# Pathogen Safety Data Sheet 🛛 🕅



Section 1 - In	fectious Agent		
Agent Name: K	ocuria rhizophila		
Agent Type: B	acteria		
Taxonomy:			
Family:	Micrococcaceae	Genus: Kocuria	
Species:	K. rhizophila		
Subspeci	ies/Strain/Clonal Isolate:		
Synonym/Cross Micrococcus lute			
Characteristics			
Brief Description	K. rhizophila are grampositive, oxidasepositive, and strictly aerobic cocci belonging to the family Micrococcaceae. They usually occur in irregular clusters, tetrads, and pairs, where individual cells are about 1 to 1.8 $\mu$ m in diameter and are usually nonmotile and non-spore forming.		
Duenenties	Catalana nasitiva and ana		

Properties: Catalase-positive and coagulase-negative.

# Section 2 - Hazard Identification

# Pathogenicity/Toxicity

Length of the illness/disease associated with the infectious agent in humans and animals (focusing primarily on animals of economic importance). List of the symptoms of the disease, including severity and prevalence. Mortality rate of the disease. Variations of the disease and clinical presentations. Other ailments associated with the disease. Potential acute and chronic effects should be discussed if this information is available.

Predisposing Factors: Immunocompromised with serious underlying disease.

# Communicability

Not known to be transmitted directly from person to person. Transmission usually occurs through contaminated surfaces and/or objects.

# Epidemiology

Micrococcus spp. and closely related genera, occur worldwide and are ubiquitous. They are found on the skin of humans and other animals and in soil, marine and fresh water, plants, fomites, dust, and air. In humans, they are most frequently found on the exposed skin of face, arms, hands, and legs. M. luteus is most common and is found in nature and in clinical specimens. One study (of 115 people) reports that up to 96% of people living in 18 states of USA carried micrococci, with the majority being K. rhizophilus (M. leuteus). The carriage rates were highest on the skin of the head, legs, and arms compared to those for nares and axillae.

#### Host Range

Natural Host(s): Humans, mammals, and some marine animals (including some fish, sharks, crustacean shellfish, shrimps, and prawns).

Other Host(s): Not applicable.

Infectious	5 Dose
------------	--------

Unknown.

Incubation	Period
------------	--------

Unknown.

# Section 3 - Dissemination

# Reservoir

Humans and animals (ubiquitous in the environment).

# Vectors

None.

# Zoonosis / Reverse Zoonosis

None.

# Section 4 - Dissemination

# **Drug Susceptibility**

Most Kocuria isolates were reported to be susceptible to many of the first- and second-line drugs, with the exception of ampicillin and norfloxacin.

# Drug Resistance

Ampicillin and norfloxacin.

# **Susceptibility to Disinfectants**

Grampositive

bacteria are generally susceptible to a number of disinfectants, including phenolic compounds, hypochlorites (1% sodium hypochlorite), alcohols (70% ethanol), formaldehyde (18.5 g/L; 5% formalin in water), glutaraldehyde, iodines (0.075 g/L).

# **Physical Inactivation**

Bacteria are generally sensitive to moist heat and dry heat(8) . Growth of micrococci may be significantly reduced at temperatures >45 °C, pH <6, and in high salt concentrations (>15%).

# **Survival Outside Host**

Micrococci are relatively resistant to drying and to moderate temperature changes. They have been shown to persist on human skin for extended periods of time ranging from few months to at least one year (up to two and a half years for several strains of K. rhizophila (aka M. luteus). They do not survive well and die quickly in natural soil.

# Section 5 - First Aid and Medical

# Surveillance

Monitor for symptoms. Micrococcus spp. can be isolated from biological samples (taken from skin) using culture techniques (on agar media). No immunological or biochemical detection techniques are currently available.

Note: All diagnostic methods are not necessarily available in all countries.

# First Aid / Treatment

Appropriate antibiotic therapy should be administered as required, treatment should be supportive.

Immunization

None.

Prophylaxis

None.

**Section 6 - Laboratory Hazards** 

# **Laboratory Acquired Infections**

None reported

# Sources / Specimens

Skin (particularly in exposed regions of the body) of humans and animals, dairy products, and various environmental sources, including soil, marine and fresh water, plants, fomites, dust, and air.

# **Primary Hazards**

Likelihood of infection is low; however, avoid accidental parenteral inoculation, ingestion, and inhalation of infectious droplets.

# **Special Hazards**

None.

# **Section 7 - Exposure Controls and Personal Protection**

# **Risk Group Classification**

What is the Risk Group classification in humans and animals for the pathogen?

Human Risk Group Classification RG1 Animal Risk Group Classification RG1

# **Containment Requirements**

Containment Level: CL1

#### **Containment Zone Requirements:**

Containment Level 1 facilities, equipment, and operational practices for work involving infectious or potentially infectious materials, animals, or cultures.

# **Protective Clothing**

Lab coat. Gloves when direct skin contact with infected materials or animals is unavoidable. Eye protection must be used where there is a known or potential risk of exposure to splashes. If there are no special hazards for this agent enter "none".

# **Other Precautions**

All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC). The use of needles, syringes, and other sharp objects should be strictly limited. Additional precautions should be considered with work involving animals or large scale activities.

# Section 8 - Handling and Storage

# Spills

Allow aerosols to settle. Wearing protective clothing, gently cover the spill with absorbent paper towel and apply suitable disinfectant, starting at the perimeter and working towards the centre. Allow sufficient contact time before clean up.

# Disposal

Decontaminate all wastes that contain or have come in contact with the infectious organism by autoclave, chemical disinfection, gamma irradiation, or incineration before disposing.

# Storage

The infectious agent should be stored in appropriately labelled leak-proof containers in a locked area. Containers of infectious material or toxins stored outside the containment zone must be labelled, leakproof, impact resistant, and kept either in locked storage equipment or within an area with limited access.

# **Section 9 - Regulatory Information**

The import, transport, and use of pathogens in Canada is regulated under many regulatory bodies, including the Public Health Agency of Canada, Health Canada, Canadian Food Inspection Agency, Environment Canada, and Transport Canada. Users are responsible for ensuring they are compliant with all relevant acts, regulations, guidelines, and standards.

PSDS Creation Date: May 31, 2018

Revision Number:

**PSDS Revision Date:** 

Revisions were made to Sections:

The Information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express ori mplied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no event shall the University be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential, or exemplary damages howsoever arising, even if the University has been advised of the possibility of such damages.

Prepared by	
Nipissing University	
Biosafety Officer	

#### References

Risk Group determination from "PHAC Biological Agent Search".

D. Mossenet, et. al. Persistent Bloodstream Infection with Kocuria rhizophila Related to a Damaged Central Catheter. J. Clin. Microbiol. April 2012 vol. 50 no. 4 1495-1498.

S. Purty, et al. "The Expanding Spectrum of Human Infections Caused by Kocuria Species: A Case Report and Literature Review." Emerging Microbes & Infections 2.10 (2013): e71–. PMC. Web. 31 May 2018.

M. Kocur, W.E, Kloos, & K.H. Schleifer. The Genus Micrococcus. In M. Dworkin, S. Falkow, E. Rosenberg, K. H. Schleifer & E. Stackebrandt (Eds.), The Prokaryotes (2006., 3rd ed., pp. 961-971). New York: Springer.