

University of Rochester (UR) University Health Service (UHS)

Smallpox Vaccine (Vaccinia Virus) Declination Form

Employee's Name (Print)

Employee's UR ID Number

Lab Name / PI / Supervisor

Complete this form in ink (no pencil, no electronic signature). Unless **UHS requests the original** for your medical record, maintain the original in your department's files and send or FAX a copy to UHS (see footer).

Background

CDC's Advisory Committee on Immunization Practices (ACIP) guidance, revised in 2015 (www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/smallpox.html), recommends vaccination, every 10 years, for personnel who directly handle 1) cultures or 2) animals contaminated or infected with:

- replication-competent vaccinia virus, or
- recombinant viruses derived from replication-competent vaccinia strains (i.e., those that are capable of causing clinical infection and producing infectious virus in humans).

UR personnel who perform the activities above but do not wish to be vaccinated must submit this declination form prior to performing these activities.

Vaccination is not required for UR personnel performing the following activities, unless a clinician has recommended vaccination. In these cases, those who do not wish to be vaccinated should also submit a declination form.

- Changing cages in a biological safety cabinet or entering the room to check on animals in negative ventilated racks
- Health care personnel administering ACAM2000 smallpox vaccine who adhere to appropriate infection prevention measures.

Selected references:

1. Notes from the Field: Adverse Reaction After Vaccinia Virus Vaccination - New Mexico, 2016. [MMWR Morb Mortal Wkly Rep.](#) 2016 Dec 2;65(47):1351-1352. PMID: 27906908
2. Laboratory-acquired vaccinia virus infection in a recently immunized person--Massachusetts, 2013. [MMWR Morb Mortal Wkly Rep.](#) 2015 May 1;64(16):435-8. PMID: 25928468
3. Laboratory-acquired vaccinia virus infection--Virginia, 2008. [MMWR Morb Mortal Wkly Rep.](#) 2009 Jul 31;58(29):797-800. PMID: 19644439
4. Ocular vaccinia infection in laboratory worker, Philadelphia, 2004. [Emerg Infect Dis.](#) 2006 Jan;12(1):134-7. PMID: 16494730

For additional questions or to receive the vaccine free of charge, call UHS at 275-2662.

Vaccinia Vaccine Declination (based on 29 CFR 1910.1030 Appendix A)

I understand that due to my occupational exposure, I may be at risk of acquiring vaccinia virus infection. I have been given the opportunity to be vaccinated with vaccinia vaccine, at no charge to myself. However, I decline vaccinia vaccination at this time. If in the future I continue to have occupational exposure and I want to be vaccinated with vaccinia vaccine, I can receive the vaccine at no charge to me.

Employee's Signature

Date

Employee's Home Address

Employee's Telephone Number