Update on ASTHO/CSTE/NACCHO/APHL Conf Calls (questions from Feb. 12, 2003)

Vaccine

Some groups have only gotten 80 doses per vial (100 expected). Has Georgia experienced this?(2/12/03)

Georgia has used 2 vials thus far but not due to the vaccine running out, but rather just due to logistics, and needing two vials in different places. Other states have also used more than one vial at a time in clinics, since there are multiple vaccinators. At this point, we don't have enough information to allow us to determine if a full 100 doses can be extracted.

Vaccination Procedures

Contraindications

Post Vaccination

Response to Vaccination

Smallpox Disease

Vaccination Program

In the state of Georgia, how did the hospitals determine the vaccinees?(2/12/03)

Georgia encouraged hospitals to restrict vaccination to those who have actual patient care responsibilities (e.g., physicians in ER). One hospital was a children's hospital, and they volunteered because they expect that they will see Adverse Events for children with vaccinia. The overall approach was to offer vaccine to a small number of people in a stepwise, limited fashion. Georgia really wanted to focus on doing this correctly.

What are the main reasons for lack of participation? Is it the compensation/liability issues?(2/12/03)

New Jersey has experienced the following:

- Hospitals are declining participation due to the liability issue, especially that around secondary transmission to patients.
- For individuals, it is a personal decision (economic issues, assessment of risk/benefit, and intangible issue of why should I do this?)

Washington state heard the same thing. It is a very personal decision. For some hospitals, it is a liability issue. People are concerned about transmission to patients (especially immuno-comprised) and close contacts. Many are not sure that the risk/benefit ratio justifies vaccination. CDC is curious about this information in an effort to figure out what kind of data might be helpful going forward. The real issue is that no can ever guarantee a "zero risk." However, they might be able to quantify the data around reduction in risk due to site care, etc. States feel this might be of use to some but will probably not convince individuals of the risk/benefit ratio. It might tip some people who are on the fence; time might do the same thing. Results of the current vaccination efforts may also affect this.

How will the new reporting requirements guidelines be disseminated? What should states do until this guidance comes out? (2/12/03)
It will be sent to BT Coordinators at grantees. It will also be sent to ASTHO and NACCHO, who will disseminate it to their constituencies as well. This will probably lead to redundancy, which is desirable for such an important message.

Will reporting be done through PVS?(2/12/03)
No, grantees can submit reports via fax or email. This will eventually move to PVS, but that will be phased in later. If a grantee is comfortable using PVS for reporting now, they are encouraged to continue to do so. CDC is just trying to make every channel available to ease the burden on the grantees.

On previous calls, it was decided that there would be a moratorium on Form revisions until 03/01/03. Local areas that are preparing to start their vaccination efforts around that time frame would like to know if they should be preparing for new forms (e.g., delay copies), and can CDC give some insight into the types of revisions that are currently in the queue?(2/12/03)
The plan is to have a group of states come together and help with the decisions around form changes. These would include things like evaluating the low literacy forms. Grantees should send comments to Kris Sheedy on an ongoing basis. No decisions have been made yet, one way or another. This process commenced on 03/01/03. No form changes will be distributed prior to 03/15/03.

Liability and Section 304 of the Homeland Security Act
Compensation
New Mexico's workers' compensation does cover the program but with a maximum of $550/week. This is not sufficient for staff such as physicians. What is the status of the bill in D.C. that addresses this?(2/12/03)
The bill is progressing.

What are hospitals and clinics actually doing about administrative leave and compensation issues?(2/12/03)
CDC will survey hospitals in states permitting survey execution.

Miscellaneous