Insert Lab name / PI name here

# Lab Specific Occupational Health Plan for Vaccinia

The document provides the lab specific policies and procedures in place for work with the vaccinia virus or an attenuated form of the vaccinia virus. The consequences of exposure to either high doses of virus or an unusual route of exposure that may be associated with a lab-acquired infection are largely unknown.

This plan applies to all individuals working with vaccinia virus in any form, including cells infected with vaccinia and samples from individuals or animals infected with vaccinia, and any individuals that enter the laboratory when these are in use. This includes: Insert lab rooms/suite information.

The vaccinia virus is the "live virus" used in the Vaccinia Vaccine for smallpox. The vaccinia virus is related to the smallpox virus. The Vaccinia Vaccine has been used in the past to vaccinate against smallpox. Worldwide use of the Vaccinia Vaccine has eliminated smallpox. Vaccination with the Vaccinia Vaccine may confer immunity to accidental exposure to the vaccinia virus or an attenuated form of the vaccinia virus. Vaccinia Vaccines do NOT contain the smallpox virus and cannot cause smallpox.

**Symptoms and Spread**

The disease Vaccinia (caused by the vaccinia virus) is like the disease smallpox but is milder. The vaccinia virus may cause rash, fever, and head and body aches. In certain groups of people, complications from the vaccinia virus can be severe, such as individuals who have impaired skin integrity from conditions like eczema or who are immunocompromised.

Vaccinia can be spread by touching a vaccination site before it has healed or by touching bandages or clothing that have been contaminated with live virus from the vaccination site. This way, vaccinia can spread to other parts of the body or to other individuals. This is called inadvertent inoculation. Proper care of the vaccination site is necessary to minimize the chance of inadvertent inoculation; information about caring for the vaccine site can be found at [this link on the CDC website](https://www.cdc.gov/smallpox/vaccine-basics/who-gets-vaccination.html#care-for).

**Vaccinia Vaccines**

In general, the UW-Madison Institutional Biosafety Committee recommends vaccinia vaccination for individuals who will be working with vaccinia or entering the laboratory when live vaccinia virus is in use and encourages employees to consult with Occupational Medicine about any questions related to personal health conditions or any potential contraindications. Information on vaccinia vaccines, including risks and potential side effects, should be reviewed and can be found on the [CDC Vaccinia Vaccine webpage](https://www.cdc.gov/vaccines/vpd/smallpox/hcp/vaccines.html). For more information or to schedule a vaccine appointment, contact Occupational Medicine at 608-265-5610 or occupationalmedicine@fpm.wisc.edu.

**Consent Form**

Individuals who wish to be involved in work with the vaccinia virus or an attenuated form of the vaccinia virus or enter a lab where any of these are in use are required to sign the following consent. Any individual who does not wish to work with the vaccinia virus or an attenuated form of the vaccinia virus should contact their local human resources office and assigned divisional disability representative to discuss options.

# I have read and understand the information in the Insert Lab name Lab Specific Occupational Health Plan for Vaccinia.

# I have read and understand the information in the Vaccinia Virus Exposure Medical Response Guidance for the University of Wisconsin-Madison.

# I have received an evaluation from UW-Madison Occupational Medicine.

# I have had the opportunity to discuss any questions or concerns with the PI, a UW-Madison Occupational Medicine provider, or with my own physician.

# I may direct any future questions or concerns to the PI, Office of Biological Safety at (608) 263-2037, UW Occupational Medicine at (608) 265-5610, or to my own physician. Students may also contact University Health Service at (608) 265-5600.

# I agree to work with vaccinia virus or an attenuated form of the vaccinia virus and/or enter the laboratory when the vaccinia virus or an attenuated form of the vaccinia virus are in use and to adhere to the requirements as described in the Insert Lab name Lab Specific Occupational Health Plan for Vaccinia and the Vaccinia Virus Exposure Medical Response Guidance for the University of Wisconsin-Madison.

I agree to adhere to the requirements as described in the approved Insert Lab name biosafety protocol Insert biosafety protocol number and associated BSL3 Manual, if applicable, including but not limited to PPE, biocontainment for aerosol-generating activities, signage, and disinfection.

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Signature of Individual Printed Name Date