PATHOGEN SAFETY DATA SHEETS: INFECTIOUS SUBSTANCES – SERRATIA SPP.

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SECTION I - INFECTIOUS AGENT

NAME: Serratia spp.

SYNONYM OR CROSS REFERENCE: Serratia, S. marcescens (Serratia pattern 1, Serratia biotype 1, phenon A), S. liquefaciens, S. entomophila, S. ficaria, S. fonticola, S. glossinae, S. grimesii ,S. marcescens (S. marcescens ss marcescens and S. marcescens ss sakuensis) S. nematodiphila , S. odorifera, S. plymuthica, S. proteamaculans (S. proteamaculans ss proteamaculans, S. proteamaculans ss quinovora), S. rubidaea, S. ureilytica *contect*.

CHARACTERISTICS: *Serratia* spp. are chemoorganotrophic, facultative anaerobic bacteria with low nutritional requirements, and belong to

the *Enterobacteriaceae* family $\boxed{\text{Eoutnotes}}$. They are gram negative rods, 0.9-2 µm long and 0.5-0.8 µm in diameter $\boxed{\text{Eoutnotes}}$. They possess peritrichous flagella that allow them to swim and swarm (with differentiation), and are ubiquitous in soil, water, and plant surfaces.

Many species produce a red to pink pigment, named prodigiosin, which is easier to observe in phosphate-free medium incubated at 30°C rather than 37°C [contes]. This pigment is suspected to have antibiotic, potent immunosuppressive, proapoptotic, and anticancer properties, while its role for *Serratia* spp. is still unknown [contes]. *S. marcescens* produces a biofilm, with unique cellular and structural differentiation characteristics to those of the standard biofilms produced by *Pseudomonas aeruginosa* and *Escherichia coli*. The latter bacteria produce biofilms, which only consist of microcolonies of undifferentiated cells. *Serratia* spp. also produces β-lactamases. All of the former metabolic processes are controlled by quorum sensing. *S. marcescens* ssp. *sakuensis* is able to produce endospores, but other members of the genus are not [contes].

SECTION II - HAZARD IDENTIFICATION

PATHOGENICITY/TOXICITY: *Serratia* spp. are opportunistic pathogens and are one of the ten most common causes of bacteremia in North America Foundes. They are responsible for a variety of infections, including bacteremia, pneumonia, intravenous catheter-associated infections, osteomyelitis, endocarditis, and, rarely, endogenous and exogenous endophthalmitis Foundes. Symptom of endophthalmitis appears rapidly after infection, and may include fever, erythema, ocular pain, periorbital swelling, and hypopyon (pus in the eyes). The mortality rate from bacteremia due to *Serratia* spp. 6 months after infection is 37% Founder.

Serratia infections in neonates are frequent (11-15% in neonatal intensive care unit) and may include bloodstream infection (42%), conjunctivitis (26%), pneumonia (13%), urinary tract infection (8%), meningitis (7%), and surgical site infections <u>Footneed</u>. Other infections in infants are documented (otitis externa, enterocolitis and omphalitis, gastroenteritis, septic arthritis, and intraperitoneal infection/abcess), but are rare. Risk factors include birth weight, use of mechanical ventilation, and gestational age (under 37 weeks are at greater risk). The mortality rate in neonates is 44%.

EPIDEMIOLOGY: Worldwide distribution Footnotes. Biotypes, serotypes and biogroups may be region-specific. Sporadic infections are considered endemic. Epidemics may be caused by contact with a common source by multiple patients, or by patient-to-patient contact. The intestinal tract of newborns may also be infected. *S. marcescens* non-pigmented strains are more likely to cause an infection than pigmented strains Footnotes. Until recently, *Serratia* was considered to be a mostly nosocomial

pathogen Footnete? Footnete1. In 2007, a study in the Calgary health care region (Canada) demonstrated that 65% of infections with *Serratia* species were actually of community origin. According to the same study, 10.8 per 100,000 inhabitants are carrying the pathogen and 0.9 per 100,000/year develop bacteremia. The rate of *Serratia* isolation is higher in those over 60 years of age. In the under 60 population, the rate of isolation in men and woman are slightly different (65.9 per 100,000 in men and 36.5 per 100,000 in women). The difference in isolation is mostly observed for hospital-acquired infection. There is no seasonal or yearly variation in incidence. 92% of isolates were *Serratia marcescens*, 4% *S. liquefaciens*, 1% *S. odorifera* and 1% *S. rubidaea*. Other isolates included *S. fonticola*, *S. plymuthica*, and nonspeciated *Serratia* (2%). Bacteremia was usually caused by *S. marcescens* (88%) and *S. liquefaciens* (7%). *S. odorifera* (2%) and nonspeciated *Serratia* also have caused bacteremias. Men over 60 years of ages were most susceptible to developing bacteremia.

HOST RANGE: Plants and animals (including human) have been found to be hosts to the different *Serratia* spp. Footnote3.

INFECTIOUS DOSE: Unknown.

MODE OF TRANSMISSION: Ingestion of contaminated foods and direct contact **Footnotes**. Nosocomial transmission may occur by hand contact from hospital personnel and other patients. Fomites may also spread *Serratia*.

INCUBATION PERIOD: Unknown.

COMMUNICABILITY: *Serratia* may be directly transmitted from person-to-person, but rates are unknown **Economical**.

SECTION III - DISSEMINATION

RESERVOIR: Soil and animal (including human) are considered reservoirs **Footnote3**. **ZOONOSIS**: None **Footnote3**.

VECTORS: None Footnote3.

SECTION IV - STABILITY AND VIABILITY

DRUG SUSCEPTIBILITY: *Serratia* spp. are usually susceptible to aminoglycosides, fluoroquinolones, and co-trimazole Footnote7.

DRUG RESISTANCE: Many *Serratia* spp. isolates (39-73%) are resistant to gentamicin Footnote7. They are all resistant to penicillins and cephalosporin.

SUSCEPTIBILITY TO DISINFECTANTS: Phenolic disinfectants, 1% sodium hypochlorite, 70% ethanol, formaldehyde, glutaraldehyde, iodophore, and peracetic acid are effective against *Serratia* spp. Footnote1

PHYSICAL INACTIVATION: *Serratia* spp. are inactivated by UV, microwave, gamma radiation, moist heat (121°C for at least 20 min), and dry heat (165-170°C for 2 h) Footnote12 Footnote15.

SURVIVAL OUTSIDE HOST: *S. marcescens* may survive from 3 days to 2 month on dry, inanimate surfaces, and 5 weeks on dry floor Footnote18. The organism may survive less than 4 days in a blood bag under aerobic conditions and 20 days in semi-anaerobic/anaerobic conditions Footnote17. It has been also reported to survive in contact lens disinfectant (with chlorheximide), double-distilled water, non-medicated hand soap, but no duration has been reported for those cases Footnote18. Footnote20.

SECTION V - FIRST AID / MEDICAL

SURVEILLANCE: Monitor for symptoms and perform bacteriological isolation and serotyping/biotyping Footnotes.

FIRST AID/TREATMENT: Give appropriate antibiotherapy **Footnotes**. **IMMUNIZATION**: None currently available.

PROPHYLAXIS: None currently available.

SECTION VI - LABORATORY HAZARDS

LABORATORY-ACQUIRED INFECTIONS: 5 laboratory acquired infection with *S. marcescens* have been reported as of 1999 Footnote11.

SOURCES/SPECIMENS: *Serratia* spp. are found in feces, wound exudates, respiratory specimen, blood, eye culture, and urine Footnote10.

PRIMARY HAZARDS: Accidental parenteral inoculation, droplets exposure of mucous membrane, infectious aerosols, and ingestion **Footnote11**. **SPECIAL HAZARDS**: None.

SECTION VII – EXPOSURE CONTROLS / PERSONAL PROTECTION

RISK GROUP CLASSIFICATION: Risk Group 2. This risk group applies to the genus as a whole, and may not apply to every species within the genus.

CONTAINMENT REQUIREMENTS: Containment Level 2 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 Footnote21.

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 Footnote21.

SECTION VIII - HANDLING AND STORAGE

SPILLS: Allow aerosols to settle and, wearing protective clothing, gently cover spill with paper towels and apply an appropriate disinfectant, starting at the perimeter and working towards the centre. Allow sufficient contact time before clean up.

DISPOSAL: All material should be decontaminated before disposal with steam sterilization, incineration or chemical disinfection.

STORAGE: Samples and biological material should be store in appropriately labelled sealed containers.

SECTION IX - REGULATORY AND OTHER INFORMATION

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.

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PREPARED BY: Pathogen Regulation Directorate, Public Health Agency of Canada.

Although the information, opinions and recommendations contained in this Pathogen Safety Data Sheet are compiled from sources believed to be reliable, we accept no responsibility for the accuracy, sufficiency, or reliability or for any loss or injury resulting from the use of the information. Newly discovered hazards are frequent and this information may not be completely up to date.

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REFERENCES:

Footnote 1

J.P. Euzéby: List of Prokaryotic names with Standing in Nomenclature - Genus Serratia

Return to footnote1Referrer

Footnote 2

Van Houdt, R., Givskov, M., & Michiels, C. W. (2007). Quorum sensing in Serratia. *FEMS Microbiology Reviews, 31*(4), 407-424. doi:10.1111/j.1574-6976.2007.00071.x

Return to footnote2Referrer

Footnote 3

Grimont, F., & Grimont, P. A. D. (1992). The genus Serratia. *The Prokaryotes, 3*, 2822–2848.

Return to footnote3Referrer

Footnote 4

Ajithkumar, B., Ajithkumar, V. P., Iriye, R., Doi, Y., & Sakai, T. (2003). Spore-forming Serratia marcescens subsp. sakuensis subsp. nov., isolated from a domestic wastewater treatment tank. *International Journal of Systematic and Evolutionary Microbiology*, *53*(1), 253.

Return to footnote4Referrer

Footnote 5

Biedenbach, D. J., Moet, G. J., & Jones, R. N. (2004). Occurrence and antimicrobial resistance pattern comparisons among bloodstream infection isolates from the SENTRY Antimicrobial Surveillance Program (1997-2002). *Diagnostic Microbiology and Infectious Disease, 50*(1), 59-69. doi:10.1016/j.diagmicrobio.2004.05.003

Return to footnote5Referrer

Footnote 6

MARINELLA, M. A., & WARWAR, R. (1998). Endogenous endophthalmitis due to Serratia marcescens. *Southern Medical Journal*, *91*(4), 388. Return to footnote6Referrer

Footnote 7

Engel, H. J., Collignon, P. J., Whiting, P. T., & Kennedy, K. J. (2009). Serratia sp. bacteremia in Canberra, Australia: a population-based study over 10 years. *European Journal of Clinical Microbiology & Infectious Diseases, 28*(7), 821-824.

Return to footnote7Referrer

Footnote 8

Dessi, A., Puddu, M., Testa, M., Marcialis, M. A., Pintus, M. C., & Fanos, V. (2009). Serratia marcescens infections and outbreaks in neonatal intensive care units. *Journal of Chemotherapy (Florence, Italy), 21*(5), 493-499.

Return to footnote8Referrer

Footnote 9

Carbonell, G. V., Della Colleta, H. H. M., Yano, T., Darini, A. L. C., Levy, C. E., & Fonseca, B. A. L. (2000). Clinical relevance and virulence factors of pigmented Serratia marcescens. *FEMS Immunology & Medical Microbiology, 28*(2), 143-149.

Return to footnote9Referrer

Footnote 10

Laupland, K. B., Parkins, M. D., Gregson, D. B., Church, D. L., Ross, T., & Pitout, J. D. (2008). Population-based laboratory surveillance for Serratia species isolates in a large Canadian health region. *European Journal of Clinical Microbiology & Infectious Diseases : Official Publication of the European Society of Clinical Microbiology, 27*(2), 89-95. doi:10.1007/s10096-007-0400-7

Return to footnote10Referrer

Footnote 11

Collins, C. H., & Kennedy, D. A. (1999). Decontamination. *Laboratory-Acquired Infections: History, Incidence, Causes and Prevention.* (4th ed., pp. 160-186). London, UK: Buttersworth.

Return to footnote11Referrer

Footnote 12

Katara, G., Hemvani, N., Chitnis, S., Chitnis, V., & Chitnis, D. S. (2008). Surface disinfection by exposure to germicidal UV light. *Indian Journal of Medical Microbiology*, *26*(3), 241-242.

Return to footnote12Referrer

Footnote 13

Wu, Y., & Yao, M.Inactivation of bacteria and fungus aerosols using microwave irradiation. *Journal of Aerosol Science, In Press, Corrected Proof*doi:DOI: 10.1016/j.jaerosci.2010.04.004

Return to footnote13Referrer

Footnote 14

Farkas, J. (1998). Irradiation as a method for decontaminating food. A review. *International Journal of Food Microbiology, 44*(3), 189-204.

Return to footnote14Referrer

Footnote 15

Csucos, M., & Csucos, C. (1999). *Microbiological obseration of water and wastewater*. United States: CRC Press.

Return to footnote15Referrer

Footnote 16

Kramer, A., Schwebke, I., & Kampf, G. (2006). How long do nosocomial pathogens persist on inanimate surfaces? A systematic review. *BMC Infectious Diseases*, *6*, 130. doi:10.1186/1471-2334-6-130

Return to footnote16Referrer

Footnote 17

Szewzyk, U., Szewzyk, R., & Stenstrom, T. A. (1993). Growth and survival of Serratia marcescens under aerobic and anaerobic conditions in the presence of materials from blood bags. *Journal of Clinical Microbiology*, *31*(7), 1826-1830.

Return to footnote17Referrer

Footnote 18

Hejazi, A., & Falkiner, F. R. (1997). Serratia marcescens. *Journal of Medical Microbiology, 46*(11), 903-912.

Return to footnote18Referrer

Footnote 19

Sartor, C., Jacomo, V., Duvivier, C., Tissot-Dupont, H., Sambuc, R., & Drancourt, M. (2000). Nosocomial Serratia marcescens infections associated with extrinsic contamination of a liquid nonmedicated soap. *Infection Control and Hospital Epidemiology : The Official Journal of the Society of Hospital Epidemiologists of America, 21*(3), 196-199. doi:10.1086/501743

Return to footnote19Referrer

Footnote 20

Gandhi, P. A., Sawant, A. D., Wilson, L. A., & Ahearn, D. G. (1993). Adaptation and growth of Serratia marcescens in contact lens disinfectant solutions containing chlorhexidine gluconate. *Applied and Environmental Microbiology, 59*(1), 183.

Return to footnote20Referrer

Footnote 21

Public Health Agency of Canada. (2004). In Best M., Graham M. L., Leitner R., Ouellette M. and Ugwu K. (Eds.), *Laboratory Biosafety Guidelines* (3rd ed.). Canada: Public Health Agency of Canada.