Laboratory workers: Evidence to Recommendations

TBE among laboratory workers

- Transmission occurred through aerosol route
 - Percutaneous or mucosal route possible
- 46 laboratory-acquired infections globally, all before 1995
 - 4 among U.S laboratory workers, all before 1979
- < 10 U.S. laboratories work with TBE virus</p>
 - Research activity might increase with vaccine availability



TBE virus photo credit: Alamy images

Policy question

Should TBE vaccine be recommended for use in **laboratory staff working with TBE virus**?

Laboratory worker Evidence to Recommendations notes

- Population for vaccination have scientific understanding of disease and vaccines
- Same GRADE assessment as vaccination for travelers

Evidence to Recommendations: Public health problem, values, and acceptability

Торіс	Decision	Comment	
Public health problem	No, not of public health importance overall	 Only 4 U.S. laboratory-acquired infections reported For laboratorians working with TBE virus there is risk of a severe disease 	
Values	Desirable effects large relative to undesirable effects	 Scientists will understand risks of disease and risks and benefits of vaccination 	
	No important variability		
Acceptability	Yes, acceptable to key stakeholders	 Acceptable for occupational health directors, laboratory workers, and other researchers, because will improve safety and remove barrier to research 	

Evidence to Recommendations: Public health problem, values, and acceptability

Торіс	Decision	Comment	
Public health problem	No, not of public health importance overall	 Only 4 U.S. laboratory-acquired infections reported For laboratorians working with TBE virus there is risk of a severe disease 	
Values	Desirable effects large relative to undesirable effects	 Scientists will understand risks of disease and risks and benefits of vaccination 	
	No important variability		
Acceptability	Yes, acceptable to key stakeholders	 Acceptable for occupational health directors, laboratory workers, and other researchers, because will improve safety and remove barrier to research 	

Evidence to Recommendations: Public health problem, values, and acceptability

Торіс	Decision	Comment
Public health problem	No, not of public health importance overall	 Only 4 U.S. laboratory-acquired infections reported For laboratorians working with TBE virus there is risk of a severe disease
Values	Desirable effects large relative to undesirable effects	 Scientists will understand risks of disease and risks and benefits of vaccination
	No important variability	
Acceptability	Yes, acceptable to key stakeholders	 Acceptable for occupational health directors, laboratory workers, and other researchers, because will improve safety and remove barrier to research

Evidence to Recommendations: Resource use, equity, and feasibility

Topic	Decision	Comment	
Resource use	Yes, reasonable and efficient allocation of resources	 Limited number of staff working with TBE virus Small cost to avoid impact of worker becoming infected 	
Equity	Probably increased	 Vaccine likely paid for by employer and will improve safety for staff at occupational risk 	
Feasibility	Yes, feasible	 Likely build on existing occupational health program 	

Evidence to Recommendations: Resource use, equity, and feasibility

Торіс	Decision	Comment
Resource use	Yes, reasonable and efficient allocation of resources	 Limited number of staff working with TBE virus Small cost to avoid impact of worker becoming infected
Equity	Probably increased	 Vaccine likely paid for by employer and will improve safety for staff at occupational risk
Feasibility	Yes, feasible	 Likely build on existing occupational health program

Evidence to Recommendations: Resource use, equity, and feasibility

Topic	Decision	Comment
Resource use	Yes, reasonable and efficient allocation of resources	 Limited number of staff working with TBE virus Small cost to avoid impact of worker becoming infected
Equity	Probably increased	 Vaccine likely paid for by employer and will improve safety for staff at occupational risk
Feasibility	Yes, feasible	 Likely build on existing occupational health program

Balance of consequences

Undesirable consequenc e clearly outweigh desirable consequenc es in most settings

Undesirable consequences probably outweigh desirable consequences in most settings

The balance between desirable and undesirable consequences is closely balanced or uncertain Desirable consequences probably outweigh undesirable consequences in most settings

Desirable
 consequences
 clearly
 outweigh
 undesirable
 consequences
 in most settings

There is insufficient evidence to determine the balance of consequences

Proposed policy option category

TBE vaccination is recommended for laboratory workers

Draft recommendation

TBE vaccination is recommended for laboratory workers with a potential for exposure to TBE virus

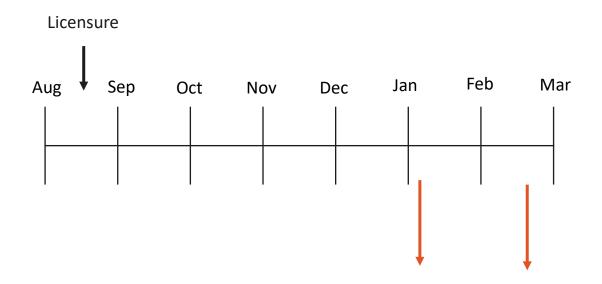
Information accompanying recommendations

- Local biosafety committee should undertake risk assessment of potential for TBE virus exposure considering
 - Type of work to be performed
 - Biosafety level at which work is being conducted

Vaccination not required for workers handling routine clinical samples

Next steps

Work Group timeline (planned), Jan-Mar 2022



Present to ACIP (today):

Evidence to

Recommendations

ACIP vote on vaccine recommendations and finalize MMWR

TBE Vaccine Work Group members and participants

ACIP	ACIP liaisons	Technical advisors (cont'd)	CDC participants (cont'd)
Katherine Poehling (Chair)	David Shlim, ISTM	Steven Schofield, CATMAT	Stacey Martin, DVBD
Wilbur Chen	Mark Sawyer, AAP	Bryan Schumacher, DOD	Michael McNeil, DHQP
		Mary Wilson, Univ Calif SFO	Rebecca Morgan, Consultant
CDC Lead	Technical advisors		Erin Staples, DVBD
Susan Hills, DVBD	Alan Barrett, Univ Texas Galveston	CDC participants	Steve Waterman, DVBD
	Lin Chen, Mount Auburn Hosp	Grace Appiah, DGMQ	
Ex Officio	Tony Marfin, PATH	Doug Campos-Outcalt, Consultant	ACIP Secretariat
Rodolfo (Rudy) Alarcon, NIH	Bruce McClenathan, DOD	Susan Chu, GID	Jessica MacNeil, NCIRD
Ihid Carneiro Leao, FDA	Kayvon Modjarrad, DOD	Caitlin Cossaboom, DHCPP	Melinda Wharton, NCIRD