

Agent-Specific Information Sheet

Agent Name: Eastern Equine Encephalitis virus (EEEV)

Prepared by: Donghoon Chung

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21. What is the natural mode of transmission?

Through the bites of an infected mosquito.

22. What is the potential route of exposure in the lab?

1. *Open cut or puncture.*
2. *Bites or scratches from experimental animals.*
3. *Potential infection via aerosol route.*
4. *Accidental parenteral inoculation.*

23. What is the infectious dose? *Unknown*

24. Can this infection be transmitted directly from person-to-person?

No human-to-human transmissions are known.

25. How long after exposure until the onset of symptoms?

5 – 10 days

26. What are the symptoms of infection?

Rapid onset of high fever, vomiting, stiff neck, and drowsiness. Children frequently manifest generalized, facial, or periorbital edema. Motor involvement with paresis is common during the acute phase of the illness. Major disturbances of autonomic function, such as impaired respiratory regulation or excess salivation may dominate the clinical picture. Adults typically exhibit a febrile prodrome for up to 11 days before the onset of neurological disease; however, illness in children exhibits a more sudden onset. Up to 30% of survivors are left with neurological sequelae such as seizures, spastic paralysis, and cranial neuropathies. Cognitive impairment ranges from minimal brain dysfunction to severe dementia. Fatality rates for EEE are estimated to be from 50% to 75%.

27. How stable is this organism in the environment?

Sensitive to heat and other environmental stress such as UV.

28. What are some effective inactivation methods for this agent?

Heat; 80 °C for 30 min. or autoclave

Disinfectants - 2% Micro-Chem Plus®, 2% glutaraldehyde, 3-8 % formaldehyde, 1% sodium hypochlorite, iodine, phenol iodophors and organic solvents/detergents

29. Is a vaccine available for this agent?

No

30. Which antibiotics/antivirals are effective treatments for infection with this agent?

No treatment available.

Medical Response Protocols

Known Exposure Event

(High or low risk of exposure is documented in an incident report, see below)

1. Request assistance from (a) others present in lab and/or (b) call via yellow call box in BSL3/ABSL3 or phone CPM Security 502-852-1181 7AM-11PM, M-F. Between 11PM-7AM, M-F, and weekends 852-1181 transfers to ULPD-Comm, 502-852-6111. For emergency call 911.
 - a. Location in the facility (Room #).
 - b. Nature of injury and/or exposure (e.g. needlestick, left thumb, agent name OR sprained ankle, no agent).
 - c. Status: Acute, Severe, Minor/ambulatory, non-ambulatory.
 - d. Request call tree notification for a potential release/exposure:
 - i. Supervisor, **Chung (205-616-1036 or 205-453-4602)**.
 - ii. **RO, T. Hopp (281-782-4373) or ARO, C. Cowan (502-457-8649), C. Hildreth (502-417-8406)**.
2. Wash the affected area with soap and water for 15 minutes if a puncture injury.
3. Follow normal decontamination and exit procedures for BSL3/ABSL3ABSL3BSL3 and await further instruction in the anteroom:
 - a. Doff potentially contaminated scrubs and undergarments (collect for autoclaving).
 - b. Don new scrubs.
4. Seek medical evaluation, **RO and Supervisor call for medical consult:**
 - a. High risk of exposure (E.g., Needle stick with agent or release of agent from primary containment with PPE failure)
 - **UofL Hospital Emergency Department: 502-562-3015 (24/7 Availability, main ER area)**.
530 S Jackson St Louisville, KY 40202
24/7 UofL Infectious Disease Consult: 1-800-717-6963.
 - Event based serology with follow-up as directed by the attending physician.
 - Alert to local and state public health authorities as required.
 - h. Low risk of exposure (E.g., release of agent from primary containment with functional PPE)
 - **UofL Campus Health Services: 502-852-6446 (answering service after business hours)**
401 East Chestnut Street, Suite 110
Louisville, KY 40202
 - i. Serology and/or prophylactic treatment may be directed by the attending physician.
5. Report the injury/exposure:
 - a. Supervisor **Chung** completes First Report of Injury, IA-1 Form, <https://louisville.edu/riskmanagement/workerscomp>.
 - b. Notify CDC: **RO, T. Hopp (281-782-4373) or ARO, C. Cowan (502-457-8649), C. Hildreth (502-417-8406)**.
 - i. RO initiates an internal and external incident report (e.g. CDC DSAT Form 3).
 - An initial report (phone/email) must be made in 1 day and a formal written report in 7 days.

Laboratory Worker Exhibiting Symptoms Without Known Exposure Event

(E.g., Fever greater than 100.4°F and entry into a A/BSL3 with EEEV within the last 10 days)

Consider the following:

1. Record body temperature for monitoring of fever in addition to other symptoms.
2. Alert supervisor, **Chung (205-616-1036 or 205-453-4602)**
3. Alert **RO, T. Hopp (281-782-4373) or ARO, C. Cowan (502-457-8649), C. Hildreth (502-417-8406)**.
4. In-home self-quarantine may be directed on a voluntary basis.
 - a. Consider if any household contacts are immunocompromised and respond accordingly.
5. The symptomatic individual shall document the following occupational activities.
 - a. Identity of infectious organism manipulated for the previous 14 days.
 - b. Entries into BSL3 or ABSL3 laboratories for the previous 14 days.
 - c. Experimental procedures conducted and equipment used.
 - d. Work performed by others in a shared laboratory.
 - e. Any possible event that may have resulted in exposure to viable infectious materials (e.g. breach in PPE)
 - f. Recent changes in health status (e.g., recently use of an immune suppressing medication)
6. The symptomatic individual shall document the following social history activities.
 - a. Personal contacts for the previous 14 days.
 - b. Public locations visited or use of public transportation in the previous 14 days.
 - c. History of recent travel.
7. Precautions to be followed by the symptomatic individual.
 - a. Limit skin-to-skin contact with others.
 - b. Wash hands frequently.
8. The RO and Supervisor may consult **Campus Health Services: 502-852-6446 or UofL Infectious Disease ID) 1-800-717-6963 or ID Physician Forest Arnold (502-649-7274)**
 - a. Serology and/or prophylactic treatment may be directed by the attending physician.
 - b. Diagnostic tests to confirm the causative agent of illness may be directed.

If it is probable or confirmed that the illness is due this agent, notifications will be made to the CDC, state health department, and local health department.