Update on ASTHO/CSTE/NACCHO/APHL Conf Calls (questions from February 3, 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

Vaccination Procedures

Did the Walter Reed use bandaging protocols similar to ACIP recommendations? (02/03/03)

They have used non-stick and somewhat breathable bandages (Cosmopore, Coverlets). They haven't adhered strictly to the ACIP recommendations, because those bandages may cause macerations.

In the Walter Reed vaccination efforts, have there been instances of smallpox transmission from health care worker to patient? (02/03/03)

No, there have not been any. Some vaccinees have not had any direct hands-on patient contact; this was not a policy decision but rather a local decision based on comfort levels and precautions amongst the staffs in the oncology and transplant wards.

Response to Vaccination

Is the rate of serious adverse events in Israel (5 per 17,000) high? (02/03/03)

This depends on the definition of adverse events. For non-critical adverse events, such as rashes, inadvertent inoculations, etc, one could expect one (non-critical) adverse event per thousand as reported in data sets from older vaccination efforts.

The 5 adverse events reported by Israel were all the people that required hospitalization or some type of medical treatment. Is too small a denominator to offer any conclusions on this rate.

Has Israel had to use VIG on any of their adverse Events? (02/03/03)

No, not yet.

How is the VA planning to manage staff adverse events? (02/03/03)

These will be covered through workers' compensation.

How will CDC report adverse events to the media? (02/03/03)

CDC will report on aggregate data using the categories of suspect and probable. CDC will release this information weekly, based on the incoming state vaccination data reports.

Vaccination Program

What is the status of the Clinical Information Line? (02/03/03)

The CDC's Clinical Information Line is up and running. This line is answered 24 x 7.

What is the purpose of a state's contracting with the Clinical Information Line? (02/03/03)
Contracting will provide a state-specific line for the Clinical Information Line number. The call will be recognized as the state health department of your state.

Will CDC provide something in writing that clarifies the States' reporting requirements? (02/03/03)
An email was provided on 2/3 that outlines the information that is required for the twice-weekly progress reports.

Is all information available on the system? (02/03/03)
Adverse event reports will go to AE coordinators through EpiX. These will be provided on a state-by-state/public health entity basis. Other reports on smallpox vaccination information are available through the SDN. The user's login will specify their state, so they can report only on their state's information thereby keeping the state data secure. Reports are built and ready, just waiting for data, which is waiting on the certificates.

Will non-PVS users have access to all of the PVS reports? (02/03/03)
Non-PVS users will only be without 2-3 reports integral to the PVS system. (Activity Logs and Take Callback Lists; these are outlined in more detail in the Smallpox Response Plan and Guidelines, Annex 8 at website http://www.bt.cdc.gov/agent/smallpox/response-plan/files/annex-8.pdf. They will have access to all other PVS reports, which will provide the same information for both non-PVS users and PVS users. This data and data from VAERS will be aggregated for report generation.

Miscellaneous

How is the VA coordinated with local health departments? (02/03/03)
VA employees have been identified to act as liaisons to the state health departments, and offer their sites for vaccinations. 48 VA medical centers have been incorporated into state smallpox response plans. 42 other VA medical centers will vaccinate their own staff. VA personnel have participated in all CDC trainings. Some VA employees are already vaccinated because they are military reservists. HHS asked for an MOU between HHS and VA which has been developed and is pending signature so shipping of vaccine can start.

How is the VA planning to manage adverse events in VA hospital staff? (02/03/03)
These will be covered through workers' compensation.

Does the VA have any plans to furnish VA data to the states? How (logistically) will information be made available, or will these efforts be completely siloed? (02/03/03)
Any VA employee participating in state-run plans should be already included in the state reporting information based on the state's protocols.

The VA is developing its own reporting system, but it is not in production mode yet. The VA is working with CDC on this effort, and plan to make this system transparent to CDC. VA will report adverse events through VAERS.

What is the tri-fold information packet developed by the military? (02/03/03)
This is a tri-fold of education material that is used for screening and general vaccination information. There are some overlaps with VIS, but it also incorporates other useful information.

It is available on the website (www.vaccine.army.mil, navigate to the smallpox folder), and is public information. Walter Reed found this to be very useful.

A military base confirmed that they could not provide a list of vaccinated individuals' home states for the CDC. Should states just presume they have vaccinated military personnel within their state? (02/03/03)
28,000 military personnel have been vaccinated thus far, and it should be assumed that there are military personnel in your state. However, specific tracking information is not available.

What training does the military provide to vaccinees on adverse events? (02/03/03)
Military vaccinees are educated during the screening process. It has been encouraged that military vaccinees receive, at a minimum, the Tri-fold of information. They should also be receiving the vaccination information sheet. People with questions are instructed to return to the appropriate military site for care. Backup clinical consultative support is available for all personnel.

Can more information be provided on the report of a possible vaccinia encephalitis case in a military person vaccinated in Georgia? (02/03/03)
This was a military active duty person who was vaccinated on 01/17/03 and deployed to Kuwait. Once in Kuwait, he became ill, was treated there, and then was transferred and treated in Germany. The patient was placed in intensive care, and was intubated for part of the time. With treatment, he experienced a rapid recovery (2 days). Studies have been done but have not been able to confirm specific cause. No underlying risk factors were identified for this person. No other doses from this lot will be used for vaccinations in the civilian population.