clear origin”

Absolute numbers > relative risks



Belgian LAI Survey 2007-2012

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Organism	Risk class ¹	Survey 1 (N= 26)	Survey 2 (N= 66.5)
1 <i>Salmonella</i> bacteria (*)	2-3	4 (15%)	16 (24%)
2 <i>Mycobacterium tuberculosis</i> complex (*)	3	3 (12%)	12 (18%)
3 <i>Brucella</i> bacteria (*)	3	5 (19%)	5 (8%)
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5 Dermatophyte (<i>Microsporium canis</i> , <i>Trichophyton verrucosum</i>)	2	4 (15%)	
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7 <i>Coxiella burnetii</i> (*)	2		3 (5%)
8 <i>Mycoplasma</i>	2		2 (3%)
9 <i>Herpes virus</i>	2		2 (3%)
10 Hepatitis C virus	3	1 (4%)	1 (2%)
11 <i>Campylobacter</i> (S)	2	1 (4%)	0,5 (1%)
12 BCG (<i>Bacillus Calmette Guérin</i>)	2	1 (4%)	
13 Parvovirus B19	2	1 (4%)	
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19 Recombinant viral vector	2-3		1 (2%)
20 <i>Rubella virus</i>	2		1 (2)
21 <i>Listeria</i> bacteria	2		1 (2%)
Unknown		4 (15%)	8 (12%)



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Belgian LAI Survey 2007-2012

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Unknown		4 (15%)	8 (12%)

➤ 25 of the 26 invited institutions in survey 2 also participated in survey 1

➤ 9 other organisms are mentioned in survey 2

➤ In 4 out of the 13 institutions participating in survey 1, more than one person responded. However, these multiple responses from the same institutions did not refer to the same LAI.

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▶ Differences between survey 1 & 2

▶ Possible causes of the identified LAIs

“the knowledge (risks, potential route of transmission), the techniques, and the equipment to prevent most laboratory infections are available” dixit Robert M. Pike (1979)

- ▶ Rationale of bio-incidents
- ▶ Compliance with biosafety measures
- ▶ Awareness of occupational biological risks

Recommendations

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Recommendations:

- Close monitoring of the compliance with the required biosafety measures (when more specific personal protection equipment has to be adopted to ensure (bio)safety)
- Bio-incident monitoring, follow-up, internal communication and (external) reporting (role of occupational health practitioner)
- Evaluation and the control of adopted biosafety measures
- Increase personnels' awareness of occupational biological risks with regards to common transmission routes and symptoms (+ evaluate)
- Do not underestimate impact of occupational and human factors (stress, absent mindedness,...)

My friends, as a result of our experimentation,
we have just lost a dear and valued colleague...

On the other hand, we have just gained a publication.



Belgian Biosafety Server

www.biosafety.be

LAI Report for Flanders available online:
http://www.biosafety.be/CU/LAI/Intro_LAI.html

Belgian LAI report available soon (spring
2014)

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