

Original article

Brazilian *vaccinia virus* strains show a classical *orthopoxvirus* infection course and cross-protection

Jaqueline Maria Siqueira Ferreira¹, Betânia Paiva Drumond¹, Jônatas Santos Abrahão¹, Zélia Inês Portela Lobato², Cláudio Antônio Bonjardim¹, Paulo César Peregrino Ferreira¹, Erna Geessien Kroon¹

¹Laboratório de Vírus, Departamento de Microbiologia, Instituto de Ciências Biológicas;

²Departamento de Medicina Veterinária Preventiva, Escola de Veterinária, Universidade Federal de Minas Gerais. Avenida Antônio Carlos, 6627, caixa postal 486, CEP: 31270-901, Belo Horizonte, MG, Brazil.

Abstract

Objectives: The purpose of this work was to study the infection course and cross-protection in mice after intradermal injection of *Vaccinia virus* (VACV) strain Western Reserve and three Brazilian VACV strains: Araçatuba, Muriaé and BeAn58058 isolated from cow, human and rodent, respectively. **Methods:** Balb/c mice were inoculated by footpad and back scarification and daily monitored regarding lesion development and weight loss. To check cross protection after intradermal VACV inoculation, mice were subsequently infected with different VACV strains and monitored to check lesion development. Serum neutralization assays were performed to check for the presence of antibodies against *Orthopoxvirus*. **Results:** After VACV intradermal inoculation the lesion development pattern was similar in mice infected with the different virus strains. By using the footpad scarification model, cross-protection among VACV strains was observed. Moreover, neutralizing antibodies against *Orthopoxvirus* were detected in sera from mice infected with all VACV strains. **Conclusion:** Although it was not possible to observe virulence differences among VACV strains isolated from cow, rodent and human using the murine model, this inoculation route showed to be an appropriated model to study lesions development since it mimics natural infections by VACV in nature.

Keywords: *Orthopoxvirus*; Zoonoses; Balb/c mice; Intradermal injection; *Vaccinia virus*; Bovine vaccinia outbreaks

INTRODUCTION

The prototype member of the family *Poxviridae* and genus *Orthopoxvirus*, the *Vaccinia virus* (VACV) was used as a potent live vaccine against smallpox. It has been a quarter of a century since smallpox was declared eradicated by the World Health Organization and the vaccination programs ceased^[1]. In the

present-day scenario, the emergence of a pathogenic poxvirus with the ability to efficiently spread among humans and animals represents an immediate public health problem^[2-4]. Several recent events illustrate the vulnerability of human and animal populations to poxvirus infections: (i) human *Monkeypox virus* (MPXV) outbreaks occurred in the United States^[5-7]; (ii) human infection by *Cowpox virus* (CPXV) in Europe^[8-10]; (iii) outbreaks of *Buffalopox virus* affecting buffaloes, cows and humans in India, Pakistan, Egypt, Nepal and Bangladesh^[4, 11]; and (iv) VACV outbreaks in Brazil^[3].

In Brazil, the *Vaccinia* outbreaks occurred on hundreds of small dairy farms, causing great economic losses^[12, 13]. During those outbreaks, affected dairy cattle and humans presented typical poxvirus

Correspondence to: Erna Geessien Kroon, Laboratório de Vírus, Departamento de Microbiologia, Instituto de Ciências Biológicas, Universidade Federal de Minas Gerais. Avenida Antônio Carlos, 6627, caixa postal 486. CEP: 31270-901, Belo Horizonte, MG, Brasil.

Fax: 55 31 34436482

E-mail: masc.egk@terra.com.br; kroone@icb.ufmg.br.

lesions^[14, 15]. However, the natural reservoirs of Brazilian *Vaccinia virus* strains (BR-VACVs), possibly involving wild and domestic animal species, have not been identified thus far. In fact, some BR-VACVs were previously isolated from rodents and sentinel mice from the 1950s to 1970s in Brazil's northern and southeastern states^[16, 17]. Importantly, in nature, BR-VACVs could be under different selection pressures imposed by successive infections across different host species, facilitating the emergence of new variants that could exhibit different virulence patterns. In fact, previous studies demonstrated that the BR-VACVs do not consist of a genetic or biologic homogeneous group^[18-20], but whether BR-VACVs exhibit different virulence patterns still remains to be addressed.

Although natural infections caused by *Orthopoxvirus* can occur through the respiratory tract^[21] and the infection by intranasal route is an efficient model to differentiate virulence among *Orthopoxviruses*, the intradermal model could better mimic the infection course of BR-VACVs in nature. Thus, the aim of this work was to study the intradermal infection course in a Balb/c mice model of different BR-VACVs isolated from rodent, cow and human.

MATERIALS AND METHODS

Viruses and cells

Three BR-VACVs were used in this study: BeAn58058 virus (BAV), isolated from a rodent *Oryzomys* sp in 1963, Pará (PA); Araçatuba virus (ARAV), isolated from a dairy cow in 2000, São Paulo (SP); and Muriaé virus (MURV), isolated from a milker in 2000, Minas Gerais (MG). *Vaccinia virus* strain Western Reserve (VACV-WR), which was provided by Dr. C. Jungwirth (Universität Würzburg, Germany), was used as a reference strain. Vero cells were used for viral multiplication and neutralization assays^[22, 23]. All viral stocks were grown in Vero cells (ATCC CCL-81) cultivated in Eagle's minimum essential medium supplemented with 5% of fetal calf serum (Cultilab), glutamine and antibiotics at 37°C in a 5% CO₂ atmosphere. Viruses were purified on sucrose gradients as described elsewhere^[24].

Experimental animals

Four-week-old male Balb/c mice, which were housed in filter top micro isolator cages, were used for virus infection and cross-protection assays. All

mouse experimentation was carried out in accordance with regulations and guidelines of the Ethical and Animal Use Committee of the Universidade Federal de Minas Gerais/Brazil.

Intradermal inoculation

In order to compare the infection course of VACVs, groups of 6 four-week-old male Balb/c mice were used for virus inoculation in the footpad and in the back. Mice were anesthetized by intraperitoneal injection of anesthetic cocktails containing ketamine and xilazine (3.2 mg and 0.16 mg/mice, respectively, in 0.9% phosphate-buffered saline (PBS)^[25]. Following anesthesia, mice were inoculated with 10⁶ plaque forming units (PFU) of purified virus in a volume of 10 µL by either footpad scarification or back scarification. For inoculation on the back, fur was previously removed using Nair hair remover. For both inoculations routes, 10 needle scratches were made horizontally across the right footpad or back and the solution containing the virus was placed onto the abraded skin and rubbed in with the side of the pipette tip^[26]. Animals from the control group were injected with PBS.

Mice infected by footpad or back scarification were weighed daily and the effects of injections were monitored by measuring the footpad swelling response using a micrometer, before and after injection during 20 days post infection (dpi) and comparing with control mice^[27]. Significant weight loss variations were calculated using the Student's *t*-test ($P \leq 0.05$: statistical significance) and Graph Prism Excel software.

Cross-protection test

In order to test if the intradermal VACV inoculation could confer cross-protection against VACV, four groups containing nine mice each were infected by footpad scarification with 10⁶ PFU/10 µL of each virus: BAV, MURV, ARAV and WR. After 30 dpi, three mice of each group were reinfected by the same method and viral doses with different viruses (Figure 1). Animals were observed daily to check lesion development.

Blood samples were collected from Balb/c mice and sera aliquots were used in the neutralization assay to check for the presence of antibodies against *Orthopoxvirus* in non-infected and infected mice after forty days. The antibody neutralization titers were determined as previously described^[28]. Dilutions of heat-inactivated sera were added to an equal volume

of VACV suspension, and then inoculated onto Vero cell monolayers. The antibody neutralization titer was estimated by determining the reciprocal dilution of sera that caused a 50% reduction in the VACV plaque count as compared to the negative control.

RESULTS

Infection course after intradermal inoculation by back scarification

Mice inoculated with WR, BAV, MURV and ARAV in the back did not show significant weight loss (Student's *t*-test; $P < 0.05$) until 20 dpi when compared to control mice (Figure 2A). Infected mice presented the same lesion development pattern. At fourth dpi, irregular yellow lesions were observed characterized as pustules (Figure 3A), and evolving to scabs nine dpi (Figure 3B); the cicatrization occurred thirteen dpi. Mice injected with PBS did not show any lesions and had a normal cicatrization reaction ending at third dpi (Figure 3C).

Infection course after intradermal inoculation by footpad scarification

Statistically weight loss was not observed in mice inoculated via intradermal injection with WR, BAV, MURV and ARAV, when compared to control mice, from infection to 20 dpi (Figure 2B).

The infection course of animals inoculated with the four VACV strains was similar and typical poxvirus lesions in different stages were observed. The lesion thickness of infected right footpads was compared with the left control footpads that measured around 0.2 cm. On day one pi, no lesions were observed, however, on day two pi, the infected footpads presented edema and swelling compared with control one (Figure 4A) that persisted for two more days. On day four vesicles with 0.3-0.7 cm vesicles on the plantar faces of footpads were observed. On days 10-12 pi, the swelling decreased and the vesicles persisted (Figure 4B), and from day 14 pi to 17 pi, the vesicles evolved to pustules measuring from 0.25 cm to 0.61 cm, as shown in Figure 4C. Scabs measuring from 0.24 cm to 0.45 cm appeared on day 18 pi (Figure 4D) and there was complete cicatrization on day 20 pi. Control mice inoculated with PBS showed a normal cicatrization reaction, detected in dorsal and plantar regions of their footpads, that ended at three dpi (Figure 4E, F).

First infection 9 mice/group	Group 1 VACV-WR (L+)	Group 2 BAV (L+)	Group 3 MURV (L+)	Group 4 ARAV (L+)	MOCK (PBS)	
Reinoculation	ARAV	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L+)
	MURV	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L+)
	BAV	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L+)
	VACV-WR	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L+)
	MOCK (PBS)	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L-)	3 mice (L+)
Total		15 mice	15 mice	15 mice	15 mice	15 mice

Figure 1 Strategy of virus infections used in the cross-reactivity assay of *Vaccinia virus* strains. Balb/c mice were infected by footpad scarification route.

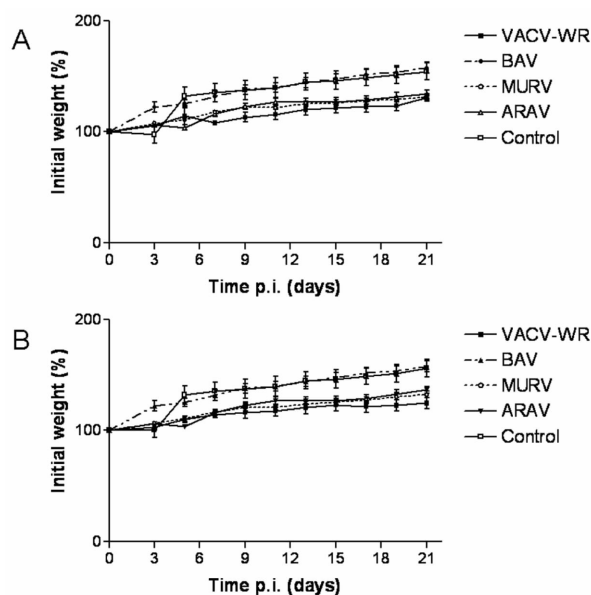


Figure 2 Body weight of mice infected with *Vaccinia virus* strains by intradermal route. Groups of six mice were infected with 10^6 PFU/ $10\mu\text{L}$ of VACV-WR, BAV, MURV and ARAV by back scarification (A) or (B) footpad scarification. Mean body weight as a percentage was obtained in comparison with initial body weight. The control group was injected with PBS. The weight loss showed no significant difference in relation to body weight of PBS inoculated mice ($P \leq 0.05$).

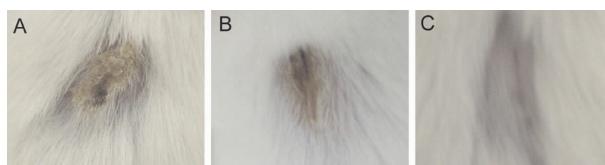


Figure 3 Back scarification. Development of lesions on back of Balb/c mice infected with 10^6 PFU/ $10\mu\text{L}$ of virus. (A) Pustule on day 4 pi (B) Scabs on day 9 pi. (C) Control mice injected with PBS. All VACV strains (WR, BAV, ARAV and MURV) show the same lesions.

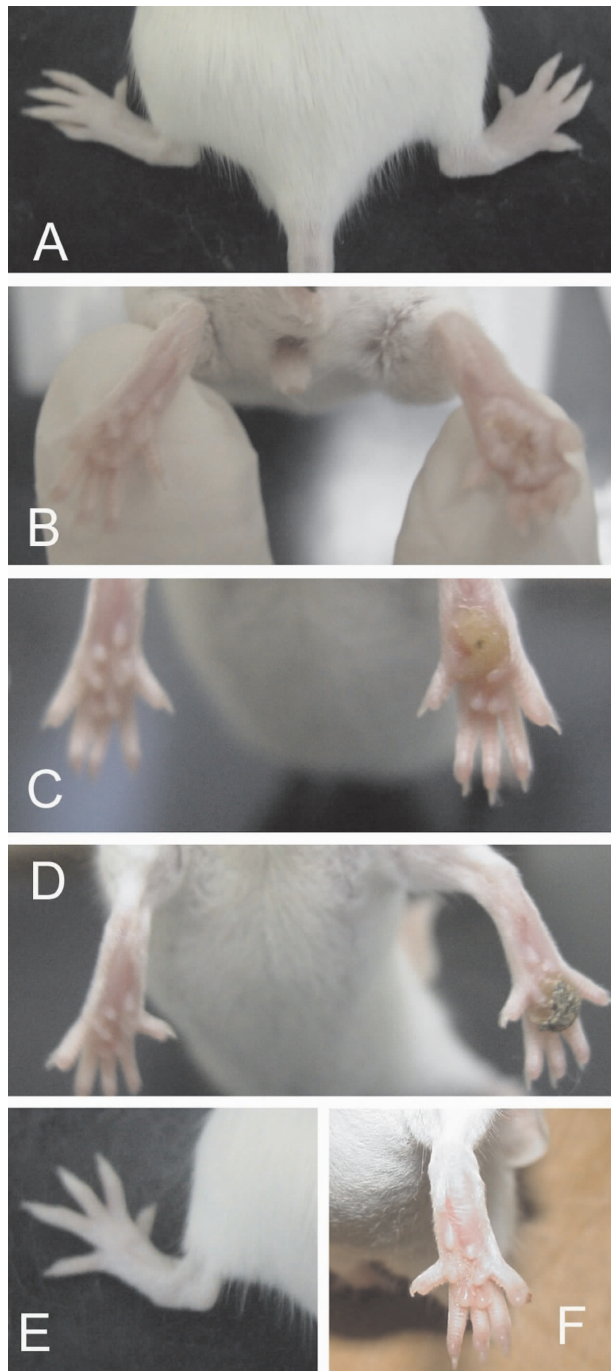


Figure 4 Footpad scarification. Lesions evolution in Balb/c mice infected with 10^6 PFU/ $10\mu\text{L}$ of virus. (A) Edema of right footpad on day 2 pi (B) Vesicles on day 6 pi (C) Pustule on day 7 pi (D) Dark scabs on day 11 pi (E, F) Dorsal and plantar place of control mice, injected with PBS. All VACV strains (WR, BAV, ARAV and MURV) show the same lesions.

Cross-protection between VACV strains after challenge

In the first infection, all VACVs induced skin le-

sions in the footpads of mice, beginning with swelling and followed by vesicles evolving to pustules and scabs. However, at 30th dpi, no mice showed pox infection clinical signs when challenged with different viral strains. The footpads maintained a thickness of 0.2 cm as the control.

Neutralizing antibodies against OPXV at a titer of 1:160 were detected in sera from mice infected with all VACV strains. Neutralizing antibodies were also not detected in mice inoculated with PBS.

DISCUSSION

It is known that *Orthopoxvirus* species can induce cross-protection^[29] in this study it was demonstrated that mice infected with one of the VACV strains, MURV, BAV, ARAV or VACV-WR, were protected from infection with diverse different strains and did not develop any lesions or clinical signs. This demonstrates that primary infection by the intradermal route induced specific humoral and/or cellular responses that can neutralize the viral infectivity and clear the virus. One could expect that during the bovine vaccinia outbreaks, once a cow, calf or a human gets infected by one VACV strain, they will be protected from other VACVs or *Orthopoxvirus* infections.

Several models have been used to study poxvirus pathogenesis, such as *Myxoma virus* in the European rabbit and *Ectromelia virus* (ECTV), CPXV and VACV in mice^[29]. In the case of ECTV and CPXV, the use of that model is appropriate since these viruses are natural pathogens of rodents^[30, 31]. In contrast to those viruses, the natural host of VACV is still unknown and consequently, the most appropriate animal model in which to study VACV pathogenesis is uncertain^[32]. In this study, we have inoculated Balb/c mice by scarification on the footpad and back with VACVs isolated from different species to study the virus infection course, since these inoculation routes probably mimic the natural infection caused by VACVs in humans and animals in nature.

Virus inoculation by footpad and back scarification in mice resulted in the appearance and development of lesions that were restricted to the inoculation site, but no clinical signs were observed using high virus doses, such as 10^6 PFU. Differences in the lesion evolution pattern were observed as the time

course of infection in mice infected by back scarification was shorter (13 days) than the ones infected in the footpad (20 days). Moreover, while animals infected on the back developed pustules and scabs, mice infected on the footpad showed edema/swelling, vesicles, pustules and scabs.

Comparing those results with the data from natural infections of cows, calves and humans during bovine vaccinia outbreaks, a similar pattern of lesion evolution is observed after footpad injection. Dairy cows usually exhibit lesions on teats and udders, resembling typical poxvirus lesions. After contact with cow lesions, milkers can get infected and develop similar lesions on their hands and calves similarly become infected, exhibiting the same kind of lesions on oral mucosa and muzzles. At first, cows present a roseolar erythema and localized edema that evolve to form vesicles. The vesicles progress to papules and pustules and subsequently to thick dark scabs^[12, 14, 15, 33, 34]. In addition, the time course of natural infections in cows and humans takes from 20 to 30 days^[12], which was similar to the time course infection observed for Balb/c mice infected by footpad scarification (20 days). Therefore, footpad scarification has shown to be an appropriate method to mimic the infection course of different VACV strains in nature. Another advantage of the use of this inoculation route is that infection elicits inflammatory responses resulting in footpad swelling, which can be conveniently measured with a micrometer^[27].

Animals infected with different strains by back scarification showed the same lesion evolution pattern as the animals infected by footpad scarification. By using the intradermal infection route, it was not possible to detect differences in the virulence patterns of different VACVs strains that were isolated from different hosts, at different places and times, and actually exhibit genetic and biologic differences^[18-20]. For example, since BAV was isolated from a rodent, maybe it could be more adapted to the mice model. VACV infections by intracerebral and intranasal routes cause systemic infections in mice^[35, 36] and moreover, the intranasal infection route has shown to be good to differentiate virulence between poxviruses^[37, 38]. As discussed above, the most appropriate animal model to study VACV pathogenesis is still uncertain^[32], but the inoculation of mice with VACVs by different infection routes could

yield important information about their pathogenesis. The use of VACV infection in mice by intradermal (footpad scarification) and by intranasal infection routes is recommended to study the infection course and the virulence patterns of BR-VACVs in order to get information about the biology of those naturally occurring viruses, which have significant impacts on public and animal health and also on local economies.

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REFERENCES

- 1 **Fenner F**, Henderson DA, Arita I, Jezek Z, Ladnyi ID. Smallpox and its eradication. WHO, Geneva, Switzerland. 1988.
- 2 **Schatzmayer HG**, Lemos ER, Mazur C, Schubach A, Majerowicz S, Rozental T, et al. Detection of poxvirus in cattle associated with human cases in the State of Rio de Janeiro: preliminary report. *Mem Inst Oswaldo Cruz*. 2000; 95 (5):625-27.
- 3 **De Souza Trindade G**, Drumond BP, Guedes MI, Leite JA, Mota BE, Campos MA, et al. Zoonotic vaccinia virus infection in Brazil: clinical description and implications for health professionals. *J Clin Microbiol*. 2007;45(4):1370-2.
- 4 **Singh RK**, Hosamani M, Balamurugan V, Bhanuprakash V, Rasool TJ, Yadav MP. Buffalopox; an emerging and re-emerging zoonosis. *Anim Health Res Rev*. 2007; 8(1):105-14.
- 5 **Reed KD**, Melski JW, Graham MB, Regnery RL, Sotir MJ, Wegner MV, et al. The detection of monkeypox in humans in the Western Hemisphere. *N Engl J Med*. 2004; 350(4):342-50.
- 6 **Reynolds MG**, Yorita KL, Kuehnert MJ, Davidson WB, Huhn GD, Holman RC, et al. Clinical manifestations of human monkeypox influenced by route of infection. *J Infect Dis*. 2006; 194(6): 773-80.
- 7 **Rimoin AW**, Kisalu N, Kebela-Ilunga B, Mukaba T, Wright LL, Formenty P, et al. Endemic human monkeypox, Democratic Republic of Congo, 2001-2004. *Emerg Infect Dis*. 2007; 13(6):934-7.

- 8 **Baxby D**, Bennett M, Getty B. Human cowpox 1969-93: a review based on 54 cases. *Br J Dermatol.* 1994; 131(5): 598-607.
- 9 **Karem KL**, Reynolds M, Braden Z, Lou G, Bernard N, Patton J, et al. Characterization of acute-phase humoral immunity to monkeypox; use of immunoglobulin M enzyme-linked immunosorbent assay for detection of monkeypox infection during the 2003 North American outbreak. *Clin Diagn Lab Immunol.* 2005; 12(7):867-72.
- 10 **Pahlitzsch R**, Hammarin AL, Widell A. A case of facial cellulitis and necrotizing lymphadenitis due to cowpox virus infection. *Clin Infect Dis.* 2006; 43(6):737-42.
- 11 **Kolhapure RM**, Deolankar RP, Tupe CD, Raut CG, Basu A, Dama BM, et al. Investigation of buffalopox outbreaks in Maharashtra State during 1992-1996. *Indian J Med Res.* 1997; 106:441-6.
- 12 **Ferreira JMS**, Drumond BP, Guedes MI, Pascoal - Xavier MA, Almeida - Leite CM, Arantes RME, et al. Virulence in murine model shows the existence of two distinct populations of Brazilian *Vaccinia virus* strains. *Plos one.* 2008; 3(8):e3043.
- 13 **Lobato ZIP**, Trindade GS, Frois MCM, Ribeiro EBT, Dias GRC, Teixeira BM, et al. Surto de varíola bovina causada pelo vírus *Vaccinia* na região da Zona da Mata Mineira. *Arq Bras Med Vet Zootec.* 2005; 57(4):423-9.
- 14 **Damaso CR**, Esposito JJ, Condit RC, Moussatché N. An emergent poxvirus from humans and cattle in Rio de Janeiro State; Cantagalo virus may derived from Brazilian smallpox vaccine. *Virology.* 2000; 277(2):439-49.
- 15 **Trindade GS**, Lobato ZI, Drumond BP, Leite JA, Trigueiro RC, Guedes MI, et al. Short report; Isolation of two *vaccinia virus* strains from a single bovine *vaccinia* outbreak in rural area from Brazil; Implications on the emergence of zoonotic orthopoxviruses. *Am J Trop Med Hyg.* 2006; 75(3):486-90.
- 16 **Ueda Y**, Dumbell KR, Tsuruhara T, Tagaya I. Studies on Cotia virus-an unclassified poxvirus. *J Gen Virol.* 1978; 40(2):263-76.
- 17 **Fonseca FG**, Lanna MC, Campos MA, Kitajima EW, Peres JN, Golgher RR, et al. Morphological and molecular characterization of the poxvirus BeAn 58058. *Arch Virol.* 1998; 143(6):1171-86.
- 18 **Drumond BP**, Leite JA, Fonseca FG, Bonjardim CA, Ferreira PCP, Kroon EG. Brazilian *Vaccinia virus* strains are genetically divergent and differ from the Lister vaccine strain. *Microbes Infect.* 2008; 10(2):185-97.
- 19 **Trindade GS**, Emerson GL, Carroll DS, Kroon EG, Damon IK. Brazilian *vaccinia viruses* and their origins. *Emerg Infect Dis.* 2007; 13(7):965-71.
- 20 **Leite JA**, Drumond BP, de Souza Trindade G, Bonjardim CA, Ferreira PC, Kroon EG. Brazilian *Vaccinia virus* strains show genetic polymorphism at the *ati* gene. *Virus Genes.* 2007; 35(3):531-9.
- 21 **Fenner F**. Risks and benefits of *vaccinia vaccine* use in the worldwide smallpox eradication campaign. *Res Virol.* 1989; 140(5):465-6.
- 22 **Campos MAS**, Kroon EG. Critical period for irreversible block of *Vaccinia virus* replication. *Review Microbiology.* 1993; 24:104-110.
- 23 **Crouch AC**, Baxby D, McCracken CM, Gaskell RM, Bennett M. Serological evidence for the reservoir hosts of cowpox virus in British wildlife. *Epidemiol Infect.* 1995; 115(1): 185-191.
- 24 **Joklik WK**. The purification of four strains of poxvirus. *Virology.* 1962; 18: 9-18.
- 25 **Quenelle DC**, Collins DJ, Kern ER. Cutaneous infections of mice with *vaccinia* or cowpox viruses and efficacy of cidofovir. *Antiviral Res.* 2004; 63(1):33-40.
- 26 **Brandt T**, Heck MC, Vijaysri S, Jentarra GM, Cameron JM, Jacobs BL. The N-terminal domain of the *vaccinia virus* E3L-protein is required for neurovirulence, but not induction of a protective immune response. *Virology.* 2005; 333(2):263-70.
- 27 **Miller CG**, Justus DE, Jayaraman S, Kotwal GJ. Severe and prolonged inflammatory response to localized cowpox virus infection in footpads of C5-deficient mice: investigation of the role of host complement in poxvirus pathogenesis. *Cell Immunol.* 1995; 162(2):326-32.
- 28 **Diniz S**, Trindade GS, Fonseca FG, Kroon EG. Surto de varíola murina em camundongos suços em biotérios: relato de caso. *Arq Bras Med Vet Zootec.* 2001; 53(2):152-156.
- 29 **Buller RM**, Palumbo GJ. Poxvirus pathogenesis. *Microbiol Ver.* 1991; 55(1):80-122.
- 30 **Fenner F**. Mouse-pox; infectious ectromelia of mice; a review. *J Immunol.* 1949; 63(4):341-73.
- 31 **Chantrey J**, Meyer H, Baxby D, Begon M, Bown KJ, Hazel SM, et al. Cowpox; reservoir hosts and geographic range. *Epidemiol Infect.* 1999; 122(3):455-60.
- 32 **Baxby D**. An unauthorized contemporary reprinting of Jenner's paper on the cuckoo. *J Hist Med Allied Sci.* 1981; 36(2):218-9.
- 33 **Trindade GS**, da Fonseca FG, Marques JT, Nogueira ML, Mendes LC, Borges AS, et al. Araçatuba virus; a *vaccinia*-like virus associated with infection in humans and cattle. *Emerg Infect Dis.* 2003; 9(2):155-60.
- 34 **Nagasse-Sugahara TK**, Kisielius JJ, Ueda-Ito M, Curti SP, Figueiredo CA, Cruz AS, et al. Human *vaccinia*-like virus outbreaks in São Paulo and Goiás States, Brazil; virus detection, isolation and identification. *Rev Inst Med Trop Sao Paulo.* 2004; 46(6):315-22.
- 35 **Turner GS**. Respiratory infection of mice with *vaccinia virus*. *J Gen Virol.* 1967; 1(3):399-402.
- 36 **Tscharke DC**, Reading PC, Smith GL. Dermal infection with *vaccinia virus* reveals roles for virus proteins not seen using other inoculation routes. *J Gen Virol.* 2002; 83(8): 1977-86.
- 37 **Abdarrhman I**, Gurt I, Katz E. Protection induced in mice against a lethal orthopox virus by the Lister strain of *vaccinia virus* and modified *vaccinia virus* Ankara (MVA). *Vaccine.* 2006; 24(19):4152-60.
- 38 **Ferrier-Rembert A**, Drillien R, Tournier JN, Garin D, Crance JM. Intranasal cowpox virus infection of the mouse as a model for preclinical evaluation of smallpox vaccines. *Vaccine.* 2007; 25(25):4809-17.