

New Jersey Department of Health & Senior Services Smallpox Vaccination Overview

Vaccination of Public Health and Health Care Response Personnel

- The timeline for accomplishing vaccination of core smallpox public health response teams and medical care teams has accelerated due to the concern for potential use of biological weapons.
- The CDC requires that every state submit preparedness smallpox vaccination plans by December 9, 2002.
- Vaccination of public health care workers in New Jersey will be voluntary and will not be required as a condition of employment.

Stages of Preparedness Smallpox Vaccination

The federal Government is considering that vaccination against smallpox in the absence of an intentional release of smallpox (preparedness vaccination) proceed in three stages. They are as follows:

- The first stage is intended for approximately 500,000 health care workers nationally (up to 15,000 in New Jersey), those based in acute care hospitals where a case of smallpox might be admitted and those who are part of public health response teams.
- The second stage would expand the offer of preparedness vaccination to 10 million health care and public safety workers nationally.
- In the third stage, newly licensed vaccine would be offered to the US general population (anticipated in 2004).

Rationale for Smallpox Vaccination

Preparedness smallpox vaccination of certain categories of healthcare workers is strongly encouraged for several reasons:

- It is likely that any initial case(s) of smallpox may be unsuspected and take some time to be recognized and diagnosed.
- Vaccination and appropriate use of personal protective equipment are the only ways that healthcare workers can be protected against any confirmed case of smallpox.
- In a small percentage of persons, initial vaccination may not "take". Preparedness vaccination enables re-vaccination of those without a "take" before they are at risk of exposure.

Public Health Response Team (PHRT) and Five Regional Vaccination Clinic Sites

- New Jersey will have five PHRTs and clinic sites. The five regional sites will be located in the North East, North West, Central East, Central West and Southern parts of the state. An additional clinic will be in Newark, a Metropolitan Medical Response System site.
- Each team will consist of both NJDHSS and LINCS agency personnel and will include but not be limited to:
 - Physician Team Leader (NJDHSS)
 - Epidemiologist (LINCS)
 - Public Health Nurse/Vaccinator (LINCS)
 - Laboratory Worker (NJDHSS)
 - Law Enforcement Agent (State Police)
 - Regional Planner/Coordinator (NJDHSS)
 - LINCS Planner/Coordinator (NJDHSS)
 - Industrial Hygienist (NJDHSS)
- The five region sites will be staffed by NJDHSS, LINCS, and local health departments' staff.
- The first stage of vaccination will be administered at the six clinic sites using the NJ Smallpox Vaccination Data Management System. Follow-up evaluation will be conducted seven days after vaccination at the clinic sites to evaluate vaccination take and to assess any adverse events.

Hospital Health Care Response Teams (HHCRT)

- Based on guidance from CDC, the MEDPREP/Terrorism Advisory Committee, the Infectious Disease Society of New Jersey and the Advisory Committee on Immunization Practices (ACIP), NJDHSS recommends that all 85 acute care hospitals have a core team of healthcare workers pre-identified who would care for a smallpox patient admitted to their facility.
- During December 2002, hospitals will begin the process of identifying potential healthcare workers within these groups who are eligible for vaccination and would consider participating in preparedness vaccination to become part of the HHCRT.
- The team should include sufficient inpatient staffing to take care of an adult or pediatric patient requiring intensive care for 7 days.
- In addition, there is a "vaccinator/occupational health" category. This includes nursing and employee health staff who would be involved in monitoring vaccinees, changing dressings, and potentially assuming a lead role in vaccination should smallpox occur. The team should include a significant number of emergency department staff.
- Approximately up to 150 personnel at each hospital should be members of their HHCRT and will be vaccinated at one of the six vaccination clinics.

- The following list shows the suggested composition the HHCRT for each hospital.
 - Healthcare Worker Positions:
 - ED Nurse
 - ED Physician/PA/NP
 - ED Technicians
 - Intensive Care Unit staff
 - Housekeeping/laundry staff
 - Security staff
 - Respiratory therapy staff
 - Infection control staff
 - Lab workers
 - Sub-specialists: Pulmonologist, Dermatologist, Ophthalmologist, ID Specialist, Pediatrician, Adult Intensivist, Nephrologist
 - Engineering/HVAC
 - Vaccinators/Occupational Health
 - Radiology technicians
 - Dialysis nurse

Timelines

- Clinic staff will be trained on all aspects of clinic operations during the first two weeks of January 2003.
- During the first week of the implementation phase, a clinic will be established to vaccinate the PHRTs and the clinic staff from the six sites.
- Each regional clinic will conduct 2 - 4 clinic sessions over a period of approximately four weeks to vaccinate HHCRTs during the Implementation Phase.
- Approximately 2,700 - 3,600 individuals will be vaccinated weekly.
- Clinic site staff will be responsible for coordinating scheduling with hospitals and other agencies.

Vaccine Safety Monitoring, Reporting, Treatment and Patient Referral

- NJDHSS will follow the protocol for vaccine monitoring, reporting, treatment and referral as outlined in the Supplemental Guidance for Planning and Implementing the National Smallpox Vaccination Program (NSVP).
- The NJDHSS will coordinate training.
- NJDHSS will utilize the New Jersey Smallpox Vaccination Data Management System and provide appropriate data to the CDC's Pre-Event Vaccination System.