



UNIVERSITY HEALTH CENTER

PRINTABLE WALLET CARDS FOR EMERGENT OCCUPATIONAL EXPOSURES

[Anthrax \(Bacillus Anthracis\)](#)

[Bacteroides fragilis](#)

[Borrelia burgdorferi \(Lyme disease\)](#)

[E. Coli \(enterohemorrhagic\)](#)

[E. Coli \(non-enterohemorrhagic\)](#)

[Francisella tularensis](#)

[Hepatitis A](#)

[HIV \(Human Immunodeficiency Virus\)](#)

[HPAIV \(HSN1/Avian Influenza\)](#)

[Lentivirus](#)

[Leptospira](#)

[Mycobacterium Tuberculosis \(TB\)](#)

[Neisseria meningitidis](#)

[Rabies](#)



UNIVERSITY HEALTH CENTER

Anthrax (Bacillus Anthracis)

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Anthrax (Bacillus Anthracis)

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with B. anthracis and may have come into contact via direct and indirect contact of skin with cultures and contaminated laboratory surfaces, accidental parenteral inoculation, or exposure to infectious aerosols.

Please also visit <https://www.cdc.gov/anthrax/medical-care/prevention.html> for further info on anthrax exposure and treatment recommendations

BACK

MEDICAL ALERT INFORMATION – B. anthracis

The person carrying this card has an occupational exposure to anthrax (B. anthracis)
Immediately call Occupational Health at **301-405-3315**

COMMON SYMPTOMS

- Incubation period usually 2-5 days, but can be up to 2 months (after inhalation)
- Cutaneous anthrax - skin lesion becoming papular, then vesiculated and developing into a depressed eschar
- Inhalation anthrax - respiratory distress, fever
- Intestinal anthrax - abdominal distress followed by fever

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Flush wound and/or eyes
- 60 days of treatment with either
 - Ciprofloxacin (500 mg every 12 hours) OR
 - Doxycycline (100 mg every 12 hours) PLUS
 - Three-dose series of anthrax vaccine adsorbed (AVA) at 0, 2 and 4 weeks (only for those previously unvaccinated)

Note: these recommendations are intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases

[Return to list](#)



UNIVERSITY HEALTH CENTER

Bacteroides fragilis

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Bacteroides fragilis

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with *B. fragilis* and may have come into contact via accidental parenteral inoculation; direct contact of mucous membranes (or wounds, cuts on skin); or skin penetrating animal bites

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to *B. fragilis*. Immediately call Occupational Health at **301.405.3314**

COMMON SYMPTOMS

- Incubation period usually 1-5 days
- Localized abscesses

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Prophylaxis: none
- Treatment of symptomatic case: Metronidazole or a carbapenem (e.g. imipenem) are effective

[Return to list](#)



UNIVERSITY HEALTH CENTER

Borrelia burgdorferi (Lyme disease)

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Borrelia burgdorferi (aka Lyme disease)

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with *B. burgdorferi*, and may have come into contact via accidental parenteral inoculation and exposure to infectious aerosols

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to *Borrelia burgdorferi* (aka Lyme disease). Immediately call Occupational Health at **301.405.3314**

COMMON SYMPTOMS

- Incubation period 3-30 days
- Erythema migrans (target-shaped rash)
- Fever, chills, fatigue, muscle and joint pain, headache

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Baseline and follow-up Lyme EIA only for symptomatic patients
- PEP: Doxycycline (200 mg single oral dose). If contraindicated, consult Infectious Disease

[Return to list](#)



UNIVERSITY HEALTH CENTER

E. Coli (enterohemorrhagic)

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

E. Coli (enterohemorrhagic)

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with enterohemorrhagic E. coli, and may have come into contact with the bacteria via accidental ingestion or percutaneous exposure.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to enterohemorrhagic E. coli. Immediately call Occupational Health at [301.405.3314](tel:301.405.3314)

COMMON SYMPTOMS

- Incubation period 2-8 days (median 3-4 days)
- Initially watery, then bloody diarrhea; abdominal pain; possible low-grade fever
- Potential for hemolytic-uremic syndrome (HUS) or thrombocytopenic purpura (TTP)

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- TMP-Sulfa and Bismuth subsalicylate may be considered to help reduce risk of developing symptomatic disease
- If symptomatic, oral or IV hydration as needed

[Return to list](#)



UNIVERSITY HEALTH CENTER

E. Coli (non-enterohemorrhagic)

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

E. Coli (non-enterohemorrhagic)

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with non-enterohemorrhagic E. coli, and may have come into contact with the bacteria via accidental ingestion or percutaneous exposure.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to non-enterohemorrhagic E. coli (enteroinvasive, enteropathogenic, or enterotoxigenic). Immediately call Occupational Health at **301.405.3315**

COMMON SYMPTOMS

- Incubation period
 - Enteroinvasive 2-48 hours (average 18 hours)
 - Enteropathogenic 6-48 hours
 - Enterotoxigenic 14-30 hours
- Enteroinvasive: dysentery, watery diarrhea (might be bloody), fever, cramps.
- Enteropathogenic: acute, profuse, watery diarrhea, low-grade fever with nausea and vomiting
- Enterotoxigenic: abrupt onset of watery diarrhea, low-grade fever with nausea and vomiting.

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- TMP-Sulfa and Bismuth subsalicylate may be considered to help reduce risk of developing symptomatic disease
- If symptomatic, oral or IV hydration as needed

[Return to list](#)



UNIVERSITY HEALTH CENTER

Francisella tularensis

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Francisella tularensis

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with Francisella tularensis, and may have come into contact via direct contact of skin or mucous membranes, percutaneously, ingestion, or inhalation.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to Francisella tularensis. Immediately call Occupational Health at **301.405.3314**

COMMON SYMPTOMS

- Incubation period 1-14 days (usually 3-5 days)
- Ulceroglandular: Ulcer appears at the affected site, with lymph node swelling
- Oculoglandular disease: conjunctivitis & lymph gland swelling in front of the ear
- Oropharyngeal: mouth ulcers, tonsillitis and swelling of lymph glands
- Respiratory: Pneumonia (most serious form) with chest pain, cough and difficulty breathing; could be non-specific (nausea/vomiting) with no respiratory symptoms

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Within 24 hours of exposure:
 - Doxycycline (100 mg orally twice daily for 14 days)
- OR
- Ciprofloxacin (500 mg orally twice daily for 14 days)

[Return to list](#)



UNIVERSITY HEALTH CENTER

Hepatitis A

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Hepatitis A

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with Hepatitis A and may have come into contact via accidental ingestion of biological samples (feces, blood) infected with HAV or percutaneously.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to Hepatitis A. Immediately call Occupational Health at **301.405.3315**

COMMON SYMPTOMS

- Incubation period 15-50 days (average 28-30 days)
- Fever, malaise, anorexia, nausea, abdominal discomfort, dark urine, and jaundice

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Baseline serology:
 - HAV IgG antibody to detect immunity from vaccine or past infection
- If worker is not already immune:
 - ASAP after exposure, but always within 2 weeks of the initial exposure: administer one dose of inactivated HAV vaccine.
- For employees > 40 years old, immunocompromised, with chronic liver disease, or have a contraindication to HAV vaccine, administer HAV immune globulin (0.02ml/kg body weight). If Hepatitis A immune globulin is needed, contact Department of Health

[Return to list](#)



UNIVERSITY HEALTH CENTER

HIV (Human Immunodeficiency Virus)

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

HIV (Human Immunodeficiency Virus)

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with HIV, and may have come into contact via needlestick, contaminated sharp objects, and/or direct contact of non-intact skin or mucous membranes with HIV-infected specimens/tissues.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to HIV. Immediately call Occupational Health at [301.405.3314](tel:301.405.3314)

COMMON SYMPTOMS

- Incubation period usually 1-3 months to antibody detection
- Acute infection accompanied by non-specific "flu-like" and "mononucleosis-like" symptoms such as:
 - Myalgia, arthralgia,
 - Diarrhea, nausea, vomiting,
 - Headache

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Baseline serology: HIV Ag/Ab or HIV Ab
- Treatment (if recommended):
 - Truvada™ 1 tablet by mouth once daily PLUS
 - Raltegravir (Isentress®; RAL) 400mg by mouth twice daily
 - OR
 - Dolutegravir (Tivicay™; DTG) 50mg by mouth once daily
 - Duration: 28 days

[Return to list](#)



UNIVERSITY HEALTH CENTER

HPAIV (HSN1/Avian Influenza)

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

HPAIV (aka H5N1, avian influenza)

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with HPAIV and may have come into contact via inhalation of virus from aerosols generated when aspirating, dispensing, or mixing virus-infected samples from infected animals; or potential percutaneous exposure.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to HPAIV. Immediately call Occupational Health at **301.405.3314**

COMMON SYMPTOMS

- Incubation period 2-5 days
- Range from typical flu-like symptoms (e.g., fever, sore throat, cough, and muscle aches) to pneumonia, acute respiratory distress syndrome, multiple organ failure

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Baseline testing: Influenza rapid test (for both type A and B)
- ASAP after exposure, but definitely within 48 hours: Administer Tamiflu (oseltamivir) 75 mg twice daily for 10 days

[Return to list](#)



UNIVERSITY HEALTH CENTER

Lentivirus

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Lentivirus

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with lentivirus and may have come into contact via direct contact with nonintact skin or the eye, nose, or mouth; accidental parenteral injection; or inhalation of droplets at close range (risk of airborne or ingestion exposures unknown)

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to Lentivirus. Immediately call Occupational Health at [301.405.3314](tel:301.405.3314)

FIRST AID AND OTHER MEASURES

- Wash skin with soap and water for at least 5 minutes and/or flush eyes or other mucous membranes with water for at least 10 minutes
- Immediately call the lab's Principal Investigator (PI) to verify whether lentivirus is "replication-competent" or "replication-incompetent", genes involved, and other relevant information to inform decisions on PEP

POST-EXPOSURE TREATMENT

- Baseline HIV testing
- ASAP initiation of treatment (max 72 hrs, ideally within 2 hours)
- 7 days of:
 - Integrase inhibitor e.g., raltegravir 400mg twice daily; PLUS
 - Nucleoside reverse transcriptase inhibitor e.g., tenofovir 300mg once daily (if contraindication exists, use raltegravir alone)

[Return to list](#)



UNIVERSITY HEALTH CENTER

Leptospira

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Leptospira

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with *Leptospira*, and may have come into contact via ingestion; accidental parenteral inoculation; direct contact of skin or mucous membranes with cultures or infected tissues or body fluids (especially urine); or inhalation of aerosols of contaminated fluids.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to *Leptospira*. Immediately call Occupational Health at **301.405.3314**

COMMON SYMPTOMS

- Incubation period 2-30 days (typically 5-14 days)
- Mostly asymptomatic, but symptoms could include headaches, fever, chills, muscle aches, vomiting, jaundice, abdominal pain, diarrhea (fetal complications in pregnant people)

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- If no contraindication, one-time dose of doxycycline 200 mg orally as soon as possible

[Return to list](#)



UNIVERSITY HEALTH CENTER

Mycobacterium Tuberculosis (TB)

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Mycobacterium Tuberculosis (TB)

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with Mycobacterium Tuberculosis (TB) and may have come into contact with the bacteria through exposure to infectious aerosols generated during manipulation of cultures or while handling infected animals; or through contact with mucus membranes, accidental parenteral inoculation, or ingestion of TB-containing material.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to Mycobacterium Tuberculosis (TB). Immediately call Occupational Health at **301.405.3315** in addition to the Principal Investigator (PI) for questions about drug-resistant patterns of the laboratory TB strain

COMMON SYMPTOMS

- Incubation period 3-9 weeks (may also develop much later from latent infection)
- Pulmonary TB: cough, weight loss, night sweats, low-grade fever, dyspnea
- Exudative TB: difficulty breathing along with high fever and chest pain

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Perform tuberculin skin testing (PPD) or blood testing (IGRA) at baseline and 10 weeks post exposure
- If non-drug-resistant TB, isoniazid (INH) 300 mg daily, and vitamin B-6 25 mg daily (increase to 50 mg if paresthesia occurs)
- Begin treatment at the initial visit and continue until the second TB test result (eight to 10 weeks after the first) is available

[Return to list](#)



UNIVERSITY HEALTH CENTER

Neisseria meningitidis

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Neisseria meningitidis

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with *Neisseria meningitidis* and may have come into contact via accidental parenteral inoculation, exposure of mucous membranes to infectious droplet nuclei or aerosols, or ingestion.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to *Neisseria meningitidis*. Immediately call Occupational Health at **301.405.3315**

COMMON SYMPTOMS

- Incubation period period 2-10 days (avg 2-4 days)
- Presenting symptoms
 - Mild sore throat
 - Fever, severe headache, stiff neck

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Treat as soon as possible (ideally within 24 hours of exposure) with one of the following :
 - Oral rifampin (10 mg/kg [max 600 mg] orally twice daily, for 2 days)
 - Intramuscular ceftriaxone (250 mg, single-dose)
 - Oral ciprofloxacin (20 mg/kg [max 500 mg] orally, single-dose)

[Return to list](#)



UNIVERSITY HEALTH CENTER

Rabies

Print and carry this card at all times and present to medical personnel in the event of exposure.

FRONT

Rabies

IMPORTANT INFORMATION FOR EMERGENCY PERSONNEL

The individual carrying this card works in a laboratory with Rabies and may have come into contact via infectious droplets and aerosols containing rabies virus.

SPECIAL HAZARDS: Fixed tissue preparations can still be infectious, so extreme care is needed when handling them.

Note: This card is intended to be informational and should not substitute for clinical presentation and provider judgment of individual clinical cases.

BACK

MEDICAL ALERT INFORMATION

The person carrying this card has an occupational exposure to Rabies. Immediately call Occupational Health at **301.405.3315** and consult with Infectious Diseases

COMMON SYMPTOMS

- Incubation period: days to years
- Initial presentation:
 - Flu-like symptoms, apprehension, behavior changes, headache, fever, malaise
 - Progressive encephalomyelitis, usually fatal

POST-EXPOSURE TREATMENT

- Thoroughly wash any skin wounds with soap and water and/or flush eyes or other affected mucous membranes with water
- Baseline serology: Rabies antibody
- Repeat rabies vaccination (even if employee has already been immunized)
 - If no past immunization, also use Rabies immune globulin (RIG)

[Return to list](#)