Office 305-243-3400



RISK ASSESSMENT BY AGENT: DIPHTHERIA TOXIN (DT)

CHARACTERISTICS		
Туре	Biological Toxin	
Risk Group	Risk group 2	
Natural Source	Strains of Corynebacterium diphtheria that	
	have been lysogenized by bacteriophage β	
Laboratory	Solid lyophilized toxin	
Source		
Characteristics	DT is an exotoxin that inhibits eukaryotic	
	protein synthesis by ADP-ribosylating an	
	elongation factor needed to translocate the	
	ribosome along mRNA.	

HAZARDS		
Route of entry	The toxin is harmful is inhaled, injected, or	
	absorbed through the skin or eyes.	
Signs and	DT can cause weakness, sore throat, fever,	
Symptoms	swollen glands in the neck. DT destroys tissues	
	in the respiratory system, and also get into the	
	blood stream and cause damage to the heart,	
	kidneys, and nerves.	
Toxicity Dose	Humans are very susceptible to DT.	
Data	Human LD50 = 0.1 μg/kg	
	Intraperitoneal (mouse) LD50: 0.3 mg/kg	
	Subcutaneous (mouse) LD50: 0.3 mg/kg	
	Intraperitoneal (hamster) LD50: 6.5 mg/kg	
Metabolism	There is minimal risk to animal caretakers as	
Data	the amount of unmetabolized DT excreted by	
	the injected mice is likely to be extremely low.	

EXPOSURE CONT	ROLS / PERSONAL PROTECTION	
Containment	BSL-2 , ABSL-1 or ABSL-2	
PPE	Lab coat, double nitrile gloves, eye protection	
Animal +PPE	Respirator (N95)	
Biohazardous	Solid Waste: Autoclave waste before placing in	
Waste	biohazardous waste boxes for off-site	
Management	treatment.	
	Liquid: Treat waste with bleach (1:10) for 30	
	minutes. Pour liquid down laboratory sink	
	with copious amounts of water.	
	Animal Carcasses: Place into biohazardous	
	waste boxes for off-site treatment.	
	Sharps: Place all sharps, vials, Eppendorf tubes	
	and pipette tips in a puncture proof sharps	
	container.	
Lab Work	Perform all DT work during regular business	
Practices	hours. Conduct all work DT work inside a	
	biological safety cabinet. Do not work with the	
	toxin in the dried state. Only liquid solutions of	
	DT are allowed outside of engineering controls.	
	Sharps must be handled with care. Needles	
	must not be bent, sheared, broken, recapped,	
	removed from disposable syringes, or	
	otherwise manipulated before disposal.	

Animal Work	ABSL-2 during administration of the agent to
Practices	animal model, with mechanical or anesthetic
	restraint recommended. Respirator may be
	required if there is unavoidable risk of
	inhalation outside of the BSC.

STABILITY AND VIABILITY		
Disinfectants	Susceptible to 1% sodium hypochlorite	
Physical	Autoclave at 121°C for 1 hour on liquid cycle	
Inactivation	with lid of primary container loosened	

EMERGENCY PROCEDURES		
Minor Spills	the spill decontain	thers working in the lab. Cover area of with paper towels and apply mination solution, working from the er towards the center. Allow contact tanup and dispose of spill materials.
Major Spills	Evacuate the laboratory and call EHS Biosafety: 305-243-3269.	
Exposures	Ocular	Wash eyes at eyewash station for 15 minutes
	Full body	Remove clothes and rinse at emergency shower for 15 minutes
	Other	Wash area at sink with soap and water for 15 minutes
	If there is any suspected exposures, go to the emergency room.	
Reporting	and Emp	Il incidents to the DVR Director, IACUC sloyee Health immediately. Notify y: 305-243-3269.

FIRST AID / MEDICAL	
First Aid or	Administration of appropriate DT antitoxin.
Treatment	
Prophylaxis	Individuals working with DT should have a
	recent Diptheria/Tenanus booster vaccine. A
	booster is usually given every 10 years.
Immunization	Immunization with diphtheria toxoid is typically combined with tetanus toxoid and the pertussis vaccine. In the US, there are four vaccines used to prevent Diphtheria: DTaP, Tdap, DT, and Td.

REFERENCES			
BMBL: 6th	https://www.cdc.gov/labs/pdf/SF 19 308133-		
Edition	A BMBL6 00-BOOK-WEB-final-3.pdf		
Canadian PSDS	http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/corynebacterium-diphtheriae-eng.php		
CDC	https://www.cdc.gov/diphtheria/about/index.html		

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