DEPARTMENT OF HEALTH & **HUMAN SERVICES**

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Public Health Service

Centers for Disease Control and Prevention (CDC)
Atlanta GA 30333

October 3, 2003

Mr. Patrick J. McConnon, M.P .H. Executive Director
Council of State and Territorial Epidemiologists (CSTE) 2872 Woodcock Boulevard, Suite 303 Atlanta, Georgia 30341-4015

DearMr. McConnon:

Thank you for your letter forwarding the positions statements, adopted by CSTE in 2003.

Enclosed are the Centers for Disease Control and Prevention's (CDC) responses to the CSTE Position Statements sent to the National Center for Infectious Diseases. These responses have also been sent to you via electronic mail.

We **look forward to continued collaboration with CSTE regarding public health issues of mutual concern.**

Sincerely, *~!v~*

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~ James M. Hughes, M.D. Director
National Center for Infectious Diseases

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Enclosures

N **ational Center for Infectious Diseases Comments**

CSTE POSITION ST A **TEMENT: #03- ID-04**

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

Statement of desired actions to be taken:

CSTE Recommends:
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 multifonne 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
vaccines, 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 (V AERS). States and territories should consider collecting copies of the V AERS 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 adverse events.**

CDC Comments:

CDC (NCID) supports the position statement 03-ID-O4, entitled "Surveillance for Smallpox Vaccine Adverse Events". CDC recognizes that re-institution ofa smallpox vaccination program will be accompanied by adverse events following vaccination and agrees that the collection of these data is essential. CDC also agrees that minimization of

the burden imposed on providers is integral to the success of this surveillance system and encourages integration of the existing V AER System into this surveillance. This may also be a prime opportunity for states to consider adoption of electronic immunization registries for adults.

The meaning of "assure legal authority" in the first recommendation should be clarified with regard to what it refers to and whether it is necessary in this context.