Update on ASTHO/CSTE/NACCHO/APHL Conf Calls (questions from Jan. 17, 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

Is the immunization card given to the patient? (01/17/03)
Yes. The Immunization Action Coalition has the form on their web site but it is not part of the official smallpox program. (See http://www.immunize.org)

Will CDC release the names of the states receiving vaccine? (01/17/03)
CDC will post the number of doses that a state has been shipped after the state acknowledges receipt. (See http://www.cdc.gov/od/oc/media/smallpox.htm)

Forms that are designed for PVS ask people if they are comfortable giving their names/information with CDC. For states not using PVS, this does not apply. Do these states need to share their changes to the forms with the CDC? (01/17/03)
Yes.

NPS is under the assumption that states will order their vaccine all at once. This may not be the case for states that wish to vaccinate their vaccinators first, and the rest of their vaccinees later. (01/17/03)
CDC will ship up to 10,000 doses (100 vials) to each state initially and then follow-up with the remaining doses in one or more additional shipments.

How will the states know when the reservists are vaccinated? (01/17/03)
DoD will provide general information to the states but cannot post when the vaccinations will be taking place.

Are family members of military vaccinees going to be cared for in public hospitals? Should the public hospitals access CDC information or the military systems? (01/17/03)
Factors to consider:
- Active Duty members are covered and their families are as well.
- Guard members and reservists are covered by military but their families are not.
- Military clinics may not be open 24 hours a day for all military-related personnel.

If a DoD vaccinee needed VIG, regardless of their affiliation to a military member, the military will take as much responsibility as possible. This may warrant movement of a civilian family member to a military hospital, or movement from a military hospital to a civilian hospital. The military website details this support information, including their 24 hour hotline. 301-619-2257 or 888-USA-RRID

Is it true that all vaccinations of military personnel will occur on installations? (01/17/03)
It should be but there are some private sector contracts that may require isolated vaccinations on private ground. It is conceivable that vaccinations will be occurring at places other than major bases.

What has been the military adverse event experience? (01/17/03)
Everything has been expected and temporary. Of ~700 vaccinees, general malaise has been experienced, 1 patient developed a general rash; and restriction of duty: 3% for primary vaccinees, 1.5% for repeat vaccinees. This has been shared with CDC and IOM.

Vaccine site care in hospitals. Until the papule develops, the risk of shedding is minimal since the virus is not replicating. Is this supported? (01/17/03)
This has not been addressed by ACIP specifically. Without viral replication on the site, the risk of transmission is very small. However, as this has not been addressed by ACIP, it is not included formally in their recommendations.

ACIP Guidelines: Dressing Changes (01/17/03)
For healthcare workers, daily checks of the vaccination site to assess the need for a dressing change are recommended. However, dressing changes should only be done as needed (expected once every 3-5 days).

Is there a consent form? (01/17/03)
The consent form is part of the Medical History form. It can be found at website:
http://www.bt.cdc.gov/agent/smallpox/vaccination/pdf/history-consent-form.pdf

Is recent PRA or eye surgery a contraindication? (01/17/03)
ACIP Guidelines say that persons receiving ocular steroids should not be vaccinated until therapy is completed.

Are security protocols already issued for guarding of vaccine? (01/17/03)
CDC expects the states to keep the vaccine safe and secure, as any other vaccine following the Code of Federal Regulations. Smallpox vaccine must be stored in fixed storage facilities with controlled access to both the facility and storage system with surveillance and/or security staff provided. Armed guards on constant duty at the storage facility are not expected. Once vaccine is distributed to the dispensing clinics, the same precautions for the protection of any vaccine should be used.

From Previous Calls

Are the clinicians who attend AE training, the ones who request the VIG? (1/15/03)
Any clinician who is treating a patient with a smallpox AE can request the VIG. CDC requested that each state send their AE Coordinator and one state-selected clinician to attend the training on 1/22 and 1/23.

Is 12 hours a short period of time to receive the VIG? How quickly will the serious AEs evolve? (1/15/03)
Twelve hours is felt to be an adequate amount of time to respond to all AEs following smallpox vaccination.

Is there any difference between the contraindications in the 1960s/1970s and today? (1/15/03)
The contraindications were the same except for the addition of HIV/AIDS. (Breastfeeding was not identified as contraindication in the 1960/1970s according to Fenner's text, Book 1).