

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Enclosure 2: Initial Hospital Planning for Voluntary Smallpox Pre-Event Vaccination

This **voluntary** vaccination program aims to establish the following in all New York City acute care hospitals:

- (1) Identifying healthcare workers on your staff who will volunteer to be vaccinated in order to provide care for patients who present at your hospital with suspected smallpox (Smallpox Health Care Response Teams)

Health care workers should be selected based on job categories that would be required to care for the initial smallpox cases. **Because the vaccine is voluntary, any person agreeing to be vaccinated should be willing to care for a suspect or confirmed smallpox case(s).** As the incidence of vaccine adverse effects is less among persons who have previously received smallpox vaccine, efforts should be made to target persons who have received at least one prior dose of smallpox. A draft New York City Department of Health and Mental Hygiene template for the job categories and number of staff per category that can be targeted is included for planning purposes only (Enclosure 3). **Do not begin to actively recruit staff until after the federal government has formally announced the final smallpox plan and we have sent you our final guidance.**

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

This educational campaign will form the basis by which hospital employees will make their informed decisions regarding participation in this voluntary program. The Centers for Disease Control and Prevention (CDC) and the NYC DOHMH will be providing educational materials (*e.g., template letters for staff recruitment, fact sheets, teaching slide sets, etc.*) for hospitals to use to educate their staff. These educational sessions for all potential volunteers will address the contraindications to smallpox vaccine (*e.g., immunosuppressive condition, pregnancy, history of eczema or atopic dermatitis, any "active" dermatologic conditions, or having a household member with one of these contraindications*). It will be critical that hospitals ensure that all potential volunteers among their staff are fully educated about the contraindications to the vaccine, so that we minimize the risk of adverse events during the vaccine campaign. The NYC DOHMH will provide information on where staff may obtain free confidential HIV testing and counseling and pregnancy testing, if indicated. Voluntary, confidential HIV counseling and testing is strongly recommended for all persons who undergo smallpox vaccination in New York City. Citywide, approximately 1 in 50 adults is HIV-infected, and approximately one in three HIV-infected New Yorkers is unaware of their status.

(3) Scheduling employees for vaccination

NYC DOHMH is hoping to be able to vaccinate in hospitals; however, at this time it is not yet clear whether this will be an option approved by the federal government. We will provide more detailed guidance in the near future.

(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. This would be an opportunity to train some hospital staff in case a larger mass vaccination campaign was needed at some future time. We encourage hospitals to include staff willing to assist in vaccine administration among those targeted for smallpox vaccination.

(5) Post-vaccination surveillance for vaccine “take” and adverse events

Hospitals can anticipate being responsible for overseeing the clinical responses to smallpox vaccination in their workforces, and they can begin planning to delegate that responsibility to appropriate clinical staff (*e.g., physicians, nurses and administrators from employee health, infection control and/or infectious disease*). The following post-vaccination surveillance can be anticipated:

- a. Visual inspection of the vaccine site at the beginning of each work shift to assess coverage of the site and to change the dressing, if necessary;
- b. Examination for vaccine “take” at one week following vaccination; and
- c. Monitoring for adverse events in all vaccinees at that institution, including the recording of any symptoms or adverse events on forms provided by the NYC DOHMH.

Staff will need to be available daily and on all shifts to perform these site care activities for all vaccinated hospital staff until the vaccine scab falls off (approximately 21 days). Trained staff from the Emergency Department or Nursing Administration may perform these tasks after daytime hours. As per the final ACIP guidelines, after the employee receives the vaccine, administrative leave is not necessary as long as the integrity of the bandage (gauze covered by a semi-permeable dressing) is maintained until scarification occurs and staff adhere to strict handwashing after handling the bandage or touching the vaccine site.

We will recommend that one or more physicians (preferably in infectious disease and dermatology) participate in training that will be provided by the Centers for Disease Control and Prevention through the NYC DOHMH on the initial diagnostic assessment of any vaccine adverse events, and to work with specialists at the state, regional or federal level to further assess and, if necessary, provide treatment of vaccine adverse events.

The CDC smallpox website (www.bt.cdc.gov/agent/smallpox/index.asp) is an additional resource for clinical information including a more in-depth explanation of adverse events from the vaccine.

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

These hospital-associated consultants will be provided additional training materials for evaluating patients with vaccinia-related complications, and will participate in a national surveillance network being established by the CDC to triage these patients, determine if therapeutic interventions would be indicated, and to refer to a regional center for any necessary treatment. The NYC DOHMH strongly encourages all hospitals to have digital cameras available to facilitate consultation with public health officials to determine the type of vaccine related complication, as well as need for therapy.

- (7) Formation of an internal planning team, including a NYC DOHMH liaison

Although the final decisions on the parameters of this voluntary vaccination campaign for Smallpox Health Care Response Teams have not yet been finalized by the federal government, we suggest that hospitals begin to prepare by forming a core planning group now with staff from hospital administration, infectious disease, infection control, employee health, mental health, emergency preparedness, legal, human resources and other appropriate departments to assist in the planning, roll-out and maintenance of the program. We also request that you assign a liaison to communicate directly with the NYC DOHMH in regards to the smallpox vaccination program and recommend that this be the bioterrorism coordinator designated in your hospital application for funding to the NYC DOHMH's Bioterrorism Hospital Preparedness Program. The NYC DOHMH will be assigning a departmental liaison team to each hospital to facilitate coordination and communication between the hospital planning group and the Department.

The current legislation for the new Department of Homeland Security includes provisions for ensuring federal liability protection for health care facilities participating in this program. However, we are waiting for further clarification of some of this legislation's details.