

**HOSPITAL HEALTH CARE RESPONSE TEAM
SMALLPOX VACCINATION GUIDELINES
NEW YORK STATE DEPARTMENT OF HEALTH
November 22, 2002**

Background

In June 2002, The Advisory Committee on Immunization Practices (ACIP) made draft supplemental recommendations for the use of smallpox (vaccinia) vaccine to include people designated to respond or care for a suspected or confirmed case of smallpox. Specifically, the ACIP recommended voluntary vaccination of hospital staff serving on designated "Smallpox Health Care Response Teams". The ACIP provided additional guidance in October, 2002, in eight areas: 1) types of healthcare workers that should be included in Smallpox Health Care Response Teams; 2) care of the smallpox vaccination site; 3) need for administrative leave for vaccinated healthcare 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 federal government will soon announce its pre-event smallpox vaccination policy that will soon include voluntary vaccination of hospital staff on Smallpox Health Care Response Teams. This document provides draft guidance for hospitals to develop plans for such teams. This guidance is subject to change depending on the final ACIP recommendations and federal vaccination policy. However, this guidance is expected to be in general agreement with the final policies in most areas. Subsequent stages of the federal plan are likely to call for offering voluntary vaccination to all health care workers.

All hospitals need to be prepared to care for a suspect case of smallpox. Acute care hospitals should review these guidelines as part of their overall preparedness to care for one or more patients with smallpox should they present to their facility, and to strongly consider developing Health Care Response Teams.

Goal

To provide each acute care hospital with a designated group of volunteer healthcare workers who would be vaccinated and trained 1) to evaluate and manage patients who present to the Emergency Department with suspected smallpox, and 2) to provide in-room medical care for the first few smallpox patients requiring hospital admission for 7-10 days after patients with smallpox have been identified.

Staff Composition of Smallpox Health Care Response Teams

The ACIP recommends that Smallpox Health Care Response Teams include:

1. Emergency Room Staff, including both physicians and nurses;
2. Intensive Care Unit staff, including physicians, nurses. In hospitals that care for infants and children, this encompasses pediatricians, pediatric intensivists, and pediatric emergency room physicians and nurses;
3. General Medical Unit staff, including physicians, internists, pediatricians, obstetricians, and family physicians in institutions where these individuals are the essential providers of primary medical care;
4. Medical house staff (i.e., selected medical, pediatric, obstetric, and family physicians);
5. Medical subspecialists, including infectious disease specialists [this may also involve the creation of Regional teams of subspecialists (e.g., local medical consultants with smallpox experience, dermatologists, ophthalmologists, pathologists, surgeons, anesthesiologists in facilities where intensivists are not trained in anesthesia) to deliver consultative services];
6. infection control professionals (ICPs);
7. respiratory therapists;
8. radiology technicians;
9. security personnel; and
10. housekeeping staff (e.g., those staff involved in maintaining the health care environment and decreasing the risk of fomite transmission).

It is anticipated that the size and composition of a smallpox medical care team will vary according to the individual institutions and their patient populations. At a minimum, the Response team should enable 24/7 coverage in key areas like the emergency room. In smaller hospitals, not all specialty areas may be represented. However, there should be a plan to provide specialty consultation by external consultants. ***Smallpox vaccination would be voluntary.***

Minimum requirements for hospitals to vaccinate smallpox health care

response team staff.*Participating hospitals must:*

1. Identify an administrative contact person to work with the state and local health departments to handle the logistics of staff vaccination;
2. Identify staff to form a volunteer team with adequate membership to meet the program goal, outlined above. Persons with a prior history of smallpox vaccination and no contraindications are preferred for selection of the initial care team because it is anticipated that side effects and risk of person-to-person transmission will be reduced. Vaccinated staff would be expected to participate in the care of suspect or confirmed smallpox patients. Team formation will involve making prospective team members available for intensive training and education around vaccine contraindications, and to allow staff time to attend vaccination clinics;
3. Review hospital worker's compensation and employee health insurance coverage to ensure coverage for vaccine adverse events; (It is likely that the medical costs of vaccine adverse events suffered by health care workers-vaccinees will be covered by workers compensation. Coverage for lost wages caused by a vaccine adverse event will be affected by the application of the facts of each case to Workers Compensation Law Section 12, which provides that no compensation for lost wages shall be allowed for the first 7 days of disability, except if the work-related injury results in disability of more than 14 days, compensation will be allowed from the date of disability. It is unlikely that employee health insurance coverage will be required to cover health care costs.)
4. Designate staff in the hospital occupational health, infection control or other appropriate unit trained and organized to carry out the functions listed below; in 5-7;
5. Assess the ability of vaccinated staff to work by visual inspection of the vaccination site at the beginning of each work shift to assess coverage of the site by a dry gauze and semi-permeable dressing, to change the dressing if necessary, to record staff symptoms (e.g. fever, sore arm), and to reinforce good hand hygiene. These steps are to be carried out until the vaccine scab falls off. Administrative leave is not necessary for vaccinated health care workers.
6. Assess vaccine "take" at one week following vaccination;
7. Report information on possible vaccine adverse events to designated state health department staff;
8. Have one or more physicians, preferably in infectious diseases and dermatology, participate in CDC or State Health Department training 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.

