



State of New Jersey

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Commissioner

***Health Alert***  
***Smallpox Vaccine for Hospital Health Care Response Teams***

January 27, 2003

Dear Colleagues:

With the increasing concern about the potential use of smallpox as a bioterrorist weapon, the Department of Health and Senior Services (DHSS) recognizes the need to ensure the capacity to respond effectively and rapidly to the potential occurrence of smallpox in New Jersey. As a result, New Jersey submitted a Smallpox Vaccination Plan to the CDC on December 9, 2002, and a redacted version of the plan can be found at [www.state.nj.us/health/er/smallpoxvacplan.pdf](http://www.state.nj.us/health/er/smallpoxvacplan.pdf). The risk of a bioterrorist incident involving smallpox is unknown. The federal government has stated that there is no definite information that the smallpox virus might be used as a terrorist weapon. However, there are concerns that certain countries or groups hostile to the United States may have illicit stockpiles of smallpox virus for use as a terrorist weapon. In that event, having health care and public health staff who are vaccinated and ready to respond to a smallpox outbreak will be essential to enhance our preparedness and response capabilities.

Given the concerns that smallpox virus may be used intentionally in the future, the President announced plans on December 13, 2002 for a voluntary smallpox vaccination program for hospital-based health care personnel who, in the event of an outbreak, would be available and willing to care for the initial patients with suspected or confirmed smallpox. In addition to these hospital health care smallpox response teams, the President also announced plans for volunteer vaccination of public health response teams and mandatory vaccination of select military personnel.

At this time, the federal government is **not** recommending smallpox vaccination for the general public. (*However, the federal government has stated that it will identify a means for persons who "insist" on being vaccinated to have the option of getting smallpox vaccine either through clinical trials or other means that have not yet been determined*). **The DHSS concurs with the decision not to recommend smallpox vaccine for the general public in the absence of a smallpox outbreak or a more definite threat indicating that a smallpox attack is imminent.** In the absence of a credible threat of smallpox, the known risks of the vaccine outweigh its potential benefits among those who are less likely to have contact with the initial smallpox cases as part of their job duties.

In the event of a smallpox attack, it is not possible to predict where the first patients may present for their care. Therefore, the goal of this smallpox vaccination program is to ensure that all acute care hospitals that volunteer to participate in this program have vaccinated staff ready to respond if a patient with smallpox presents to their institution.

Each Hospital Health Care Smallpox Response Team will consist of health care worker staff who volunteer to be vaccinated against smallpox and have agreed to be available to 1) evaluate and manage patients who present to their hospital with suspected smallpox, and 2) provide in-room medical care for the first 7-10 days for these initial suspected or confirmed smallpox patients until additional hospital staff have been successfully vaccinated. It is expected that at the completion of this initial preparedness vaccination effort that all remaining health care providers, including outpatient providers and traditional first responders, would be offered smallpox vaccination starting in the late Spring/early summer 2003.

In New Jersey, health care workers at each participating acute care hospital are being recruited to serve on these Hospital Health Care Smallpox Response Teams. Health care workers will be recruited based on those job categories that would be required to care for the initial smallpox –infected patients (*e.g., medical and nursing staff who work in the emergency department, intensive care unit, adult and pediatric wards, as well as respiratory therapists, radiology technicians, security, housekeeping, and other clinical support staff*). **Receiving the vaccine is voluntary; however, any person agreeing to be vaccinated should be willing to serve on the Hospital's Health Care Smallpox Response Team to provide direct care for the initial suspect or confirmed smallpox patient(s) in the event of an outbreak.**

The DHSS has been working closely with the hospital sector to help prepare for this vaccine campaign. It is expected that smallpox vaccinations will start in February 2003 and that it will take approximately 2 months to complete the initial phase of this program. We are now coordinating with the administrative planning teams at participating acute care general hospitals on the following initiatives:

- Educating hospital staff about the risk and benefits of smallpox vaccine, with an emphasis on the contraindications to vaccination. **Anyone who has any of the following health conditions, or lives or has close intimate contact with someone with any of these conditions, should NOT get vaccinated unless there is a smallpox outbreak and he/she has direct contact with a smallpox patient:**
  - Known or suspected HIV/AIDS infection.
  - A condition that impairs the immune system like leukemia, lymphoma, or a primary immune deficiency disorder.
  - Some severe autoimmune diseases such as systemic lupus erythematosus (SLE) that may significantly suppress the immune system.
  - Use of drugs that affect the immune system, like oral steroids (prednisone and related drugs), some drugs given for autoimmune diseases, or drugs taken in association with an organ or bone marrow transplant.
  - Treatment with chemotherapy or radiation therapy for cancer.
  - Current pregnancy or planned pregnancy within 4 weeks after smallpox vaccination. **Any woman who might be pregnant should perform a pregnancy test with a “first morning” urine sample on the day of vaccination.**
  - Some skin diseases in childhood or adulthood, including atopic dermatitis or eczema.
  - A history (as a child or adult) of a RECURRING itchy, red rash that lasted more than 2 weeks and was located in the creases of the arms or legs (even if currently resolved).

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- Darier's disease (keratosis follicularis), a skin disease that usually begins in childhood.
- History of a serious, life-threatening reaction to smallpox vaccine in the past.

In addition to the health conditions listed above, persons who themselves have any of the following health problems or conditions should delay receiving the smallpox vaccine if they currently meet any of these criteria:

- Breastfeeding;
- A skin problem that causes significant breaks in the skin surface, such as burns, severe acne, impetigo, chickenpox, shingles, poison ivy, or other rashes (including those caused by prescription medications).
- Use of steroidal eye drops
- A moderate or severe illness (including an illness with a fever)

In order to minimize the number of adverse events, all potential volunteers will need to be fully educated about the contraindications to the vaccine. The DHSS is working with hospitals to ensure that educational sessions are offered to all potential vaccinees prior to starting smallpox vaccinations. The DHSS will provide information on where potential volunteers may obtain free, confidential and anonymous HIV counseling and testing, if indicated.

- Monitoring for any vaccine-related adverse events and arranging for rapid treatment will be an essential component of this program. Although we will be encouraging vaccinated health care workers to seek care at their own hospitals, it is possible that these persons could present to other health care providers. Therefore, we strongly encourage all New Jersey clinicians to become familiar with the clinical manifestations and management of complications of the smallpox vaccine.

The CDC's Public Health Training Network will be conducting a Satellite Broadcast and Webcast on the Clinical Management of Adverse Events Following Smallpox Vaccination on Tuesday, February 4<sup>th</sup> from 1-2:30 p.m. For more information, go to <http://www.phppo.cdc.gov/PHTN/smallpox0204.asp>. In addition, the CDC published a supplement entitled Smallpox Vaccination and Adverse Reactions: Public Health Service Guidance for Clinicians in the January 24<sup>th</sup> edition Morbidity and Mortality Weekly Review.

The CDC smallpox website ([www.cdc.gov/smallpox](http://www.cdc.gov/smallpox)) is an excellent resource for information on adverse events from the vaccine. Before this vaccination campaign starts in February, we will be providing additional information to all New Jersey health care providers and posting information on the DHSS website (<http://www.state.nj.us/health/er/smallpox.htm>) that highlights the recognition, clinical management, and reporting of suspected smallpox vaccine adverse events.

- The NJ Vaccination Program for Public Health Workers is scheduled to begin on 1/31 and for Hospital Health Care Workers on February 10<sup>th</sup>.

**Management of a Suspect Case of Smallpox in Acute Care Hospitals in New Jersey:** Vaccination of our health care and public health smallpox response teams is just one component of our smallpox preparedness plan. As important, is ensuring our ability to rapidly recognize and respond to the initial suspect cases of smallpox. New Jersey hospitals are expected to implement measures outlined in Section II.D. of the State's Smallpox Vaccination Plan, entitled, "*Guidelines for Management of a Suspect Case of Smallpox in Acute Care Hospitals in New Jersey*".

These guidelines provide detailed information on measures that should be put into place to ensure rapid recognition and appropriate management of suspected smallpox patients, including the need for strict adherence to infection and control measures. Isolation of suspected or confirmed smallpox patients and ensuring that all staff adhere to appropriate infection control precautions will also help prevent transmission of the smallpox virus and protect those who can not, or chose not, to be vaccinated. A copy of these guidelines can be found and downloaded from our website: <http://www.state.nj.us/health/er/smallpox.htm>.

To report a suspect case of smallpox to the DHSS:

During normal business hours, call 609-588-7500 Monday through Friday 8am-4pm

During nights, weekends and holidays, call 609-392-2020

More information on smallpox, smallpox vaccine and hospital preparedness activities can be found on the following websites:

- Centers for Disease Control and Prevention  
<http://www.cdc.gov/smallpox>

- Infectious Diseases Society of America (IDSA)  
<http://www.idsociety.org/BT/ToC.htm>
- University of Minnesota: Center for Infectious Disease Research and Policy (CIDRAP)  
<http://www.cidrap.umn.edu>
- World Health Organization (Copy of “Smallpox and its Eradication” by F. Fenner, DA Henderson, A Arita, Z Jezek, ID Ladnyi)  
<http://www.who.int/emc/diseases/smallpox/Smallpoxeradication.html>

We will continue to work closely with the medical community in New Jersey to ensure our preparedness for recognizing and responding to potential bioterrorist events, including smallpox.

Sincerely,

Clifton R. Lacy, MD  
Commissioner

Eddy Bresnitz, MD,MS  
State Epidemiologist/Assistant Commissioner