

## Main Topics

- Analyze the main changes in the new LBM by the WHO
- Compare the LBM 3 (part I) vs LBM 4 (section 3 and monograph #2)
- How these changes impact Latin American countries







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## What Changes?

### **LBM 3**

- Risk group definition
- Biosafety levels definition

### LBM 4

- Definition of risk groups risk assessment based
- Biosefety levels risk assessment based



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#### LBM 3 part I Source: WHO Laboratory Biosafety Manual. - 3rd ed. WHO/CDS/CSR/LYO/2004.11 Table 3. Summary of biosafety level requirements Table 1. Classification of infective microorganisms by risk group BIOSAFETY LEVEL Risk Group 1 (no or low individual and community risk) A microorganism that is unlikely to cause human or animal disease, isolation of laboratory Room sealable for decontamination No No Yes. Risk Group 2 (moderate individual risk, low community risk): - inward sirflow A pathogen that can cause human or animal disease but is unlikely to be a serious hazard to - controlled ventilating system Desitable Yes laboratory workers, the community, livestock or the environment. Laboratory exposures may - HEPA-filtered air exhaust cause serious infection, but effective treatment and preventive measures are available and the Double-door entry Yes. risk of spread of infection is limited. Airlock with shower No. Yes Risk Group 3 (high individual risk, low community risk) Anterdom A pathogen that usually causes serious human or animal disease but does not ordinarily spread. Antergom with shower Yes/No: from one infected individual to another. Effective treatment and preventive measures are available. Effluent treatment No. Autoclaws - on site Desirable Risk Group 4 (high individual and community risk) - in laboratory room Destrable A pathogen that usually causes serious human or animal disease and that can be readily - double-ended No. Desirable Yes transmitted from one individual to another, directly or indirectly. Effective treatment and preventive Biological safety cabinets Destrable measures are not usually available. Desirable Personnel safety monitoring capability<sup>a</sup> Environmental and functional isolation from general hattle. Dependent on location of exhaust lose Chapter 43. Dependent on agent(s) said on the Mazinatine. For example, wholes, closed-circuit between her liav@worldbiohaztec.com

## LBM 3 part I

Source: WHO Laboratory Biosafety Manual. – 3rd Edition WHO/CDS/CSR/LYO/2004.11



Figure 2. A typical Biosafety Level 1 laboratory. (graphics kindly provided by CUH2A, Princeton, NJ, USA)



Figure 3. A typical Biosafety Level 2 laboratory. (graphics kindly provided by CUH2A, Princeton, NJ, USA). Procedures likely to generate aerosols are performed within a biological safety cabinet. Doors are kept closed and are posted with appropriate hazard signs. Potentially contaminated wastes are separated from the general waste stream.

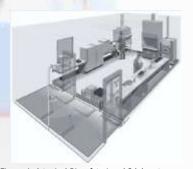


Figure 4. A typical Biosafety Level 3 laboratory. (graphics kindly provided by CUH2A, Princeton, NJ, USA). The laboratory is separated from general traffic flow and accessed through an anteroom (double door entry or basic laboratory – Biosafety Level 2) or an airlock. An autoclave is available within the facility for decontamination of wastes prior to disposal. A sink with hands-free operation is available. Inward directional airflow is established and all work with infectious materials is conducted within a biological safety cabinet.



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# LBM 4 foreword/ Section 9 NATIONAL/INTERNATIONAL BIOSAFETY OVERSIGHT

Source: Laboratory Biosafety Manual, Fourth Edition. Geneva: World Health Organization; 2020 (Laboratory Biosafety Manual, Fourth Edition and associated monographs). License: CC BY-NC-SA 3.0 IGO.

national legislative framework for biosafety

APPROACH

Activity-based

List-based

Table 9.1 Approaches for developing national biosafety regulations as part of a

Previous versions of the manual described the classification of biological agents and laboratories in terms of risk-hazard groups and biosafety/containment levels. While this may be a logical starting point for the transling and containment of biological agents, it has fed to the insconception that the risk group of a biological agent directly corresponds to the biosafety level of a loboratory. In fact, the actual risk of a given scenario is influenced not only by the agent being handled, but also by the procedure being performed and the competency of the loboratory personnel angaging in the loboratory activity.

Risk Group! I (no or low individual and community risk): A microorganism that is unlikely to cause human or animal disease. Risk Group? I (moderate individual risk, low community risk): A pathagen that an opene human or animal alease but is unlikely to be a serious hazard to laboratory personnel, the community, livestock or the environment. Laboratory exposures may cause serious infaction, but effective treatment and preventive measures are available and the risk of spread of infection is limited. Risk Group 2 (fingli individual risk, low community risk): A pathagen that usually causes serious human or animal disease but does not ordinarily spread from one infected individual to orather. Effective treatment and preventive resources are available. Risk Group 4 (fingli individual) and community risk.) A pathagen that usually causes serious human or animal disease and that can be readily transmitted from one individual to aborate with the content of preventive medianes are not usually available. Source: WHO Laboratory Biocostey Manual, 3rd edition (2004).

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Siek or hazard group

The development of one or more sets of national regulations and an accompanying list of all the biological agents for which those regulations apply.

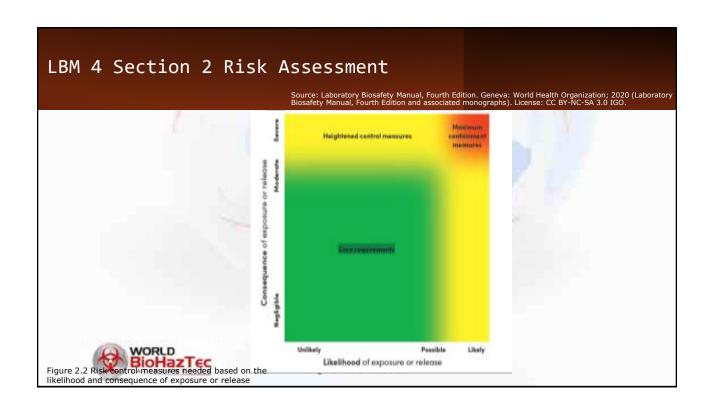
Biological agents are classified into "risk" or "hazard groups" based upon each agent's characteristics and spidemiological profile. The higher the risk or hazard group, the higher the Beliabood that the agent will stous and spiced inflaction in furname or animals at the country, and/or the more severe the sporeageness of floor infection will be its individual and public health, if it were to occur. Regulations are then developed that apply to each of the risk or hazard group. Classical definitions for risk groups 1 to 4 can be seen

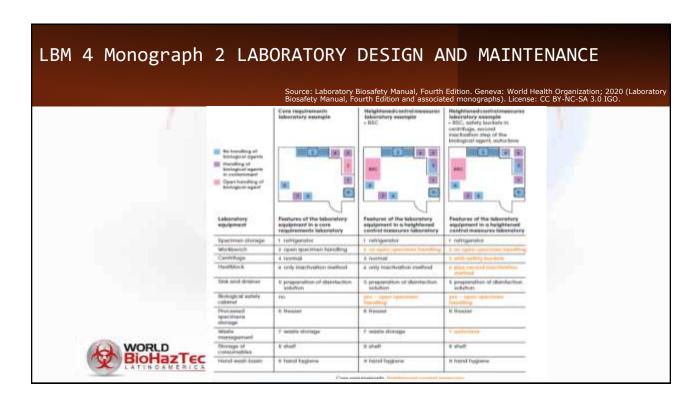
The development of regulations that apply to the types of

work being performed on a biological agent (rather than the biological agent litted). For example, regulations developed for all work involving recombinant DNA.

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## LBM section 4 HEIGHTENED CONTROL MEASURES

Source: Laboratory Biosafety Manual, Fourth Edition. Geneva: World Health Organization; 2020 (Laboratory Biosafety Manual, Fourth Edition and associated monographs). License: CC BY-NC-SA 3.0 IGO.

 "...There are many different risk control measures available to address a single type of risk, and the selection of the most appropriate and effective measure will depend on local circumstances. Where national regulations exist, there may be compulsory, predefined lists of risk control measures to be used."... pg. 49



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## What is Happening in Latin America

- There are no national quidelines nor regulations.
- Lack of biocontainment knowledge and expertise in laboratory design.
- Limited budget.
- Unlike the United States, the biosafety culture in Latin Amerića is not strong.
- The decision makers usually do not have a scientific background.
- There is no culture of risk analysis or assessment.



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# What is Happening in Latin America

Table 1. Surveyary of Laboratory Stockshipt Levels (SSLs)

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Biosafe<mark>ty in</mark> Microbiological and Bi<mark>omedica</mark>l Laboratories, 6th Edit<mark>ion</mark> Section IV—Laboratory Biosafety Level Criteria

 International guidelines like WHO Laboratory Biosafety Manual, 4th Edition and CDC/NIH Biosafety in Microbiological and Biomedical Laboratories, 6th Edition are not restrictive. The WHO LBM 4 presents a different point of view. These LBM and BMBL no longer speak the same language.

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## What is Happening in Latin America

Table 3. Risk precaution levels, associated laboratory activities and risk assessment for tuberculosis (TB) laboratories.

Risk level of TB laboratory*	Laboratory activities	Assessment of risk
Low risk	Direct sputum-smear microscopy; preparation of specimens for use in an automated nucleic acid amplification test cartridge (such as the Xpert MTB/ RIF assay)	Low risk of generating infectious aerosols from specimens; low concentration of infectious particles
Moderate risk	Processing and concentration of specimens for inoculation on primary culture media; direct DSY (for example, line-probe assays on processed sputum)	Moderate risk of generating infectious persons, law concentration of infectious particles.
High risk (TB-con- tainment laboratory)	Culture manipulation for identification; DST or line-probe assays on cultured isolates	High risk of generating infectious aerosols from specimers; high concentration of infectious particles

DST, drug-susceptibility testing

\*The risk level refers to how likely it is that someone in the laboratory will become infected with TB as a result of procedures performed in the laboratory.



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Source: Tuberculosis Laboratory Biosafety Manual. ISBN 978 92 4 150463 8.



