PREVENTION SHEET

For L3 work on the yellow fever virus

Agents working in the L3 laboratory **directly on the wild, vaccine or GMO strain of the yellow fever virus**, as well as those working in **co-activity in this L3 laboratory should be vaccinated** against yellow fever and only work in the L3 **from the 10th day after this vaccination** (Stamaril®).



RECOMMANDATIONS

Yellow fever is a viral disease caused by an enveloped RNA virus of the genus Flavivirus (**infectious risk group 3**).

This is a zoonotic disease transmitted to humans through mosquito bites (human reservoirs, monkeys).

There is no conclusive data for human-to-human transmission. Dangers to laboratory personnel.

The risk of transmission by inhalation of aerosols in laboratories performing viral cultures, linked to the suspension of viruses when opening blood or biological fluid tubes, is low.

This is a notifiable disease and there is a table of occupational diseases (RG 76).

The virus is susceptible to commonly used disinfectants, such as bleach.

In humans, there is no specific treatment (symptomatic treatment).

Prevention is achieved through the yellow fever vaccine (Stamaril®). This is a live attenuated vaccine. Immunity is acquired 10 days after injection, without the need for a booster.

SPECIAL MEDICAL MONITORING

Staff will be received beforehand by their respective occupational health service **with the L3 passport duly completed, validated, signed by all parties** (referent, supervisor, unit director and agent).

In the absence of prior vaccination, the employee will be referred to an approved yellow fever vaccination center which will issue a yellow fever vaccination certificate, a copy of which must be sent to the occupational physician (to be kept in the medical file along with the vaccination prescription).

Only after obtaining the **medical certificate of no contraindication to work in L3** (i.e. 10 days after the injection) will the agent be able to access L3, after having undergone training.

This certificate must be renewed every 2 years and if the state of health or the type of manipulation changes.

- Centre de vaccinations internationales à Paris - Institut Pasteur
- Vaccin fièvre jaune à Paris | ELSAN Centre agréé OMS Paris République
- Fièvre jaune : trouver un centre de vaccination | Agence régionale de santé Ile-de-France
- Liste des centres de vaccination habilités à effectuer la vaccination contre la fièvre jaune (anti-amarile) - Ministère de la Santé, de la Famille, de l'Autonomie et des Personnes handicapées

PREVENTION SHEET

For L3 work on the yellow fever virus

OBLIGATION OF THE OCCUPATIONAL PHYSICIAN TO INFORM THE EMPLOYEE IN CASE OF REFUSAL OF VACCINATION

It is the doctor's responsibility to provide proof that he gave the information; therefore, it is necessary to record the refusal and the associated risks in the DMST.

Prepare and have a **refusal certificate signed**.



I, the undersigned,

Name:

First name:

certifies having received information regarding vaccination against yellow fever.
Please note:

- *Yellow fever is a serious disease which in 15% of cases progresses to liver and kidney damage that can lead to death.*
- *There is no specific treatment for yellow fever. Treatment is only symptomatic.*
- *By refusing vaccination, I am informed of the risks I personally face.*

The occupational physician gave me the address of the website providing information on yellow fever vaccination: Yellow Fever | Vaccination Info Service.

I have no contraindication to yellow fever vaccination, but I take responsibility for refusing to protect myself with yellow fever vaccination for the following reason(s):

Date:

Signature:



Reference texts

- Calendar of vaccinations and vaccination recommendations 2026 § 2.6 page 17
- CDC Yellow Fever Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2002

SCMP 10/2026

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