



Greater New York Hospital Association

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**COMMENTS
OF THE
GREATER NEW YORK HOSPITAL ASSOCIATION
ON
THE USE OF SMALLPOX VACCINE
AT A
COMMUNITY FORUM
HELD BEFORE THE
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION,
ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES,
AND
NATIONAL VACCINE ADVISORY COMMITTEE
JUNE 6, 2002
NEW YORK CITY**

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Good morning, I am Susan C. Waltman, Senior Vice President and General Counsel of the Greater New York Hospital Association, which represents the interests of over 200 hospitals and continuing care facilities in New York City and surrounding areas. All of our members are either not-for-profit, charitable organizations or publicly-sponsored institutions. Together, they provide services that range from state-of-the art, tertiary care to the most basic primary care consistent with their roles as safety net providers for many of the communities they serve.

On September 11, 2001, and during the subsequent anthrax attacks, GNYHA's members had an additional role: they were the front line of the region's disaster response system both in terms of treating patients injured by the World Trade Center disaster and in terms of being expected to identify and respond to acts of bioterrorism. GNYHA members performed admirably, and their years of preparing disaster plans, undertaking drills, and anticipating many eventualities demonstrated how important emergency preparedness efforts are to a region's ability to respond.

However, September 11 also demonstrated quite clearly how vulnerable we are as a society and just how much more we need to do to be fully prepared. As a result, GNYHA members have been working hard, individually and on a regional basis, to enhance their level of preparedness for events never thought possible on American soil, all at a tremendous cost in terms of scarce resources and funds.

Responses to the Questions Posed

We welcome the opportunity to appear before you today and commend you on the process you are following to obtain broad input with respect to the critically important subject of the use of smallpox vaccine. I will answer at the outset the two questions that you raise regarding smallpox vaccine policy and will then offer a more detailed rationale for our positions.

Pre-Attack Immunization of Certain Personnel—First, on the issue of whether pre-attack immunization should be recommended to certain individuals who may be at increased risk of exposure in the event of a smallpox attack, GNYHA strongly recommends and requests that all health care workers who will be considered essential to the orderly delivery of health care once a smallpox attack occurs should be offered voluntary, pre-attack immunization. At the very least, this means that health care workers who might be the first to be exposed as well as those upon whom we will all depend to stay on the job to care for and/or transport patients of all kinds, not just smallpox patients, should be offered vaccine. We believe this action is necessary because, while post-exposure vaccination affords protection to the worker, we understand that health care workers should not return to work with patients, many of whom are immuno-compromised, for a period of two weeks after vaccination. Thus, the vaccination of health care workers must occur pre-attack to allow the workers to stay on the job should an attack occur.

In addition, given that we cannot know where and how broadly smallpox cases might present, this will mean that a large number of health care workers across the country should be offered pre-attack vaccinations. The additional dynamic of health care workers worrying about where the next smallpox patient may present and therefore being unwilling to stay at work once an attack occurs further supports the need for a large number of essential health care workers to be offered vaccine nationwide. Finally, we understand that many health care workers have indicated that, in the event of an attack, they will not come to work unless their families are protected, and thus, we recommend that not only essential workers, but their families as well, be offered vaccine.

Broad-based Vaccine Policy—Second, on the broader issue of whether and when smallpox immunization should be re-introduced for the population at large, GNYHA recognizes the pros and cons of undertaking broad-based, pre-attack vaccination that carries significant side-effects in the face of what is perceived a low risk of smallpox exposure, particularly when vaccination affords protection even post-exposure. GNYHA cautions, however, that if reliance is placed on the ring vaccination approach or any form of post-attack vaccination, the CDC cannot underestimate the extraordinary logistical and psychological issues surrounding mass and immediate immunization in this day and age with respect to such a feared biological agent. In addition, given the lessons learned from prior exercises, one questions the ability to draw any rings around exposures in this very mobile, fast-paced society. Thus, while the CDC might not offer broad-based immunization pre-attack, it should be fully prepared to be able to offer it very broadly once an initial case is identified.

Preparedness Pre-September 11

To support the foregoing positions, I begin by providing some background regarding our members and their views on and experiences with preparedness for nuclear, biological, and chemical (NBC) events. Prior to September 11, GNYHA members had worked hard on preparing and improving detailed disaster plans, engaged in regular drills, and constantly reviewed their readiness for many events. In addition, our area's physicians are well-recognized experts in key specialties and have contributed significantly to the development of hospital protocols for disaster response. Perhaps most importantly, GNYHA and its members have enjoyed close working relationships with the area's emergency managers as well as state and local public health officials. In recognition of this role, GNYHA has a desk at the New York City Office of Emergency Management's (OEM's) Emergency Operations Center (EOC), which GNYHA staffs during all disasters, major events, and anticipated possible emergencies.

The Health Care Response on September 11

On September 11, GNYHA's members demonstrated quite clearly that they were prepared for the particular disaster that we all faced that day. Area hospitals instantly activated their disaster

plans, cancelled all elective procedures, freed up thousands of beds in anticipation of large numbers of admissions, reconfigured areas internally to make room for additional patients, and established triage centers in the streets. At the same time, many hospitals found themselves without communications systems, electricity, and water. They also found themselves dealing with unanticipated human factors: thousands of distraught individuals were walking from hospital to hospital looking for missing loved ones. Hospitals responded by providing support, counseling, and ultimately information for a patient locator system.

GNYHA also played a key role on September 11, having been called by OEM within moments of the first plane crash and requested to send staff to its EOC. On September 11 and for many weeks thereafter, GNYHA staffed both its desk at the replacement EOC and its own command center round the clock, acting as liaison among the hospitals, the emergency managers, and public health officials.

Preparing For and Responding to the Anthrax Attacks

In anticipation of possible additional attacks, GNYHA began to provide briefings on NBC events and enhanced its ability to communicate rapidly with its members. Thus, by the time of the first anthrax attack in Florida, GNYHA was able to immediately transmit alerts from public health officials to numerous groups within member hospitals. When the first case of anthrax was identified in New York, GNYHA assisted in breaking down the medications needed to provide prophylactic treatment to potentially affected employees, a task that proved to be time-consuming and labor-intensive. In response to this initial case, many GNYHA members indicated they were overwhelmed by individuals demanding Cipro (and only Cipro) and nasal swabs.

With respect to the subsequent case of anthrax identified in a New York hospital employee, GNYHA saw first-hand the concerns that health care workers and the public had about their own health. In that instance, the hospital was closed for one week while the source of the exposure was investigated. In response to widespread employee concerns, GNYHA facilitated a meeting

with 3,000 health care worker union delegates from area hospitals who wanted assurances that their health—and the health of their families—was not being jeopardized by staying on the job.

Major Lessons For Disaster Preparedness

I point out one fact about what happened on September 11 that should forever affect how we all prepare for disasters. Individuals caught in the disaster ran, they jumped on boats, and they jumped on trains and subways to escape the horror. As a result, over 100 hospitals in New York and New Jersey saw 7,200 patients in their emergency departments for World Trade Center disaster injuries. Thousands more patients were seen at triage centers set up at various locations around the World Trade Center and in New Jersey. Although there was no evidence of a release of any NBC agents in connection with the plane crashes, many hospitals decontaminated individuals to protect both the debris-covered patients as well as health care workers.

What is the lesson to be learned from this? *Every single hospital, particularly those in regions that may be targets of attacks, must have some capability to identify and respond to disasters of all types.* We cannot, as a system, depend on an orderly or predictable presentation of patients.

What did we learn from the five cases of anthrax in New York City? We learned that, at least at that point in time, the system was not ready for the mass and immediate distribution of medications to either exposed individuals or an anxious public. We also learned that the broad-base of health care workers expect and indeed deserve to know that the system will protect them from the dangers associated with caring for patients in this new era of terrorist attacks. And, finally we learned that the public will demand treatment, even when there has been no exposure and even when it relates to a non-communicable disease.

Regional Planning and Further Support for our Positions

In recognition of this need for broad-based preparedness for previously unimaginable events, GNYHA has created an emergency preparedness coordinating council. The council brings together representatives of GNYHA members as well as local, state, and Federal public health

officials and emergency management agencies for the purpose of encouraging regional collaboration in order to provide a more integrated response to any future attacks or events. While the council's workplan covers the gamut from improving communications to preparing for NBC events, I will devote attention here to five areas covered in council discussions that further support our positions with respect to vaccine policy.

Smallpox Considerations—First, the council has had and will continue to have intense discussions regarding smallpox planning—its symptoms and the course of the disease; vaccination side-effects, contra-indications, and approaches; and possible systems responses to smallpox.

As part of these discussions, we understand that once a health care worker is vaccinated against smallpox, the worker should not be permitted to return to work for approximately two weeks due to concerns about exposing immuno-compromised patients to the virus from the vaccine. Thus, although the vaccination of health care workers post-attack will protect the workers, the workers cannot return to work for close to two weeks in order to protect the patients that might care for. In short, the very workers who might then be sufficiently protected to work in environments in which smallpox may be present cannot enter those environments post-vaccination. We understand that there has been some work in the area of developing vaccination site protection that may minimize the transmission of the virus in that two-week period, but we are uncertain whether that problem has been fully solved. Thus, it is essential that health care workers who will be depended upon to continue to care for patients, both smallpox patients and non-smallpox patients alike, be offered pre-attack vaccination.

Universal Preparedness and Protection—Second, as indicated previously, every hospital and provider must have the capability to identify and respond to a biological event. On September 11, we saw that every hospital in the region received patients. During the anthrax attacks, we saw that providers everywhere might be called upon to diagnose and institute treatment for various presentations of anthrax. Thus, when it comes to being positioned to respond to a smallpox case, we must assume that that case could present anywhere in the country, and most likely in more than one emergency department in more than one location. Thus, all hospitals,

particularly in likely target areas, should have significant numbers of essential workers who are prepared to care for patients should a case of smallpox be identified.

Health Care Employee Reactions—Third, the council has also had discussions about maintaining calm among hospital employees in the face of some of the disasters that we now must prepare for. There are significant concerns that workers, both clinical and non-clinical, will not come to work in the midst of a biological event *unless they are assured that they and their families are protected*. Thus, GNYHA members have been providing education programs for employees to explain their efforts in the area of disaster planning, part of which includes how the institution will protect employees during any disaster.

However, when it comes to smallpox, members have indicated that they are very concerned that employees will not be willing either to stay at, or return to, work once the first case of smallpox occurs in this very mobile society. This will be so whether the first case occurs in their hospital or somewhere else and whether they are advised that certain infection control measures afford effective protection. If anthrax, which is not communicable, is any indication, health care workers will demand to know that they and their families will be safe. Thus, for this additional reason, namely employee willingness to stay on the job, it will be important to the continued orderly delivery of health care that consideration be given to vaccinating a large number of essential workers. And, to address worker concerns about their families' safety, vaccine should be offered to their families as well.

The Logistics of Vaccine Distribution—Fourth, the logistics and management of providing broad-based and prompt immunization in an area such as New York City, even under a ring approach, will be extraordinary. This is true whether one is talking about immunizing only health care workers or a large population as well. As indicated, GNYHA assisted in preparing medications for only relatively small numbers of individuals in connection with the anthrax attacks. Without providing details here, I emphasize that the system was not, at least at that point, ready for a large-scale distribution and administration of medications. I recognize that there have been successful drills since then. But I point out that those drills did not test aspects of the system in which we have seen and have reported weaknesses. I am of course hopeful that

those problems have been addressed, but I emphasize that any system that depends on rapid distribution and administration of vaccine or other medications must be absolutely certain that all aspects of the system work smoothly and rapidly.

The Human Element—Finally, there is the human element of public panic that will come into play should an attack occur. This is something that is evident to all of us, and I am sure the panel and the Federal government are acutely aware of what might unfold. Indeed, the council is currently developing materials that can be shared with hospital communities to try to minimize in advance the panic that might result from a number of terrorist events. Based on our observations of how the public responded to anthrax (with demands for Cipro and nasal swabs), coupled with the difficulties of both identifying potential smallpox contacts in a populous urban area and providing vaccine to those people identified (and perhaps not immunizing others), we are hopeful that whatever plan is chosen with respect to the public at large will clearly take into account the problems we observed first-hand. Indeed, strong consideration should be given to offering vaccination to all (taking into account contra-indications) once the first case appears in order to avoid widespread panic as the disease may spread across a region or even the country.

Summary

Taking into account the foregoing factors, we thus conclude that a broad-base of health care workers should be offered the smallpox vaccine pre-attack and on a voluntary basis. They are the very individuals that the nation's public health system will depend upon not only to care for potential smallpox victims, but to continue to care for other patients as well. Waiting until the first case appears may mean that those essential workers will either be unable or unwilling to return to work for a period of time. Offering vaccine in advance will permit the orderly phasing in of the vaccine among workers who are the front-line of the country's health care and public health defense systems.

On the issue of broad immunization, we emphasize the importance of considering whether the lessons of drills undertaken demonstrate that there will be no rings but only large areas of the country that have been exposed. Whatever course is chosen, we sincerely hope that the

government takes seriously the immense logistical and psychological factors that it will face in providing vaccine to a frightened nation.

Thank you for the opportunity to comment today. We offer to provide further information with respect to our experiences in September and as the anthrax attacks unfolded in order to support the CDC in its efforts to address these difficult issues.