



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
Mayor

Thomas R. Frieden, M.D., M.P.H.  
Commissioner



nyc.gov/health

November 29, 2002

Dear Hospital CEO:

With the increasing concern about the potential use of smallpox as a bioterrorist weapon, the New York City Department of Health and Mental Hygiene (NYC DOHMH) and the New York State Department of Health (NYSDOH) recognize the need to ensure the capacity to respond effectively and rapidly to the potential occurrence of smallpox in New York City. The risk of a bioterrorist incident involving smallpox is considered low. However, given the concerns that smallpox virus may be used intentionally in the future, we recommend that all acute care facilities in New York City have a health care work force available to provide medical care to the initial victims and have protocols in place to recognize rapidly and provide appropriate clinical management for patients suspected to have smallpox.

The intent of this letter is to provide preliminary information on the upcoming voluntary smallpox vaccination plans for select health care workers who volunteer to be on Smallpox Health Care Response Teams, and to share the enclosed document "*Management of a Suspect Case of Smallpox in Acute Care Hospitals in New York City*" that provides guidelines from the NYC DOHMH and the NYSDOH, to assist you in developing your institution's smallpox response plan (Enclosure 1).

## **A - Smallpox vaccination for health care workers at acute care hospitals**

The United States Department of Health and Human Services (DHHS) is preparing to release its plan for providing smallpox vaccinations to volunteer health care personnel prior to a known case of smallpox who would be responsible for the care of patients in the event of a case or cases of suspected or confirmed smallpox. The first stage of this program is expected to target approximately 500,000 hospital-based health care providers in the United States, with the expectation of expanding this program to all health care providers and traditional first responders (e.g., NYPD, FDNY, and EMS) shortly after that.

A summary of the recommendations from the recent Advisory Committee on Immunization Practices (ACIP) meeting in Atlanta on October 17, 2002 may be found at the Center for Disease Control and Prevention's website: <http://www.bt.cdc.gov/agent/smallpox/vaccination/acip-recs-Oct2002.asp>. The ACIP provided guidance in eight areas: 1) types of health care workers that should be included in Smallpox Health Care Response Teams; 2) care of the smallpox vaccination site; 3) whether administrative leave is necessary for vaccinated health care workers; 4) screening for atopic dermatitis as a contraindication for vaccination; 5) screening for pregnancy as a contraindication for smallpox vaccination; 6) screening for HIV infection as a contraindication for smallpox vaccination; 7) simultaneous administration of smallpox vaccines with other vaccines; and 8) vaccination of

smallpox vaccinators. The ACIP's recommendations reflect consultation with CDC's Hospital Infection Control Practices Advisory Committee (HICPAC) and DHHS's National Vaccine Advisory Committee (NVAC).

The goal of this program is to provide each acute care hospital with a designated group of volunteer health care workers who would be vaccinated and trained 1) to evaluate and manage patients who present to the Emergency Department or hospital based clinics with suspected smallpox, and 2) to provide in-room medical care for the first 7-10 days for the initial suspected or confirmed smallpox patients until additional hospital staff have been vaccinated.

The NYC DOHMH currently is preparing detailed guidance and educational materials for hospitals to use in the implementation of this program at your institution(s). Although we are awaiting the final decisions and details on the federal program before distributing this guidance, we want to provide you with information on the areas that hospitals likely will be responsible for, so that you can anticipate and plan accordingly. The following is a preliminary list of those pre-event vaccination activities with which hospitals can expect to be involved (a more detailed review of these activities and our recommendations are found in Enclosure 2):

(1) *Identifying health care workers on your staff for smallpox vaccination;*

These personnel will comprise your institution's Smallpox Health Care Response Team. Guiding principles for this program will include:

- All vaccinations will be **voluntary** ;
- Health care workers should be selected based on the job categories needed to care for an initial small number of smallpox cases (Enclosure 3);
- **All vaccinees will agree to be available to care for suspect or confirmed smallpox cases;**
- Formal staff recruitment efforts should not commence before hospitals have received the NYC DOHMH planning guidance materials, which will be provided to hospitals shortly after the official federal program announcement.

(2) *Educating your staff about smallpox, smallpox vaccine, vaccine contraindications and the voluntary federal smallpox vaccination program;*

(3) *Scheduling employees for vaccination;*

(4) *Vaccinating hospital employees;*

NYC DOHMH staff will be responsible for overseeing the administration of smallpox vaccine. However, we hope that hospitals will assist us in vaccinating their own staff.

(5) *Post-vaccination surveillance for vaccine "take" and adverse events;*

(6) *Providing initial specialty consultation (e.g., dermatology, infectious disease, ophthalmology, neurology) for employees with more severe vaccine-related complications;*

(7) *Formation of an internal planning team, including a hospital liaison to the NYC DOHM.* In addition to assigning this liaison to NYC DOHMH, representation from the following hospital areas is recommended:

- hospital administration;
- infectious diseases and infection control;
- employee health;
- information technology
- mental health;
- emergency preparedness;
- legal; and
- human resources.

Furthermore, to discuss the smallpox vaccination plans in more detail, two separate training sessions are available for members of your internal planning team and selected sub-specialty consultants to participate in:

1. **“CDC Bioterrorism Update: Smallpox Preparedness” is a 2-day distance learning videoconference on December 5 - 6, 2002 from 12:30 PM to 5:30 PM ET each day** (See Enclosure 4 that describes the content of the conference). NYC DOHMH suggests that you plan within your institution or hospital network to make the program broadcast available.
2. The NYC DOHMH will conduct three 3-hour training sessions to discuss the final guidance and educational materials to use in the implementation of the smallpox vaccination plan at your institution(s). Each session will be identical and will be for up to three members of your internal planning team. **The sessions will be held at the Greater New York Hospital Association (GNYHA) on Thursday, December 12 from 9 AM to 12 PM and 2 PM to 5 PM, and on Friday, December 13 from 9 AM to 12 PM.** Please RSVP to Barbara Marino at GNYHA by e-mail at [marino@gnyha.org](mailto:marino@gnyha.org) and indicate the date, time slot, institution, names and titles of who will be attending.

## **B – Guidelines for the Management of a Suspected Case of Smallpox**

All hospitals should review and incorporate the NYC DOHMH and NYSDOH Guidelines entitled “*Management of a Suspect Case of Smallpox in Acute Care Hospitals in New York City*” (Enclosure 1) into your emergency response (or disaster) plans. These guidelines, developed by the NYC DOHMH, with input from the NYSDOH and the NYC DOHMH Weapons of Mass Destruction Advisory Group, provide detailed information on procedures that should be in place to ensure rapid recognition and appropriate management of the suspect case-patient and all hospital contacts, pending laboratory test results.

Hospital staff in the following units, at a minimum, should review these guidelines: administration, emergency department, ambulatory care, general medical and pediatric inpatient units, infection control, infectious disease, nursing, engineering, legal counsel, risk management, and facility management.

Soon, the NYC DOHMH will be providing all hospitals with 25 copies of a poster entitled “*Evaluating Patients for Smallpox – Acute, Generalized Vesicular or Pustular Rash Illness Protocol*,” developed by the Centers for Disease Control and Prevention (CDC). This poster should be placed prominently in areas where clinicians in the emergency department and other ambulatory care areas of the hospital can review them routinely. After receiving the posters, if needed, you may obtain additional copies by calling Irene Escobar at 212-442-9064, or by submitting your request to the following email address: [healthSP@health.nyc.gov](mailto:healthSP@health.nyc.gov).

We recognize the demands that this voluntary smallpox vaccination program and smallpox planning will place on your institutions and will try to provide assistance to facilitate this process. We will notify you immediately when more information is available about the federal vaccination plan for smallpox health care response teams.

Until then, we are requesting the following:

- Submission of the name and contact information of the individual assigned to be the NYC DOHMH liaison to Georgia Davidson at [gdauidso@health.nyc.gov](mailto:gdauidso@health.nyc.gov) by **December 6, 2002**.
- The designated smallpox vaccination program NYC DOHMH liaison from your hospital should gain access to the NYSDOH Health Provider Network (HPN) by **December 12, 2002**. The following contact information must be entered into the Communications Directory on the HPN by your hospital’s HPN Coordinator for these important roles: 24/7 telephone, fax, pager and email contact information for the coordinator and an alternate.
- The enclosed **Airborne Infection Isolation Room Survey** (Enclosure 5, 6) should be completed by **December 12, 2002**. This information will be used immediately, to assist with local, regional, and state-wide smallpox planning.

Plant Management/ Engineering staff in consultation with Infection Control and Hospital Epidemiology should perform this survey. The survey is available on the Health Provider Network (HPN) and should be entered electronically. To expedite this process, your hospital’s NYPORTS coordinator has been given access to the survey on the HPN. Links to the electronic survey and instructions for data entry are found in the News Bulletins section of the HPN Home Page - located at the following secure Internet address: <https://commerce.health.state.ny.us/hpn>.

We strongly urge you to complete these critical preparedness steps as soon as possible.

If you have any questions or comments, please feel free to contact Debra E. Berg MD, the Medical Director of the NYC DOHMH’s Bioterrorism Hospital Preparedness Program, at 212-442-9064 or by e-mail [dberg@health.nyc.gov](mailto:dberg@health.nyc.gov).

Thank you for your assistance in this important endeavor.

Sincerely,



Thomas R. Frieden, M.D., M.P.H.  
Commissioner  
NYC Department of Health and Mental Hygiene



Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
Commissioner  
NY State Department of Health

TRK/gd

Enclosures

cc: Director of Infection Control  
Bioterrorism Coordinator  
Director of Emergency Preparedness (Disaster Planning)  
Director of Emergency Department