

del Piemonte, Liguria e Valle d'Aosta

PRION BIOSAFETY: THE EURL APPROACH

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General characteristics of Transmissible Spongiform Encephalopathies

- TSEs or prion diseases are a group of rare, invariably progressive and fatal neurodegenerative diseases, which affect humans and animals
- Long course (years or decades) and asymptomatic / silent
- They progress rapidly (months) after symptoms appear
- Caused by prions, pathogens that differ from common infectious disease agents
- TSEs are unique in medicine as they exist as sporadic / idiopathic, familial / hereditary or acquired forms, but they are all transmissible





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Intrinsic characteristics of prions

- They accumulate at very high infectious doses in the CNS (10⁷-10⁹ UI/gr)
- Easily contaminate surfaces (they bind to metals, minerals and plastics)
- o Not easily eliminated through cleaning and washing procedures
- Difficult decontamination:
 - \circ $\;$ methods for viruses and bacteria that are ineffective,
 - $\circ\,$ Resistant to treatment with formalin,
 - $\,\circ\,$ Resistant to autoclave run with standard mode (121 $^{\circ}$ C for 15 minutes or 134 $^{\circ}$ C for 3 minutes)
 - $\circ\,$ Resistant to high doses of ionizing and ultraviolet rays
 - \circ more **effective** methods (not 100%)ç
 - long-term exposure (at least 1 hour) to 2N NaOH or NaClO solutions with 20,000 ppm of free chlorine
 - $\circ~$ treatment in an autoclave at 134 $^\circ$ C for at least 30 min
 - \circ Sterilization by incineration



 Unlike viruses and many bacteria, prions have an extraordinary resistance in the environment for a long time (years or decades)



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Transmission

Prions are not considered easily transmissible agents, particularly in humans In laboratory, transmissibility is limited to specific ways of contact with infected material:

- Cuts and punctures
- Contact with not-intact skin
- Contact with mucous membranes
- Ingestion

The airway has to be considered in the presence procedures that involve aerosolization or vigorous disruption of the material





Denkers et al., J Gen Virol. 2010, doi:10.1099/vir.0.017335-0

Why is it important?





Registri e Sorveglianze

Registro nazionale della malattia di Creutzfeldt-Jakob e sindromi correlate

MALATTIA DI CREUTZFELDT-JAKOB (MCJ) E SINDROMI CORRELATE IN ITALIA

(aggiornata al 31 gennaio 2021)

	Segnalazio	NI CASI SOSPETTI		DECESSI CASI CON DIAGNOSI CERTA O PROBABILE DI MCJ							
				MCL	Forme	Forme genetiche			MCL	Totala	
	Anno	Segnalazioni	Anno	sporadica	MCJ genetica	GSS1	FFI ²	iatrogena ³	variante ⁴	(decessi)	
[1993	51	1993	27	6	1	2	0	0	36	
	1994	62	1994	33	7	0	1	0	0	41	
		,						_			\setminus
	2015	280	2015	123	31	6	0	0		160	
	2016	244	2016	108	22	2	0	0	1	133	
	2017	305	2017	147	24	1	1	1	P	174	
	2018	295	2018	138	19	2	1	0	0	159	
	2019	306	2019	85	14	0	1	0	0	100	
	2020	275	2020	61	9	3	0	1	0	74	
	2021	15	2021	1	0	0	0	0	0	1	
(se	Totale gnalazioni)	5636	Totale (Casi)	2442	470	62	18	11	3	3006	

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Laboratory biosafety manual, 4th edition

21 December 2020 | Manual

ZOOPROFILATTICO

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Overview

The WHO Laboratory Biosafety Manual (LBM) has been in broad use at all levels of clinical and public health laboratories, and other biomedical sectors globally, serving as a de facto global standard that presents best practices and sets trends in biosafety.

LBM encouraged countries to accept and implement basic concepts in biological safety and to develop national codes of practice for the safe handling of biological agents in laboratories within their geographical borders.

This fourth edition of the manual builds on the risk assessment framework introduced in the third edition. A thorough, evidence-based and transparent assessment of the risks allows safety measures to be balanced with the actual risk of working with biological agents on a case-by-case basis.

This novel evidence- and risk-based approach will allow optimised resource use and sustainable laboratory biosafety and biosecurity policies and practices that are relevant to their individual circumstances and priorities, enabling equitable access to clinical and public health laboratory tests and biomedical research opportunities without compromising safety.

https://www.who.int/publications/i/item/9789240011311



World Health Organization

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RISK ASSESSMENT

Hazard: pathogen able of causing disease

Risk: combination of the chance or probability of an accident occurring and the severity of its consequences

The risk depends on many dynamic factors (type of processing, available equipment, agent endemicity, staff / population susceptibility, staff expertise...) Risk assessment is an essential systematic process to defy the control measures and for ensuring biosecurity in the laboratory. The assessment takes into account different factors (pathogen-specific and local), including:

- Route (s) of transmission
- Pathogenicity and infectious dose
- Availability of prophylaxis (vaccines) or therapies
- Severity and mortality of the disease
- Contagiousness
- Endemicity
- High-risk laboratory procedures (e.g. aerosol, high titers or volume, use of cutting edges, live animals)
- Expertise of laboratory personnel

https://www.who.int/publications/i/item/9789240011458



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Risk assessment in laboratories handling prions

ACDP guidelines (UK)

Factors that need to be considered in the biosecurity risk assessment include:

 \checkmark The type of processing;

- \checkmark The quantity and type of material to be handled;
- \checkmark The procedures and equipment in place, evaluating the potential of:
 - risk of injury
 - dispersion of the agent
 - contamination of personnel
 - contamination of instruments and surfaces
 - adhesion of prions to metals (consider disposable)

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RISK ASSESSMENT

The manual guides you throughout the process (with practical application sheets, checklists and examples)

For example: sheets for the evaluation of residual risk



STEP 4. Select and implement risk control measures (continued)

Instructions: Evaluate the residual risk that remains after risk control measures have been selected to determine if the risk is now acceptable and whether work should proceed.

Circle the residual risk of the laboratory activities after risk control measures are in place.

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	Likelihood of exposure/release							
		Unlike	ly		Possible		Likely	
	Severe	Medium		High			Very high	
Consequences of exposure/release	Moderate	Low		Medium			High	
	Negligible	Very low		Low			Medium	
Overall residual risk.		□ Very low	□ Low		□ Medium	□ High	□ Very high	

If the residual risk is still unacceptable, further action is necessary such as additional risk control measures, based on the initial risk evaluated in STEP 2, redefining the scope of work such that it is acceptable with existing risk control measures in place or identifying an alternative laboratory with appropriate risk control strategies already in place that is capable of conducting the work as planned.

Should work proceed with selected risk control measures?	Yes 🗆 No 🗆
Approved by (Name and title)	
Approved by (Signature)	
Date	

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- Risk assessment (to be reviewed in case of events/accidents)
- Control strategy (equipment and procedures)
- Training and information to personnel, authorizations
- ✓ Accident registrations
- Avoid accidental exposure or injury
 - Complete PPE (shirts, gloves, shoes)
 - Goggles / mask / visor if exposed to splashes or particulates matter
 - Minimize aerosol production (if unavoidable use biological hood)
 - Use enclosed systems (homogenizers, sealed centrifuge ...)
 - Protect skin lesions in a waterproof way
 - Minimize use of glass
 - Minimize / avoid use of sharp (needles, knives, scissors)
 - Sharp / stinging procedures (armoured glove and more)
 - Disposable materials
 - Minimize accumulations of residual infectivity on instruments and surfaces (decontamination)
- Special cases:
 - Pathology: formalin and glutaraldehyde do not decontaminate (use formalin + formic acid); disposable blades, cut resistant gloves, face shield
 - Animals: inoculation and sampling (sedation), autopsies

Protective measures

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J. Altara

TITUT



TSE diagnosis: «Principles of biosafety applicable to Rapid Test laboratories involved in the epidemiological surveillance program of transmissible spongiform encephalopathies. <u>Guidelines update</u>».

Nota 0006558-15/03/2021-DGSAF-MDS-P

• **REGULATORY UPDATES {next slide}**

- DECONTAMINATION PROCEDURES (INSTRUMENTS and SURFACES)
 - EXPOSURE MANAGEMENT
- DESIGN and TECHNICAL CHARACTERISTICS of the LABORATORIES
 - WORKING PROCEDURES
 - CLEANING and DISINFECTION



Biosecurity Guidelines 1/2 Law 18/12/2020 n. 176 Update

Misure di contenimento	Livello di contenimento *2				
	2	3			
1. Il luogo di lavoro deve essere separato da qualsiasi altra attività svolta nello stesso edificio	No	Raccomandato			
2. Il luogo di lavoro deve essere sigillabile in modo da consentire la fumigazione	No	Raccomandato			
3. Il materiale infetto, compreso qualsiasi animale, deve essere manipolato in cabine di sicurezza o in condizioni di isolamento o di adeguato contenimento	Se del caso	Sì, in caso di infezione trasmessa per via aerea			
4. L'aria in entrata e in uscita dal luogo di lavoro deve essere filtrata con un sistema di filtrazione HEPA ⁽¹⁾ o simile	No	Sì, per l'aria in entrata e in uscita			
5. Superfici impermeabili all'acqua e facili da pulire	Sì, per bancone e pavimento	Sì, per bancone, pavimento e altre superfici determinate nella valutazione			
6. Il luogo di lavoro deve essere mantenuto a una pressione negativa rispetto alla pressione atmosferica	No	Raccomandato			
7. Superfici resistenti ad acidi, alcali, solventi e disinfettanti	Raccomandato	Si			

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	2	3	
1. La zona di lavoro deve essere separata da qualsiasi altra attività nello stesso edificio	No	Raccomandato	
 L'aria immessa nella zona di lavoro e l'aria estratta devono essere filtrate attraverso un ultrafiltro (HEPA) o un filtro simile 	NO	SI, sull'aria estratta	
3. L'accesso deve essere limitato alle persone autorizzate	Raccomandato	Si	(Old Table, ex
4. La zona di lavoro deve poter essere chiusa a tenuta per consentire la disinfezione	No	Raccomandato	
5. Specifiche procedure di disinfezione	Si	Si	
 La zona di lavoro deve essere mantenuta ad una pressione negativa rispetto a quella atmosferica 	No	Raccomandato	
7. Controllo efficace dei vettori, ad esempio, roditori ed insetti	Raccomandato	Si	

New Table (Attached XLVII) The choice of the level of Biosafety for handling activities of potentially prion-infected materials depends on the nature of the agent, the samples to be handled and the activities that are carried out.

D. Lgs 81/2008 and subsequent amendments: XLVI TSE agents are classified as risk group 2 (scrapie) and risk group 3 ** (BSE and other associated animal TSEs).

The agents classified in group 3 and indicated with a double asterisk (**) may entail a limited risk of infection because they are normally not carried by air, so the containment levels indicated in the boxes may be apply.

*2 Containment level 4 is omitted (not of interest / relevance)



Biosecurity Guidelines 2/2 Law 18/12/2020 n. 176 Update













Personal protective equipment

Polyethylene-Coated Polypropylene Isolation Gowns

High density polyethylene suit











IHC/ Histology

Transport of samples

Sample, place of sampling –> Analysis Laboratory (external transport)/internal transport (intra-mural): <u>importance both for the safety of the transport operators and for the recipients of the samples</u>, but also for the <u>conservation of the samples</u> themselves (and therefore for the quality of the analytical result).

BIOPROTECTION: extension to the normal approach to biosecurity aimed at defending, from a One Health perspective, laboratories, the population, livestock, agriculture and the environment from acts of sabotage.

Perfect **traceability** is first and foremost necessary.

<u>Strict</u> national and international <u>regulations</u> (in particular ADR) which aim above all to reduce the probability of **damage to containers**.

CLASSIFICATION of INFECTIOUS SUBSTANCES:

- CATEGORY A (UN2814/UN 2900);
- **CATEGORY B** (UN3373).

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Transport of samples

Triple container :

- **Primary casing:** watertight and equipped with a descriptive label of the contents;
- Intermediate (secondary) casing: used to close and protect the first packaging; also watertight, it can accommodate one or more primary casings;
- **External (tertiary) casing:** physical protection from damage.

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Specific accompanying documentation (which certifies the information on the nature of the transported sample, its identification as well as the sender and recipient details).

Waste management

Waste from diagnostic activity on prions:

- **SOLID waste: incineration** is useful when it is necessary to eliminate animal carcasses, anatomical parts and other laboratory waste, with or without previous decontamination. The incineration of infected materials is an alternative to the autoclave and is operated by specialized companies;
- **LIQUID waste:** infected liquid waste contaminated with prions must be treated for 1 h with sodium hypochlorite containing free chlorine at the final concentration of 20 g / I (2%) or with 2M sodium hydroxide.

More information are reported in: Nota 0006558-15/03/2021-DGSAF-MDS-P

