

Precautions

Minimum PPE

Requirements

Large

Small

Disinfection

Hepatitis D Virus

| | CHARACTERISTICS | | VIABILITY | |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Synonym or Cross Reference | HDV, Delta Hepatitis | Survival Outside Host | Can survive in blood/blood products under conditions used for storage of such products. | |
| Disease | ase HDV, Delta Hepatitis | | HEALTH HAZARDS | |
| Morphology | 36 to 43 nm diam. Circular or linear RNA genome surrounded by nucleocapsid protein (HDV antigen) and enveloped by Hepatitis B surface antigen (HBsAg). HDV requires hepatitis B virus (HBV) as a helper virus; only infects individuals who have HBV. | Host Range | Humans and, experimentally, chimpanzees and woodchucks | |
| | | Incubation Period | HDV superinfection: 2-8 weeks; HBV and HDV co- infection: 45-160 days | |
| Zoonosis | None | Infectious Dose | Unknown | |
| | JP & CONTAINMENT REQUIREMENTS | Modes of Transmission | Transmitted via blood/blood products, parenteral inoculation (injection drug use), or sexual contact. Individuals must also be infected with HBV. | |
| ABSL-2 | For all procedures utilizing infected animals. | Symptoms and abdominal discomfort. Self-limiting complete viral clearance (> 90% of cases). I superinfection causes severe acute hepa and leads to chronic hepatitis D infection. | Fatigue, lethargy, anorexia, jaundice, nausea, | |
| BSL-2/BSL-2+ | For all procedures involving suspected or known infectious specimen or cultures, work in a BSC unless otherwise approved and stated in lab- specific manual. | | and abdominal discomfort. Self-limiting with complete viral clearance (> 90% of cases). HDV superinfection causes severe acute hepatitis and leads to chronic hepatitis D infection (90% of cases). Chronic hepatitis D individuals | |
| Risk Group 2 | Agents that are associated with human disease which is rarely serious and for which preventive or therapeutic interventions are often available. | | can develop cirrhosis (60-70%) or fulminant hepatitis (characterized by severe hepatitis and encephalopathy; mortality rate ~ 80%). Overall mortality rate: 2-20% | |
| | LABORATORY HAZARDS | | | |
| Primary Hazards | mucous membranes, and contact exposure of broken skin. Individuals infected with HBV are at | | EXPOSURE PROCEDURES | |
| | | Medical Follow- up | Visit USC's designated healthcare provider. Bring a copy of this PSDS. | |
| Sources | risk of being infected with HDV. Blood and blood products and other samples | Mucous Membrane | Flush eyes for 5-10 minutes at eyewash station. | |
| Lab Acquired Infections (LAIs) | described in the IBC No cases of laboratory-acquired HDV infection have been reported. | Other Exposures | Immediately wash affected area with soap and water for 15 minutes. | |
| | | Reporting | Immediately report incident to supervisor, notify EH&S, and complete Manager's Report. | |
| PERSONAL PROTECTIVE EQUIPMENT | | | | |
| Additional | Additional PPE may be required depending on | MEDI | CAL PRECAUTIONS/TREATMENT | |

| Prophylaxis | Personnel exposed to HDV can be given HBV vaccine or Hepatitis B immunoglobulin to prevent coinfection of HBV and HDV. | | |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Surveillance | Monitor for symptoms of infection. Diagnosis is based on serological testing for the presence of IgM or IgG antibodies to the delta antigen. | | |
| Treatment | Though HDV is highly difficult to treat due to severity of illness, long-term treatment with high doses of IFN-alpha shows some improvement. | | |
| USC Requirements | Immediately report any exposures to Environmental Health & Safety. | | |
| Vaccines | A vaccine is available to prevent infection with HBV and HDV in HBV seronegative individuals. | | |
| | | | |

REFERENCES

BMBL http://tiny.cc/cdc-bmbl CDC https://www.cdc.gov/

Canadian PSDS http://tiny.cc/canada-gov-psds **NIH Guidelines** http://tiny.cc/nih-bio-secure



lab-specific SOPs and IBC Protocol.

SPILL PROCEDURES

toed shoes, long pants.

Lab coat, disposable gloves, safety glasses, closed

Immediately notify all lab personnel and clear the area. Remove any contaminated PPE/clothing before exiting the lab. Lock all entry doors, post warning signage, and deny entry. Call DPS (213-740-4321) and ask to notify EH&S. Inform the PI and/or Lab Manager/Supervisor.

Notify all lab personnel lab. Remove contaminated PPE and don new PPE. Cover spill area with absorbent material and add fresh 1:10 bleach:water. Allow 20 minutes (or as directed) contact time. After 20

Use 10 % dilution of household bleach (minimum

0.3% sodium hypochlorite) for 20 to 30 minutes,

or an acceptable time approved by IBC and EH&S.

minutes, clean up and dispose of materials.

VIABILITY