

Council of State and Territorial Epidemiologists  
Position Statement

**03-ID-04**

**Committee:**     **Infectious Disease**

**Title:**           **Surveillance for Smallpox Vaccine Adverse Events**

**Statement of the Problem:**

Civilian smallpox vaccination in the United States ceased in 1972, and the World Health Organization declared smallpox eradicated in 1980. Because of concerns about re-emergence of smallpox as an agent of bioterrorism, a federally directed program of state and local health department based smallpox vaccination has begun to be implemented. Smallpox vaccine is known to cause rare but serious adverse reactions, including potentially life threatening ones such as eczema vaccinatum and progressive vaccinia. Concern exists that the vaccine's adverse event profile could be significantly different than when the vaccine was last routinely used because of an aging population with an increased number of immune suppressed individuals.

**Statement of the desired action(s) to be taken:**

CSTE recommends that:

1. States and territories develop the means and assure legal authority to conduct surveillance for diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following list:

Accidental administration  
Accidental implantation (inadvertent autoinoculation)  
Bacterial infection of site of inoculation  
Congenital vaccinia  
Contact vaccinia (i.e., vaccinia virus infection in a contact of a smallpox vaccinee)  
Eczema vaccinatum  
Erythema multiforme  
Generalized vaccinia  
Post-vaccinial encephalitis  
Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia)  
Vaccinia keratitis  
Myo/pericarditis

2. States and territories utilize one or more of the following surveillance methods: making the above events reportable, conducting active surveillance of all vaccinees, or using other methods that assure complete and timely ascertainment of cases. Smallpox vaccine adverse event surveillance should not replace or compete with reporting to the national Vaccine Adverse Event Reporting System (VAERS). States and territories should consider collecting copies of the VAERS reporting forms as the mechanism of state-level surveillance in order to reduce the reporting burden on providers.

3. CDC should provide technical assistance to states in conducting surveillance for smallpox vaccine adverse events.

**Case definitions:** The ACIP Work Group on Smallpox Vaccine Safety is developing case definitions that will be posted on the CDC web site.

**Public Health Impact:**

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Improved surveillance for smallpox vaccine adverse events will provide key data needed to implement smallpox vaccination as safely as possible, and may identify vaccine contraindications and precautions not previously recognized. Enhanced reporting will also support quantification of risks of particular public health concern such as secondary transmission of vaccine virus to contacts of vaccinees. Information reported from states to VAERS will be used in conjunction with other surveillance data sources to establish rates for specific adverse reactions among the current U.S. population. An up to date understanding of the adverse reaction profile of the currently licensed smallpox vaccine will be of great assistance in weighing the risks and benefits of expanded pre-event smallpox vaccination or mass vaccination in the setting of a smallpox disease emergency.

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