

# Perinatal Research Facility Disclosure

*Access to the University of Colorado Anschutz Medical Campus Perinatal Research Facility (PRF) is restricted to essential personnel. The following information is for individuals that must enter the PRF to conduct short-term work activities who are not part of the PRF staff or faculty performing or supporting research activities. Sheep housed at the PRF may harbor *Coxiella burnetii*, a bacterium known to cause Q fever in humans.*

**Participation in respiratory protection and medical surveillance programs is mandatory to be able to work in the Perinatal Research Facility.**

## **Anticipated Risk**

The potential for human infection is greatest for individuals working directly with infected animals during the birthing process since amniotic fluids and the placenta contain high concentrations of the organisms. Direct handling of materials contaminated with amniotic fluids, placenta debris, terminated fetuses, or urine from infected sheep is also a high risk activity. Typically, the risk of infection due to casual exposure (such as walking through the facility or performing work on equipment within the complex) is low. If your work requires that you enter the restricted animal areas of the PRF, you may be at risk for contracting Q fever. If your previous work history involved handling of sheep before coming to this facility, you may already have been exposed and potentially unknowingly infected. Some people develop immunity to the organism after infection.

## **Respiratory Protection and Personal Protective Equipment**

This pathogen is resistant to heat and drying and can become airborne. To ensure the safety of anyone entering areas within the PRF where research activities involving the handling of sheep are performed, individuals are required to wear respiratory protection (N95 respirator or other negative or positive pressure respirator fitted with HEPA filtration). Fit-testing for employees required to use a negative pressure respirator is a requirement of the Occupational Safety and Health Act (OSHA) regulations. The University of Colorado Denver | Anschutz Medical Campus provides fit testing and any required medical screening for employees of the institution and for non-University of Colorado Denver | Anschutz Medical Campus personnel that must enter the PRF to conduct short-term work activities

Entering the areas within the PRF where research activities involving the handling of sheep are performed also requires ABSL-2+ PPE personal protective equipment. This includes: solid-front lab coat with closed cuffs, double gloves, face shield, long pants/skirt/dress and eye protection, in addition to an N95 respirator.

## **Q Fever Medical Surveillance Program**

All personnel entering the areas within the PRF where research activities involving the handling of sheep are performed are required to be enrolled in Q fever surveillance. This program is composed of the following:

1. Submission of an Initial Medical Surveillance Questionnaire (for initial enrollment) or Annual Medical Surveillance Questionnaire (annually after initial enrollment) indicating work in the PRF.
2. Appointment with Occupational Health for Q fever titer for enrollment in Q fever surveillance.
3. All individuals enrolled in the program will have a baseline serology test performed through Occupational Health prior to initiating work in the PRF. *A baseline sample must be obtained prior to entering the PRF.*
4. Complete Q fever Annual Screening Questionnaire prior to the annual blood draw (provided at appointment).
5. All individuals enrolled in the surveillance program will be screened annually for Q fever using phase I IgG and phase II IgG serology.
6. Serology and assessments will be performed on a yearly basis by the department. Enrollees into the surveillance program will be notified by email when they are due for their annual visit.
7. Enrollees who no longer enter the PRF will complete an exit titer with Occupational Health one month after their work concludes, then will be removed from the surveillance program.

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## Signs and Symptoms

Even if you become infected, you may not experience any symptoms. Only approximately fifty percent of people infected with *Coxiella burnetii* show signs of clinical illness. Symptoms of Q fever are similar to flu symptoms. An acute case of Q fever may begin with sudden onset of one or more of the following:

- high fever (up to 104-105° F)
- severe headache
- body discomfort and fatigue, or muscle pain
- confusion
- sore throat
- chills, sweats
- non-productive cough
- nausea, vomiting
- diarrhea, abdominal pain
- chest pain

Fever usually lasts for 1 to 2 weeks. Weight loss can occur and persist. In general, most people recover within several months without any treatment. However, some may develop complications. Thirty to fifty percent of people infected will develop pneumonia. A majority of those infected have abnormal results on liver function tests and some may develop hepatitis. One to two percent of individuals infected die of the disease. Individuals who are immuno-compromised are at a higher risk for serious illness. **If you believe you may have a compromised immune system, you should not enter the facility's animal areas.**

In rare cases, some individuals develop a chronic form of Q fever (infection that persists for more than 6 months), which may occur a year or more (as long as 20 years) after getting the disease. In these cases, inflammation of the heart, especially the valves in the heart, can be a serious problem. Most who develop chronic Q fever have pre-existing heart disease. Transplant recipients, patients with cancer, and those with chronic kidney disease are at risk of developing chronic Q fever. As many as sixty five percent of persons with chronic Q fever die of the disease.

If after entering the facility you experience the symptoms described (most become ill within 2-3 weeks after exposure), you should inform your medical care provider that you may have been exposed to *Coxiella burnetii* ("Q fever") and request appropriate laboratory testing to ensure an accurate diagnosis and proper treatment.

**Please report any suspected infection to the University of Colorado Denver | Anschutz Medical Campus Environmental Health and Safety Department at 303-724-9145 and [Occupational.Health@cuanschutz.edu](mailto:Occupational.Health@cuanschutz.edu).**

## Acknowledgement

If you must enter the restricted areas of the PRF, please print your name, sign and date below and send the signed form to [occupational.health@cuanschutz.edu](mailto:occupational.health@cuanschutz.edu).

I \_\_\_\_\_ (name), certify that I have read and understand the information provided to me by the University of Colorado Denver | Anschutz Medical Campus (herein) regarding the risk to me of exposure to Q fever pathogenic organisms that may exist in the PRF. I exercise my own free and voluntary choice to access the Perinatal Research Facility. I agree to assume all risk of personal injury or loss, and bodily injury (including death), arising out of my access to the Perinatal Research Facility. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my access to the Perinatal Research Facility, including contact with sheep and potential exposure to *Coxiella burnetii*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please indicate below your anticipated dates of entry to restricted areas and when you anticipate finishing your project in the Perinatal Research Facility:

\_\_\_\_\_



ENVIRONMENTAL HEALTH AND SAFETY | OCCUPATIONAL HEALTH

Date: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

|                 | Service Provided                                                                                  | Cost                                 |       |
|-----------------|---------------------------------------------------------------------------------------------------|--------------------------------------|-------|
|                 | Medical Surveillance Charge                                                                       | \$75 (AMC) \$100(DDC)                |       |
|                 | CU Med New Hire                                                                                   | \$100                                |       |
|                 | Vaccinia Consultation                                                                             | \$100                                |       |
|                 | Clinical Consultation                                                                             | \$75                                 |       |
|                 | Respiratory Medical Evaluation                                                                    | \$60                                 |       |
|                 | Drug Screen (Oral)                                                                                | \$300                                |       |
|                 | Vaccines                                                                                          | Hep B (each, series of 2) Hep-li-sav | \$130 |
|                 |                                                                                                   | Hep B (each, series of 3) Engerix    | \$85  |
|                 |                                                                                                   | Hep A/B (each, series of 3)          | \$120 |
|                 |                                                                                                   | Hep A (each, series of 2)            | \$85  |
|                 |                                                                                                   | MMR (each, series of 2)              | \$120 |
|                 |                                                                                                   | Polio (each, series of 3)            | \$70  |
|                 |                                                                                                   | Rabies (each, series of 3)           | \$350 |
|                 |                                                                                                   | Td                                   | \$75  |
|                 |                                                                                                   | Tdap                                 | \$75  |
|                 |                                                                                                   | PPD                                  | \$30  |
|                 |                                                                                                   | JEV (each, series of 2)              | \$325 |
|                 |                                                                                                   | Varicella (each, series of 2)        | \$175 |
|                 |                                                                                                   | Influenza (Flu)                      | \$30  |
|                 | Other:                                                                                            |                                      |       |
| Titers          | Hep B Antibody                                                                                    | \$40                                 |       |
|                 | Hep A Antibody                                                                                    | \$40                                 |       |
|                 | Q-Fever                                                                                           | \$60                                 |       |
|                 | TB Quantiferon                                                                                    | \$60                                 |       |
|                 | Varicella (chickenpox)                                                                            | \$50                                 |       |
|                 | Rabies                                                                                            | \$125                                |       |
|                 | MMR Combined                                                                                      | \$70                                 |       |
|                 | JEV Titer                                                                                         | \$40                                 |       |
|                 | WNV                                                                                               | \$40                                 |       |
|                 | Dengue                                                                                            | \$40                                 |       |
|                 | Lab Draw Fee                                                                                      | \$25                                 |       |
|                 | Other:                                                                                            |                                      |       |
| TOTAL           |                                                                                                   |                                      |       |
| Bill to Invoice |                                                                                                   | \$                                   |       |
| Speed type (ST) |                                                                                                   | \$                                   |       |
| Self-Pay        | <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card | \$                                   |       |
| No Charge       |                                                                                                   | \$                                   |       |

Q Fever titers will be drawn twice per worker. Once will occur before work, one will occur one month after work concludes.

EHSA Verified? ☐

Completed by: \_\_\_\_\_

Dept: \_\_\_\_\_ PI/Sup: \_\_\_\_\_

☐ Covered ☐ Not Covered