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***Agent: Retroviruses, Including Human and Simian Immunodeficiency
Viruses (HIV and SIV)***

The family Retroviridae is divided into two subfamilies, the Orthoretrovirinae with six genera including the Lentivirus genus that includes HIV-1 and HIV-2, and the Spumaretrovirinae with one genus Spumavirus containing a variety of NHP viruses (foamy viruses) which can occasionally infect humans in close contact with NHP. Other important human pathogens are human T-lymphotropic viruses 1 and 2 (HTLV-1 and HTLV-2), members of the Deltaretrovirus genus.

OCCUPATIONAL INFECTIONS

Data on occupational HIV transmission in laboratory workers are collected through two CDC-supported national surveillance systems: surveillance for 1) AIDS and 2) HIV infected persons who may have acquired their infection through occupational exposures.

For surveillance purposes, laboratory workers are defined as those persons, including students and trainees, who have worked in a clinical or HIV laboratory setting anytime since 1978. Cases reported in these two systems are classified as either documented or possible occupational transmission. Those classified as documented occupational transmission had evidence of HIV seroconversion (a negative HIV-antibody test at the time of the exposure which converted to positive) following a discrete percutaneous or mucocutaneous occupational exposure to blood, body fluids, or other clinical or laboratory specimens. As of June 1998, CDC had reports of 16 laboratory workers (all clinical) in the United States with documented occupational transmission.

Workers have been reported to develop antibodies to simian immunodeficiency virus (SIV) following exposures. One case was associated with a needle-stick that occurred while the worker was manipulating a blood-contaminated needle after bleeding an SIV infected macaque monkey. Another case involved a laboratory worker who handled macaque SIV-infected blood specimens without gloves. Though no specific incident was recalled, this worker had dermatitis on the forearms and hands while working with the infected blood specimens.⁸⁴ A third worker⁸⁵ was exposed to SIV-infected primate blood through a needle-stick and subsequently developed antibodies to SIV. To date there is no evidence of illness or immunological incompetence in any of these workers.

NATURAL MODES OF INFECTION

Retroviruses are widely distributed as infectious agents of vertebrates. Within the human population spread is by close sexual contact or parenteral exposure through blood or blood products.

LABORATORY SAFETY

HIV has been isolated from blood, semen, saliva, tears, urine, CSF, amniotic fluid, breast milk, cervical secretion, and tissue of infected persons and experimentally infected nonhuman primates.

Although the risk of occupationally acquired HIV is primarily through exposure to infected blood, it is also prudent to wear gloves when manipulating other body fluids such as feces, saliva, urine, tears, sweat, vomitus, and human breast milk. This also reduces the potential for exposure to other microorganisms that may cause other types of infections.

In the laboratory, virus should be presumed to be present in all blood or clinical specimens contaminated with blood, in any unfixed tissue or organ (other than intact skin) from a human (living or dead), in HIV

cultures, in all materials derived from HIV cultures, and in/on all equipment and devices coming into direct contact with any of these materials.

SIV has been isolated from blood, CSF, and a variety of tissues of infected nonhuman primates. Limited data exist on the concentration of virus in semen, saliva, cervical secretions, urine, breast milk, and amniotic fluid. Virus should be presumed to be present in all SIV cultures, in animals experimentally infected or inoculated with SIV, in all materials derived from SIV cultures, and in/on all equipment and devices coming into direct contact with any of these materials.

The skin (especially when scratches, cuts, abrasions, dermatitis, or other lesions are present) and mucous membranes of the eye, nose, and mouth should be considered as potential pathways for entry of these retroviruses during laboratory activities. Whether infection can occur via the respiratory tract is unknown. The need for using sharps in the laboratory should be evaluated. Needles, sharp instruments, broken glass, and other sharp objects must be carefully handled and properly discarded. Care must be taken to avoid spilling and splashing infected cell-culture liquid and other potentially infected materials.

Containment Recommendations

BSL-2 practices, containment equipment, and facilities are recommended for activities involving blood-contaminated clinical specimens, body fluids and tissues. HTLV-1 and HTLV-2 should also be handled at this level. Activities such as producing research laboratory-scale quantities of HIV or SIV, manipulating concentrated virus preparations, and conducting procedures that may produce droplets or aerosols, are performed in a BSL-2 facility, using BSL-3 practices. Activities involving large-scale volumes or preparation of concentrated HIV or SIV are conducted at BSL-3. ABSL-2 is appropriate for NHP and other animals infected with HIV or SIV. Human serum from any source that is used as a control or reagent in a test procedure should be handled at BSL-2. In addition to the aforementioned recommendations, persons working with HIV, SIV, or other bloodborne pathogens should consult the OSHA Bloodborne Pathogen Standard. Questions related to interpretation of this standard should be directed to federal, regional or state OSHA offices.

SPECIAL ISSUES

It is recommended that all institutions establish written policies regarding the management of laboratory exposure to HIV and SIV; including treatment and prophylaxis protocols. The risk associated with retroviral vector systems can vary significantly; especially lentiviral vectors. Because each gene transfer system can vary significantly, no specific guideline can be offered other than to have all gene transfer protocols reviewed by an IBC.

Transfer of Agent

Importation of this agent may require CDC and/or USDA importation permits. Domestic transport of this agent may require a permit from USDA/APHIS/VS.

A DoC permit may be required for the export of this agent to another country. See Appendix C for additional information.