1. Identification of Smallpox Public Health Response Team (PHRT)

New Jersey will have 5 PHRTs, corresponding to the 5 regions described in the Cooperative Agreement Application (See map, Appendix A4). Each of the 21 counties in New Jersey has a lead County Health Agency called the Local Information Network Communication System (LINCS) agency. The Newark Department of Health is also a LINCS agency. Each team will consist of both NJDHSS and LINCS personnel and will include a:

- physician team leader (NJDHSS)
- epidemiologist (LINCS)
- public health nurse/vaccinator (LINCS)
- laboratory worker (NJDHSS)
- law enforcement agent (State Police)
- state regional planner/coordinator (NJDHSS)
- a LINCS regional planner/coordinator (LINCS)
- industrial hygienist (NJDHSS)

The responsibilities of each of these positions will be as follows:

**Physician team leader:** Will be a NJDHSS employee responsible for:
- coordinating all activities of the team when it is deployed to a hospital to investigate a high risk case-patient;
- setting priorities in the field investigation;
- communicating with the State Epidemiologist;
- leading the interview of the case-patient;
- coordinating investigation efforts with the law enforcement member of the PHRT.

**Epidemiologist:** Will be a LINCS agency employee responsible for:
- assisting with the case-patient investigation/interview;
- identifying potential contacts;
- assessing risk category of contacts;
- ensuring completion of all forms;
- coordinating data transmission from the field to the NJDHSS.

**Public health nurse/vaccinator:** Will be a LINCS agency employee responsible for:
- interfacing with the hospital Infection Control Professional (ICP) to identify potential hospital contacts;
- receiving vaccine, if needed, to vaccinate unvaccinated hospital personnel;
- vaccinating unvaccinated hospital personnel with direct contact to the case-patient if the case is confirmed.

**Laboratory worker:** Will be a NJDHSS employee responsible for:
- assisting with collecting, packaging and shipping of clinical specimens, according to CDC protocols;
• serving as direct liaison to CDC laboratory personnel.

Law enforcement agent: Will be a State Police/FBI agent responsible for:
• interviewing the case-patient, family members and witnesses;
• securing of evidence and ensuring chain of custody, as needed;
• communicating with his/her respective agency;
• interfacing with hospital security personnel;
• communicating with the NJDHSS Incident Commander;
• assuring delivery of specimens to the CDC.

Regional and LINCS Planners/Coordinators: Will be NJDHSS employees responsible for:
• assuring that the PHRT has all necessary supplies/materials to conduct its investigation;
• interacting with the Incident Commander on logistics issues;
• providing information to the Emergency Response Coordinator if the PHEOC is activated;
• interface with the other Regional and LINCS Planners/Coordinators.

Industrial hygienist: Will be a NJDHSS employee responsible for:
• ensuring that all members of the PHRT are familiar with and adhere to all isolation and bloodborne pathogens precautions;
• interface with the hospital safety supervisor to ensure that isolation rooms have appropriate negative pressure and ventilation;
• review all safety precautions with the hospital safety supervisor.

a. LINCS Agencies

Each of the 22 LINCS agencies will be creating their own component of the response team (epidemiologist, nurse/vaccinator, planner/coordinator) to “plug into” one of the five PHRTs should a response be required in their respective jurisdiction. Potential PHRT members will be identified by December 23rd and will be vaccinated when the Program is implemented.

There will be 5 regional and 1 additional MMRS-focused Smallpox Preparedness Vaccination Clinics.

The LINCS agencies in each region will be responsible for:
• identifying and coordinating regional staff who will implement the vaccination clinics;
• identifying a potential pool of eligible volunteers for vaccination to be members of the PHRTs or a vaccinator;
• providing a list of potential members of their PHRT to the NJDHSS by December 23rd;
• identifying a lead contact person and a backup for the Program at the clinic;
• providing pre-Program education about smallpox and the vaccine to all potential PHRT members;
• providing information of what would be expected of members of the team if a confirmed case of smallpox was identified;
• identifying regional staff who will attend training sessions offered by the CDC and/or NJDHSS;
• administering a medical questionnaire to screen out individuals with contraindications for smallpox vaccine in a pre-outbreak program;
• counseling women of child-bearing age of the potential measures to ensure that a pregnant woman not receive smallpox vaccine;
• ensuring that individuals at risk for HIV infection, but whose status is unknown, receive counseling about HIV testing, including testing sites;
• scheduling employees for the vaccination clinic;
• completing demographic and other information to populate the NJDHSS smallpox vaccination data management system (see Section II.I.) in advance of the scheduled clinics;
• establishing an agreement with a New Jersey general hospital that will establish a smallpox vaccination program for follow-up of their vaccinated employees by healthcare providers trained to assess any adverse events and provide vaccination site management;
• ensuring that vaccinated members of the PHRT return to the clinic one week after vaccination for assessment of vaccination “take”;
• maintaining a roster of all employees, their vaccination status and medical eligibility/exclusion for smallpox vaccination.