



Clinician Communication Briefing 6 Summary

Special Smallpox Preparedness Program Update Telephone Briefing March 7, 2003 11:45 am -12:15 pm EST

Speakers

Tommy G. Thompson, Secretary of Health and Human Services
Julie Louise Gerberding, Director, Centers for Disease Control and Prevention
Jerome Hauer, Acting Assistant Secretary, Office of Public Health Emergency Preparedness, HHS

Meeting Host

Lynn Steele, Senior Advisor, Office of Terrorism Preparedness and Response, CDC

Clinician Organization Participants

Jacque Admire, American Academy of Family Physicians (AAFP)
Mike Barry, American College of Preventive Medicine (ACPM)
Andrew Bernstein, Association of State and Territorial Health Officials (ASTHO)
Barbara Braun, Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)
Cia Byrnes, Alliance of Community Health Plans
Martha Cook, American Academy of Pediatrics (AAP)
Sara Danberg, Infectious Diseases Society of America (IDSA)
Joseph Deffenbaugh, American Society of Health System Pharmacists (ASHP)
Lawrence Deyton, Department of Veterans Affairs
Jill Fainter, HCA
Mary Goolsby, American Association of Nurse Practitioners (AANP)
Linda Goss, Association for Professionals in Infection Control and Epidemiology (APIC)
Pam Hagan, American Nurses Association (ANA)
Robert Handler, Tenet Healthcare
John Hitt, VHA, Inc.
Jo Hofmann, Association of State and Territorial Health Officials (ASTHO)
James James, American Medical Association (AMA)
Katherine Kirkland, Association of Occupational and Environmental Clinics (AOEC)
Gloria Klaiman, American College of Physicians-American Association of Internal Medicine (ACP-ASIM)
Marie Michele Leger, American Association of Physician Assistants (AAPA)
Thomas Liang, American Association of Health Plans (AAHP)
Laura Liedtke, Emerging Infections Network (EIN)
Kathy Mcnamara, National Association of Community Health Centers (NACHC)
Margaret Montgomery, American College of Emergency Physicians (ACEP)
Gina Pugliese, Premier Safety Institute
James Ransom, National Association of County and City Health Officials (NACCHO)

Ric Ricciardi, National Association of Pediatric Nurse Practitioners (NAPNAP)
Mark Russi, American College of Occupational and Environmental Medicine (ACOEM)
Raj Sabharwal, Association of American Medical Colleges (AAMC)
Rosalynd Schulman, American Hospital Association (AHA)
LJ Tan, American Medical Association (AMA)
Michael Tapper, Society for Healthcare Epidemiology of America (SHEA)
Joann Webb, American Organization of Nurse Executives (AONE)
Kevin Whitford, National Association of Inpatient Physicians (NAIP)

Need To Accelerate the Smallpox Vaccination Program:

- Terrorists, more than likely, have access to smallpox and have demonstrated intent to inflict mass casualties on the United States.
- The Administration is concerned we are not yet prepared to ward off a smallpox attack, and that we will not be able to respond if, in fact, there is an attack.
- Smallpox preparedness, including the vaccination of healthcare and public health personnel who would serve on response teams, is a national security issue.
- HHS and CDC remain committed to conducting the smallpox vaccination program as safely as possible, but stress the need to scale it up and speed it up in the current context of the situation in the Middle East and the rest of the world.
- HHS and CDC are asking for help from clinician leaders to support the smallpox vaccination program, and to assist other clinicians in healthcare facilities in making informed decisions about their willingness to volunteer in the smallpox vaccination program.

Current Status of the Program:

- In the middle of December the President announced the plan for public health and medical response teams to be voluntarily vaccinated against smallpox as part of the nation's overall efforts to better prepare for terrorism.
- All states have submitted smallpox response plans, and have begun to implement those plans. Over 13,000 healthcare and public health personnel have been vaccinated.
- During the week of March 10th, CDC Director, Dr. Julie Gerberding and U.S. Surgeon General, Dr. Richard Carmona, will be vaccinated.
- CDC is scaling up and expanding its personnel smallpox vaccination program to include a broader cadre of emergency response personnel as part of CDC's response team.
- The Surgeon General is setting up a similar vaccination program for commission corps officers.
- HHS and CDC continue to learn a great deal from the Department of Defense vaccination program (which has vaccinated over 500,000 people), and is using the same protocols for screening vaccinees and detecting and evaluating adverse events.
- HHS and CDC are reassured that these screening protocols and adverse-event-detection systems are working, and that they have an overall safety profile better than expected based on historical data.

Newly Proposed Compensation Program:

- On March 6th, the Administration proposed a vaccination compensation program that would provide vaccinated health professionals the same benefits as those provided to public safety officers when they are injured on the job.
- Negotiations with the Senate and the House are ongoing for passing this vaccination compensation program.

- The proposed compensation program includes permanent total disability benefits of \$262,000, a death benefit of \$262,000, temporary or partial disability benefits (based upon two-thirds of lost wages after the fifth day missed from work up to a maximum of \$50,000), and a healthcare benefit for reasonable out-of-pocket medical expenses.
- The program also includes compensation for third parties who contract vaccinia from public health and medical response team workers who have been properly vaccinated.
- Compensation benefits will be retroactive to cover all of those individuals who have been vaccinated subsequent to the 23rd of January.

Question and Answer Session

Question 1: (LJ Tan)

What is the time frame in for the compensation program getting through Congress?

Answer 1: (Sec. Thompson)

HHS and the White House are planning a strategy to get the Bill through Congress as quickly as possible, but I can't tell you at this point in time when it is going to pass.

Question 2: (LJ Tan)

Is the CDC intending to, once the vaccination compensation program passes through, produce fact sheets, like they've done for everything else, so that we can help send those out and educate our physicians?

Answer 2: (Dr. Gerberding)

CDC will do whatever would be deemed helpful; and certainly fact sheets are easy and can be pulled together as soon as there is enough specificity to describe the program.

Question 3: (K. Kirkland)

Where can healthcare providers get vaccinated if their hospitals are not participating as healthcare response teams. Are there any regional centers that are going to be open by state or federal authority?

Answer 3: (Dr. Gerberding)

CDC will work with the state health agencies to explore alternative options.

Question 4: (Dr. Handler)

Do we have to prepare for genetically modified smallpox?

Answer 4: (Dr. Gerberding)

From a scientific perspective, we have to be prepared for any of the threat agents to have undergone genetic modification because we are in the era of biomedical science being widely distributed. With the smallpox virus, it's unlikely that it's been engineered to escape vaccination because the vaccinia virus in the smallpox vaccine is a live virus and the immunologic response to it involves multiple epitopes.

It would be very difficult to engineer a smallpox virus that was different in all of the relevant epitopes and still have it be a virulent product. But as Dr. Fauci at NIH has said, anything is possible and we don't want to completely exclude that possibility.

It's unlikely, but there are other ways of engineering the smallpox virus and it is probably more likely that if it's engineered, it's been engineered to contain the virulent factor and other genes that might enhance either transmissibility or toxicity. It isn't an issue of the efficacy of the vaccine, but it certainly remains an issue in terms of threat of the pathogens that those entities may possess.

Question 5: (Dr. Handler)

Will secondary victims or the innocent victims of spread be included in legislation before Congress?

Answer 5: (Sec. Thompson)

Yes. Contact cases are covered in the legislation.

Question 6: (M. Russi)

As the vaccination program expands to include a wider scope of healthcare workers, will there be any changes in the thresholds for contraindications to the vaccine or is this just an expansion to other job categories of healthcare workers?

Answer 6: (Dr. Gerberding)

CDC remains very conscientious about sticking to the same inclusion and exclusion criteria promoted since the beginning of this vaccination program, because those have a direct bearing on the safety of the program. That is not going to change in the pre-event situation. Based on occupational duties, CDC is expanding vaccination eligibility to include personnel who, in their day jobs, may not be part of emergency response teams. But if CDC has to scale up for a smallpox event or another threat, these personnel would be called into duty and would need to be protected in advance.

Please contact coca@cdc.gov with question