Workers' compensation claims management guidelines
for adverse effects of the smallpox vaccine

The Ohio Bureau of Workers' Compensation's (BWC's) smallpox vaccine policy provides detailed information about processing claims submitted for the adverse effects of voluntary smallpox vaccination. This document is intended to summarize the policy for:

- Workers' compensation administrators at hospitals;
- Third-party administrators;
- Union representatives;
- Injured workers' representatives;
- Smallpox health-care response team volunteers.

Who is eligible to receive workers' compensation benefits under BWC's smallpox vaccine policy?
Only individuals who receive the smallpox vaccine as part of Phase 1 of the Centers for Disease Control and Prevention's (CDC's) smallpox vaccination program are eligible for workers' compensation benefits under this policy. This includes health-care response team volunteers and local health department employees who develop a serious adverse reaction from the vaccine.

BWC will address Phase 2 of the smallpox vaccination program if and when it is addressed by the CDC.

When should a workers' compensation claim be filed?
According to the CDC, many people receiving the vaccine will experience localized swelling, redness, fever, muscle pain and/or swollen lymph nodes. These symptoms are self-limiting and hospital employers will provide site-care teams to monitor and manage these reactions.

However, if covered employees experience unexpected, serious or life-threatening side effects to the vaccine, BWC is committed to ensuring they receive the medical care and benefits they need.

The hospital's site-care team will monitor closely an individual's reaction to the smallpox vaccine. If covered employees begin to show signs of an adverse reaction, immediate steps will be taken to treat the condition. A claim should be filed when:

- Side effects from the smallpox vaccine result in medical disease conditions beyond expected side effects;
- The site-care team monitoring the vaccine's side effects advise covered employees to seek additional medical care;
- Covered employees are unable to work for more than seven work days due to the severity of the illness associated with the vaccine.

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How are claims filed?
It's easy to file a claim.

- Employees should alert their human resources or employee benefits departments if they need to file a claim.
- Self-insuring employers are responsible for handling all workers' compensation claims, including payment of medical services and wage loss benefits.
- Employees who are not employed by self-insuring companies can file claims online at **www.ohiobwc.com**. Choose Injured worker, then Forms, then *FROI – First Report of Injury, Occupational Disease or Death* form. Employers can complete and submit the *FROI* form online; or notify the employer's MCO or call **1-800-OHIOBWC**.

What documentation is necessary to support the claim?
Self-insuring employers or BWC will gather the following documents, in addition to information required to investigate occupational disease claims:

- Proof of participation on a smallpox health-care response team, including the date the vaccine was given;
- Evaluation by a site-care team member who monitors the health-care response team;
- If necessary, any treating physician's or specialist consultation medical record;
- Site-care team or treating physician's report to the local health department of serious adverse reaction;
- Evidence the adverse effect was reported to the Ohio Department of Health (ODH) or the CDC.

What adverse side effects will workers' comp cover?
The following page includes a list of some of the adverse medical conditions that may occur as a result of receiving the smallpox vaccine, according to the CDC. BWC recognizes these conditions as compensable. All claims filed will be considered on their own merit.

Questions?
If you have questions about filing a claim or about workers' compensation benefits, log on to **www.ohiobwc.com**, or call **1-800-OHIOBWC**. The complete policy also is available online. To view the policy, choose About BWC then select Policies and procedures.

For more information on treatment guidelines, visit the CDC's Web site at www.cdc.gov/smallpox.

Summary of vaccina-related reactions [1]

This chart is intended for informational purposes only.
Please consult the Web sites for the CDC (www.cdc.gov/smallpox) or ODH (www.odh.state.oh.us) for up-to-date, specific treatment recommendations.

Reaction	ICD-9 code	Description	Risk factor	Treatment
Ocular vaccina - Keratitis - Conjunctivitis - Blepharitis	 370.9 372.30 373.00	■ Involvement of cornea, lid or conjunctiva ■ Redness, swelling of lid, fever, lymphadenopathy		■ Ophthalmology referral ■ Topical antiviral medications ■ Topical prophylactic antibacterial medications ■ Consider VIG for severe blepharitis and blepharoconjunctivitis ■ VIG not indicated for isolated keratitis ■ VIG considered for keratitis with vision-threatening conditions ■ VIG indicated for keratitis with life-threatening conditions that require VIG
Generalized vaccinia	999.0	■ Vesicles or pustules on normal skin at more than two sites ■ Onset six to nine days post vaccination ■ Nontoxic with or without fever	■ Hematogenous spread ■ More serious if immuno-compromised	■ Usually self-limited ■ Infection control precautions ■ VIG usually not indicated unless immunocompromised ■ Antipruritics ■ NSAIDs, if needed
Progressive vaccinia	999.3	■ Nonhealing vaccination site ■ Painless progressive central necrosis at site ■ May have metastatic lesion to skin, bone, viscera ■ No initial inflammation ■ Bacterial infection may develop ■ Poor prognosis	■ Immunocompromised	■ Prompt treatment ■ Infection control precautions ■ May require VIG ■ Surgical debridement not useful
Eczema vaccinatum	999.0	■ Extensive vesicular and pustular eruption ■ Generalized lymphadenopathy ■ High fever ■ Onset with or shortly after vaccinial lesion ■ Poor prognosis	■ Eczema or atopic dermatitis ■ Activity of skin lesion not important	■ Prompt treatment ■ Infection control precautions ■ May require VIG ■ Hemodynamic support ■ Observe for secondary infections
Postvaccinial encephalitis	323.5	■ Abrupt onset of fever, headache, malaise, lethargy, vomiting, meningeal signs, seizures, paralysis, drowsiness, altered mental status, coma ■ CSF – normal or nonspecific ■ Monocytosis, lymphocytosis or elevated protein ■ Diagnosis of exclusion ■ Appears similar to other postinfectious encephalomyelitis or toxic encephalitis ■ Prognosis: mortality 25 percent, neurologic sequelae 25 percent		■ Intensive supportive care ■ Anticonvulsants as needed ■ VIG not recommended

[1] Modified from "Smallpox Vaccination and Adverse Reactions: Guidance for Clinicians," *Morbidity and Mortality Weekly Report*, CDC, Volume 52, Jan. 24, 2003. This chart should not be used to determine or authorize treatment. For treatment recommendations, please consult the CDC at www.cdc.gov/smallpox or contact CDC for most current recommendations.