# Chromobacterium violaceum

#### **General Information**

Chromobacterium violaceum is a rare opportunistic human pathogen. It is a gram-negative beta-proteobacterium that forms smooth violet colonies on nutrient agar. *C. violaceum* is a facultative anaerobe, which tests positive for oxidase and catalase reactions. It is a saprophyte found mainly in soil and water (optimum temperature 30–35 °C). Although human infections are rare, mortality rates are high leading to *C. violaceum* being considered as an emergent pathogen.

### Host Range

Humans and animals

#### **Incubation Period**

Unknown

#### Survival Outside Host

Can survive harsh environments.

### **Laboratory Hazards**

Contact with broken skin (primary), inhalation, ingestion

# Symptoms of Exposure

*C. violaceum* infection can cause fever, breathing problems, coughing, vomiting, cellulitis, and skin abscesses, with rapid progression to sepsis and multiple organ abscesses, predominantly in the lungs, liver, and spleen.

### Lab Acquired Infections (LAIs)

None reported.

# Personal Protective Equipment









Lab Coat

Gloves

Closed-toed

oed "\*Eye Protection

### **Disinfection & Inactivation**

Susceptible to 10% bleach and 70% ethanol.

#### Waste Management

Refer to <u>USC's Biological and Infectious Waste</u> <u>Management Plan.</u>

#### Lab Containment

<u>Biosafety Level 2 (BSL-2)</u> for activities with materials and cultures known or reasonably expected to contain *C. violaceum*.

#### **Animal Containment**

<u>Animal Biosafety Level 2 (ABSL-2)</u> for activities with experimentally infected animals.

#### Medical Surveillance/Treatment

<u>Surveillance:</u> *C. violaceum* infection can be confirmed by a positive mannitol test and API 20NE test

Prophylaxis: None

Vaccines: None

<u>Treatment:</u> Treatment of *C. violaceum* infections can prove challenging owing to its resistance to different antibiotics. It is known to be resistant to penicillins and cephalosporins.

## Spill Procedures

See USC Biological Spill Procedures

### **Exposure Procedures**

See <u>USC Protocol for Post Exposure Evaluation and Follow-up</u> Use of sharps should be strictly limited. A biosafety cabinet should be used when there is a potential to create aerosols or droplets.

#### References

V. Kothari, S. Sharma and D. Padia, "Recent research advances on Chromobacterium violaceum," *Asian Pacific Journal of Tropical Medicine*, vol. 10, no. 8, pp. 744-752, 2017...

E. H. a. Safety, "Chromobacterium-violaceum," University of Texas at Tyler, https://www.uttyler.edu/safety/files/bars/chromobacterium-violaceum.pdf

C. C. Moore, J. E. Lane and J. L. Stephens, "Successful Treatment of an Infant with Chromobacterium violaceum Sepsis," *Clinical Infectious Diseases*, vol. 32, no. 6, pp. e107-e110, 2001.

I. C. de Siqueira, J. Dias, H. Ruf, E. A. G. Ramos, E. A. Pires Maciel, A. Rolim, L. Jabur, L. Vasconcelos and C. Silvany, "Chromobacterium violaceum in Siblings, Brazil," *Emerging Infectious Diseases*, vol. 11, no. 9, pp. 1443-1445, 2005.

J. I. Campbell, N. Phu Huong Lan, P. Tu Qui, L. Thi Dung, J. J. Farrar and S. Baker, "A successful antimicrobial regime for Chromobacterium violaceum induced bacteremia," *BMC Infectious Diseases*, vol. 13, no. 4, 2013.

Last Revised: 1/24/2023