Update on ASTHO/CSTE/NACCHO/APHL Conf Calls (questions from Jan. 27, 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

Can generalized vaccinia be transmitted through the air? Do patients presenting with generalized vaccinia need to be placed in negative pressure rooms? When will these and other infection control issues be published? (1/27/03)
There has been some evidence of airborne transmission, but under further inspection, it was concluded that this is not a realistic threat. HICPAC will review their recommendations on 2/3/03. In general, reasonable contact awareness should be exercised for patients with generalized vaccinia. Written infection control recommendations will follow shortly.

When will the final versions of the of the site check document be ready? Some hospitals are going to furlough workers and, therefore, will not be performing site checks. (1/27/03)
Site checks are voluntary if the vaccinee is not working. Hospitals are required to track the site checks and a web-based system will be available to support this activity.

What is the status of the PVS system? Please send the URL. (1/27/03)
A testing and training system is available on the internet, external to CDC. The production system is ready, but can only be accessed by a site once the site's digital certificate is confirmed. URL for test system will be sent to the person identified in the data management section with a specific user id and password for the system. Any other questions can be sent to pvsinfo@cdc.gov

Is ***the PVS system going to generate the patient medical history consent form?*** (1/27/03)
No. This form will not be produced out of PVS anymore. What will be produced instead is a form with the clinical information block on it, which can be filled out by the clinician. They can then cut and paste this section of the form or copy it into the patient's record.

What are the protocols on vaccination of those that will be caring for vaccinees? (1/27/03)
In terms of site care, it has been stated that these people should be vaccinated if possible. For care of adverse effects, it would be ideal for these providers to be vaccinated, but as the providers cannot be identified ahead of time, this is unrealistic. More information will be provided in MMWR, summarizing the ACIP recommendations.

The Web site contains old forms and does not contain the Household Contact sheet. Has there been a change to PVS so that the Medical History will not be able to print the forms. Downloadable version is 4 pages and PVS is 2. Do we need to mass print PDF and distribute to clinics? What is available from PVS? (1/27/03)

The forms have been updated. It is preferable to use the downloadable forms, since the PVS system will not have the current forms. The last page of this downloadable form is a form that can be printed from the PVS system. It provides clinic and vaccine lot number.

Is the use of VIG/Cidofovir covered in the liability provisions in Section 304? (1/27/03)
These are covered according to the declaration.

What is the indemnification for physicians who will be responsible for vaccine administration? (1/27/03)
Section 304 covers liability coverage, but does not address indemnity for adverse events.

What is the crosswalk between PVS and the Vaccinee Monitoring System for hospitals? When will surveillance be required for all vaccinees? (1/27/03)
PVS offers the entry into the system for documenting vaccination. The voluntary hospital system is provided to help hospitals monitor the employees who have been vaccinated; e.g., to record take readings, site checks, bandage changes, etc. This is being developed in response to hospitals requesting the ability to capture this information.

The other system, the Hospital Monitoring/Active Surveillance System, as requested by IOM, is to record active surveillance information, especially once between days 21-28 of vaccination. Link between this system and the PVS is the PVN.

Hospitals are interested in data regarding individuals who have already been vaccinated, and how those vaccinations are going (e.g., military updates and Israeli vaccination information would be useful). (1/27/03)
DoD has been very accommodating in this arena, and will try to attend the call as much as possible (once a week?). DoD cannot provide the total number of vaccinees for security reasons but will help with as much information as possible.

Will low literacy information materials be developed by CDC? (1/27/03)
Yes.

The Privacy Act statement says that all of the information on the patient screening form is voluntary. Is it truly voluntary? How does this work legally? (1/27/03)
This means vaccination is voluntary, but the provision of information is not. If a potential vaccinee refuses to provide the information requested on the form, they cannot be vaccinated.