Update on ASTHO/CSTE/NACCHO/APHL Conf Calls (questions from Feb. 5, 2003)

Centers for Disease Control and Prevention

Frequently Asked Questions supporting the National Smallpox Vaccination Program – To be posted on Member-only websites of ASTHO, NACCHO, CSTE, and APHL

Contraindications

Is there a questionnaire to identify contraindications? (02/05/03)

At 21-28 days after vaccination, vaccinees should be asked if any contraindications were identified post-vaccination. They are asked the same information as the pre-screening contraindication form, for easy comparison.

Is it a contraindication to vaccine persons who are aged 65 or older (geriatric)? (02/05/03)

The package insert notes that smallpox vaccine is not recommended for geriatric populations. CDC interprets geriatric as are age 65 or older. Smallpox vaccination is not a contraindication; it is simply not recommended for this population in a non-emergency situation.

Should lab workers who do diagnostics for vaccination adverse events be vaccinated? (02/05/03)

This is a state and local public health decision. It is recommended that state and research lab workers get vaccinated to prevent inadvertent exposure and significant morbidity. With good lab procedures, this exposure can be minimized.

Post Vaccination

What were the HICPAC recommendations for infection control precautions related to vaccinia? (02/05/03)

Logical precautions on contact-to-contact interaction are sufficient; precautions related to airborne transmission are not necessary. This information will be published in an MMWR article by the end of this month.

Response to Vaccination

Should mild adverse events be reported to VAERS? (02/05/03)

All adverse events following smallpox vaccination should be reported to in VAERS. Certain more serious adverse events (such as eczema vaccinatum, generalized vaccinia, inadvertent vaccination, progressive vaccinia, vaccinia transmission to contacts, and other 'serious' adverse events (those resulting in hospitalization, permanent disability, or life-threatening diseases or death) should be reported in VAERS as well as to the state health departments.

Can States require that health care providers report certain adverse events to the state department of health as well as to VAERS? (02/05/03)

While all adverse events need to be reported in VAERS, there is some variability from state to state on what the state health department would like to have reported to them. Some states only want these 'clinically significant' adverse events reported to them. Other states want *all* adverse

events to be reported to their state health departments. Either approach is fine; states will need to be clear in their definition of who is responsible for VAERS reporting (state level or local), and ensure that all understand that regardless of the process, all adverse events must be reported in VAERS.

Smallpox Disease

In caring for a patient with smallpox, does the vaccination status of a caregiver effect the N95 mask recommendation? (02/05/03)

No, this recommendation is independent of whether the worker has been vaccinated.

What are the HIPAC recommendations for health care workers who may be exposed to patients with smallpox or plague? (02/05/03)

For smallpox, it is advisable that caregivers use a N95 Mask Respirator. For plague, a standard surgical mask is fine, and negative pressure rooms are not needed. This information will be published by CDC for HICPAC.

Vaccination Program

What is the Hospital-Based Monitoring System (HMS) and its status? (02/05/03)

This may be used to follow-up hospital staff who have been vaccinated. The system is currently being pilot tested in five sites, with ten patients in each site, for three consecutive days. Allowing time for modifications (based on the pilot), it is expected that the system will go live on 2/18/03.

How is information being disseminated to hospitals to promote the use of Hospital-based Monitoring System? Are states responsible for this? How is the system being made available? (02/05/03)

CDC is using their communications networks with the hospitals. CDC also anticipates that representative organizations (ASTHO, CSTE, etc.) will assist with publicizing this.

An email from CDC referenced a demo test for the Hospital Active Surveillance web page? How should states respond to the question of participation? How do we make the local health departments aware of this web-based version of the Vaccine Monitoring System? (02/05/03)

As state coordinators for adverse events will be the primary users of this system, CDC sent this email to get an idea of number of people that would want this access at the state level.

Pilot testing should be completed by 02/0703. A demonstration is planned, as well as a go-live date of 02/18/03. The demo is available for those who want to see it, as long as they understand that there might be changes.

What is the purpose of a Needle Stick Surveillance System? (02/05/03)

This is due to concern around needle sticks and needle safety. The risk of an operational exposure is exceedingly low; therefore it is recommended that needle sticks be tracked using a paper-driven reporting system. A package of materials to report needle sticks has been developed. An information packet on blood-borne pathogen transmission in clinics has been developed, and highlights the necessary training of vaccinators. This will be summarized in a separate written document.

There is mention of a possibility of reduced, weaponized strains of smallpox against which vaccination cannot protect, does this change the recommendations? (02/05/03)
Current recommendations are based on the supposition is that we will be dealing with smallpox strains against which vaccination is effective.

If a state decides to make the SSN and race/ethnicity voluntary, is this considered a reformatting or revision of the forms? (02/05/03)
If any revision or reformatting in excess of just noting these fields as optional must still be approved by the CDC.

Liability and Section 304 of the Homeland Security Act
If a healthcare provider has a contraindication or is at a high risk for infection, should they care for patients infected with smallpox? (02/05/03)
Ideally, these providers should not be in the vicinity of the patient or performing any patient care.