Lessons From the Field: Implementing a Smallpox Vaccination Program – State and Hospital Perspectives

The Tennessee Experience

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Tennessee Phase I Smallpox Vaccination Timeline

- November 21, 2002 – e-mail update to infectious diseases clinicians about Phase I and post-event planning
- November 27, 2002 – e-mail to all acute care hospital CEOs including cover letter and CDC information packet
- December 3 & 12, 2002 – conference calls with hospital CEOs to review Phase I

Tennessee Phase I Smallpox Vaccination Timeline

- December 20, 2002 – deadline for hospitals and public health regions to submit list of vaccinees
- January 7, 2003 – train the trainers for nurse vaccinators
- January 10, 2003 – conference call with hospital CEOs and Vaccination Coordinators

Tennessee Phase I Smallpox Vaccination Timeline

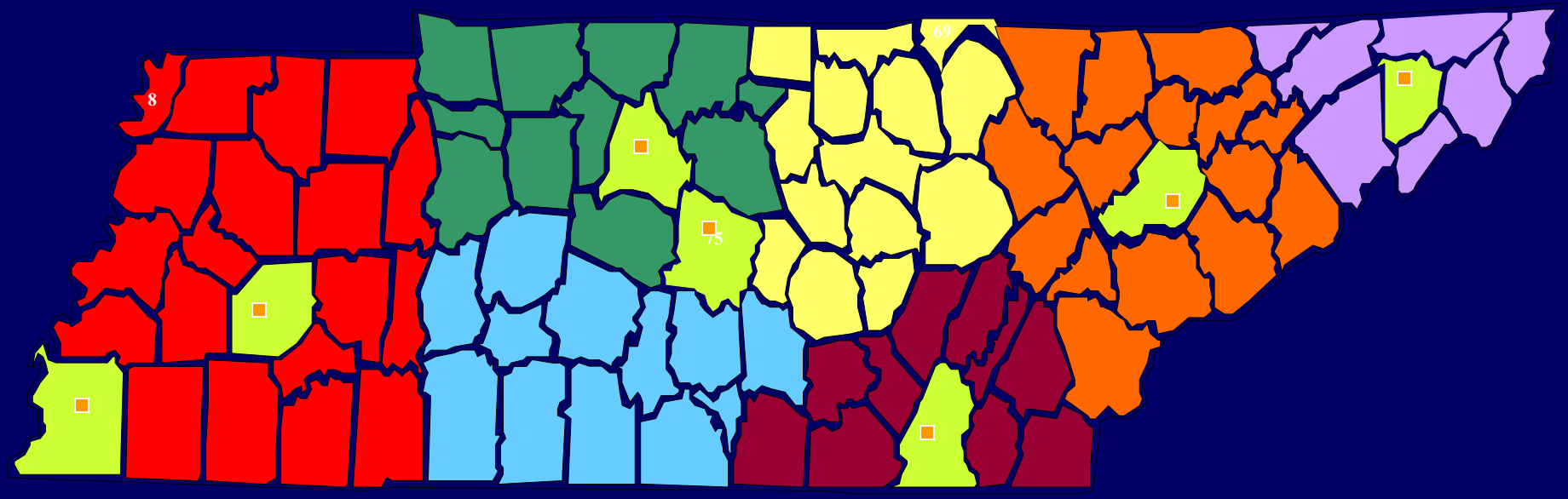
- January 16, 2003 – e-mail update infectious diseases clinicians on Phase I and ask for help with adverse events
- January 24, 2003 – mail out new Vaccine Information Sheet packets to hospitals
- January 30, 2003 – vaccinators vaccinate each other – first vaccinations in Tennessee

Tennessee Phase I Smallpox Vaccination Timeline

- February 3-7, 2003 – mass mailing to primary care physicians, dermatologists, infectious diseases specialists and ophthalmologists regarding Phase I and adverse event care and reporting

Tennessee Phase I Smallpox Vaccination Timeline

- February 6-7, 2003 – conference call for hospital Site Care Coordinators and Hospital Assigned Physicians
- February 10 – March 7+, 2003 – seven vaccination clinics operate



Seven Tennessee Phase I Smallpox Vaccination Clinics

Tennessee Phase I Statistics, January 30-March 14, 2003

	Hospital	Public Health	Total
Initially Scheduled for Vaccination	5353	514	5867
Vaccinated	2002	371	2373
Serious Adverse Events to Date	1	1	2
Other Adverse Events to Date	14	1	15

Tennessee Phase I Statistics, January 30-March 19, 2003

	Take Rate
Primary Vaccinees	94.1%
Revaccinees	93.3%

Lessons Learned - Challenges

- Changing contraindications and interpretations of ACIP guidance
- No rapid way to reach all physicians in Tennessee
- Hospitals not informing physicians of details of the program
- Need for a face-to-face meeting to teach hospitals about site care and adverse events

Lessons Learned - Challenges

- Data management system slow initially
- Hospital participation decreased over time
- Major hospital decision not to participate
- Concern about transmission to patients in the hospital

HEALTH

VU opts out of list for smallpox vaccine

Official cites low risk for outbreak

By JACK HURST
Staff Writer

Vanderbilt weighed the threat of smallpox against the risks of the vaccine and decided — for now — against submitting to the state a list of hospital employees volunteering to be vaccinated.

Dangers associated with the vaccine and federal officials' statements that the likelihood of a terrorist-triggered smallpox outbreak is low prompted the decision by Vanderbilt University Medical Center's medical board, spokesman Dr. William Schaffner said.

Lists of vaccination volunteers from the state's hospitals were due at the state Health Department yesterday. Spokeswoman Diane Denton said she did not expect to know how many were complying until early next week.

Officials with Baptist, Centennial, Nashville General, St. Thomas, Southern Hills and Summit all said they had submitted lists or were expecting to do so.

Vanderbilt informed state health officials of its decision Thursday, less than a week after President Bush announced a plan to voluntarily vaccinate as many as 11 million Americans.

Schaffner said Vanderbilt had been assured by state officials that the hospital could have vaccine on hand within hours of a report of smallpox anywhere in the world.

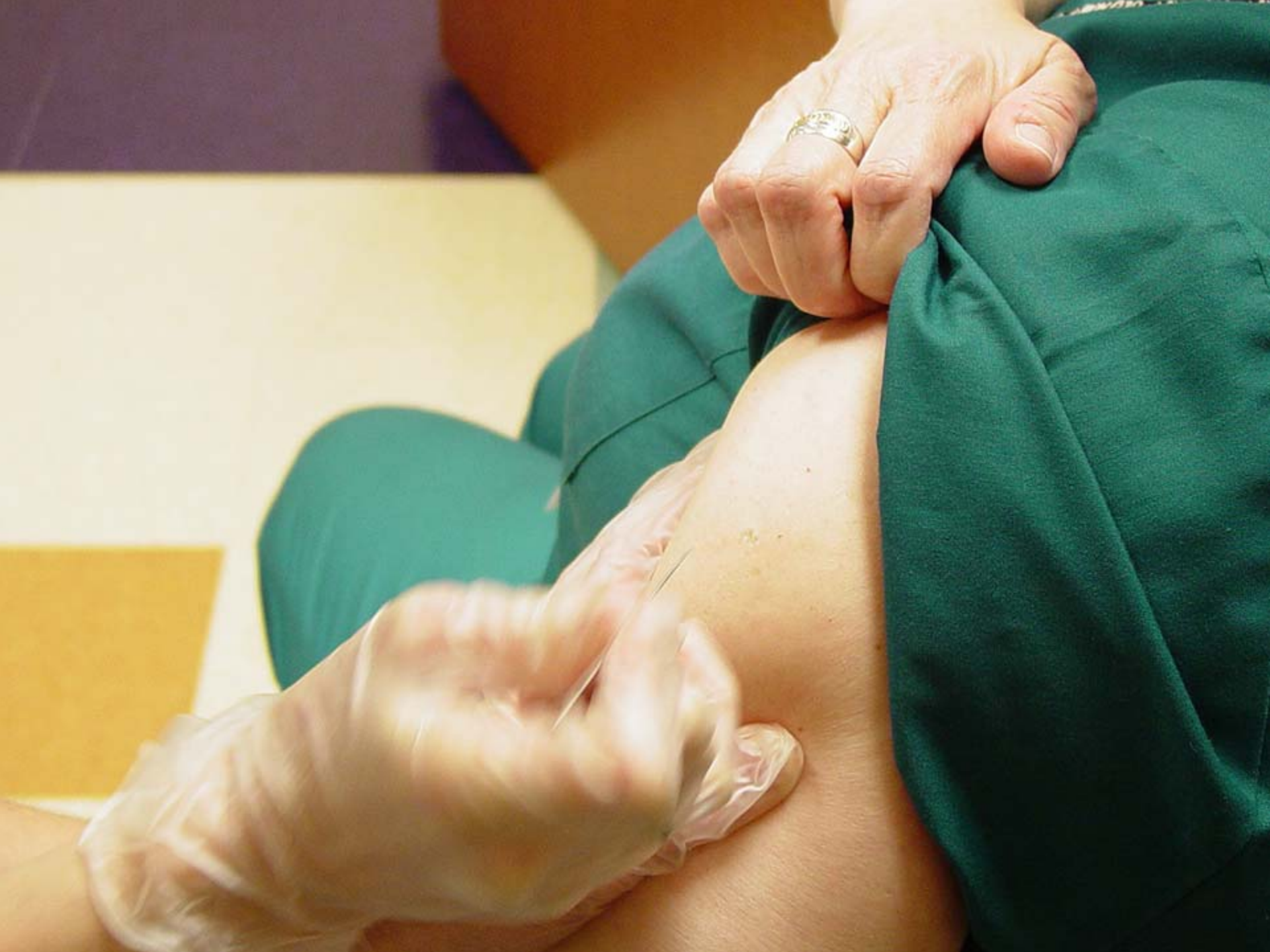
He also noted that Vanderbilt employees who wish to be vaccinated can volunteer for the next round of smallpox vaccine research trials currently ongoing at Vanderbilt.

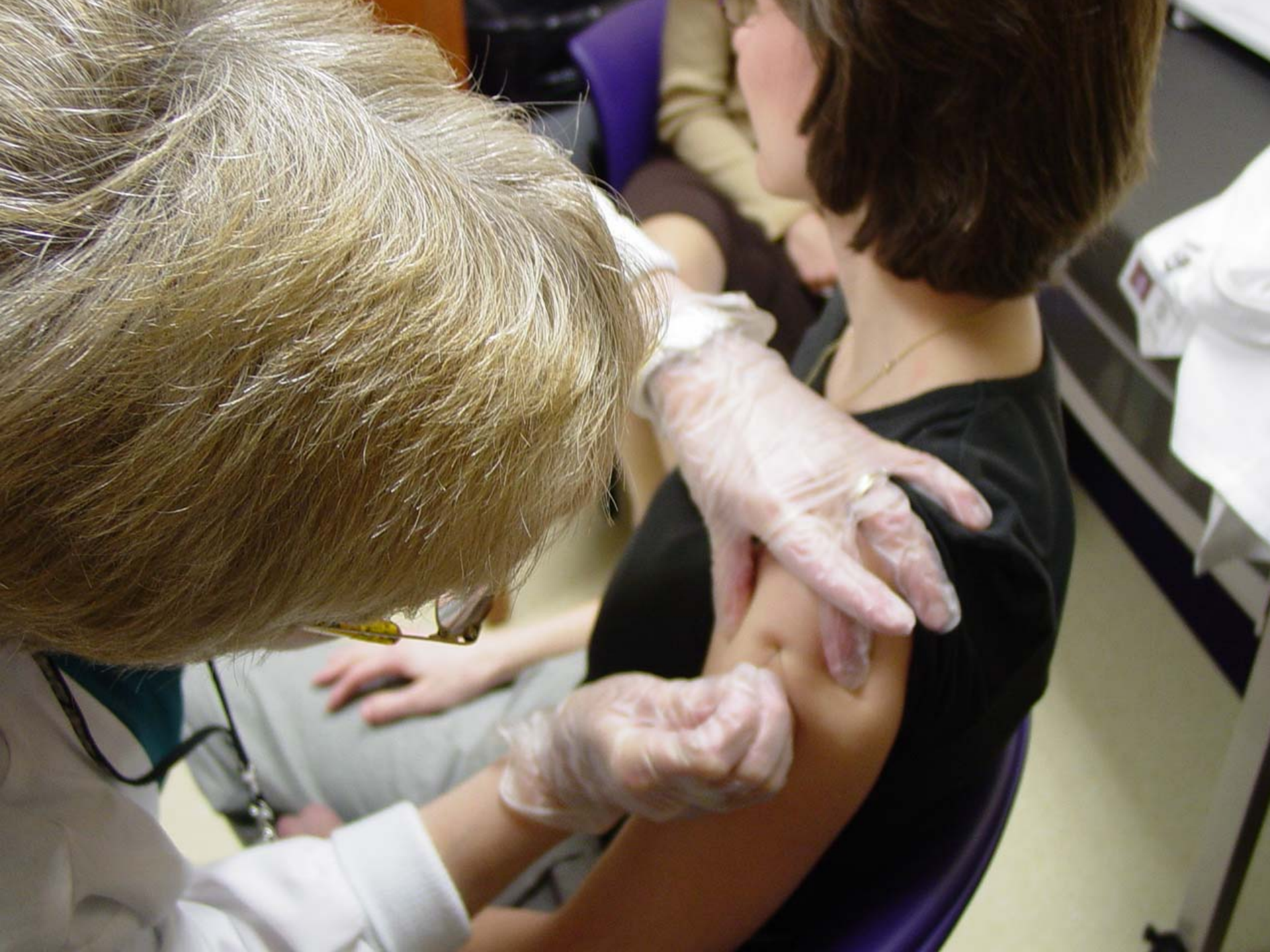
"Every hospital involved in an (outbreak) event, should one occur, would have to undertake a very large vaccination program,

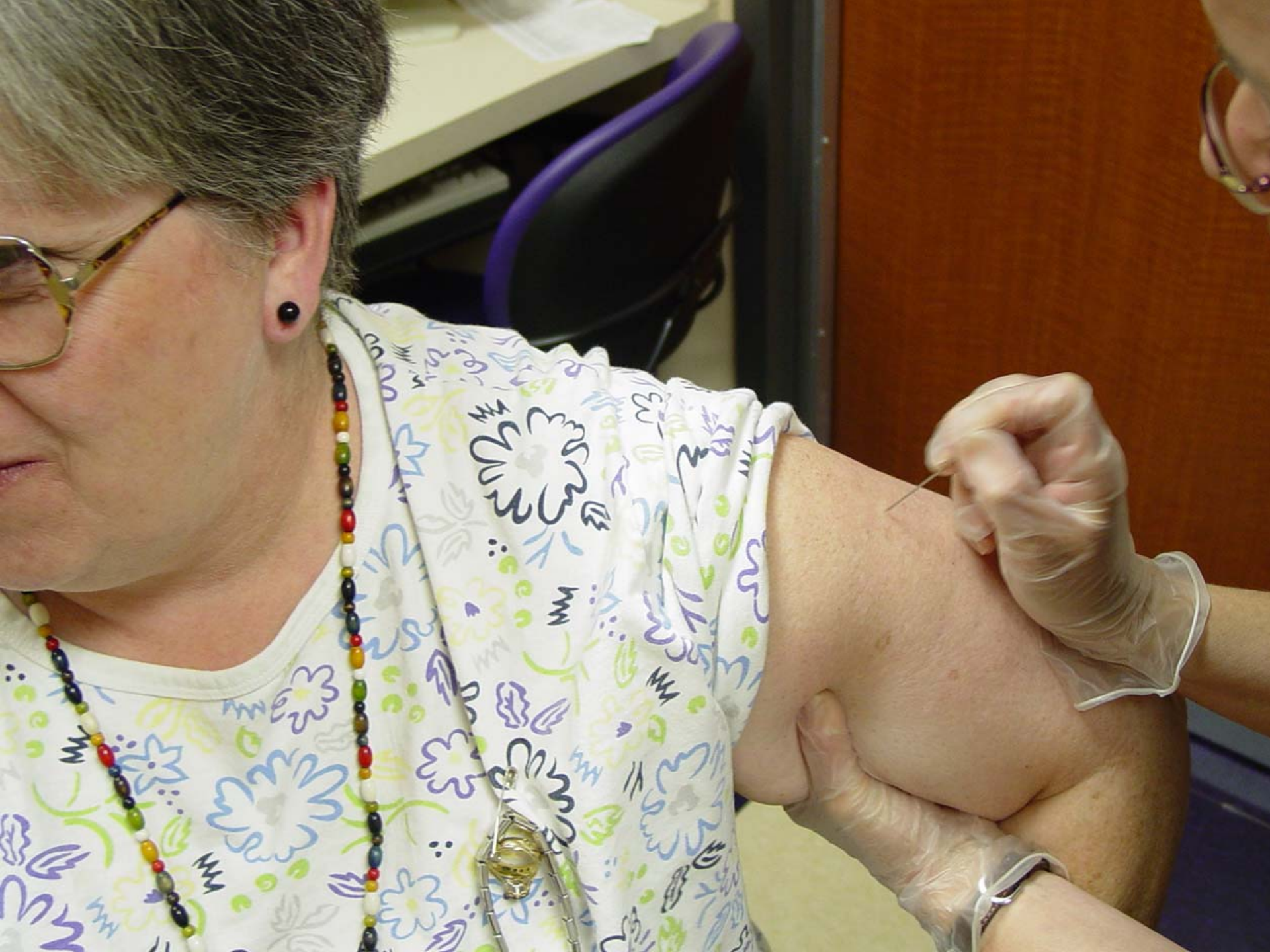
▶ Please see VACCINE, 8A

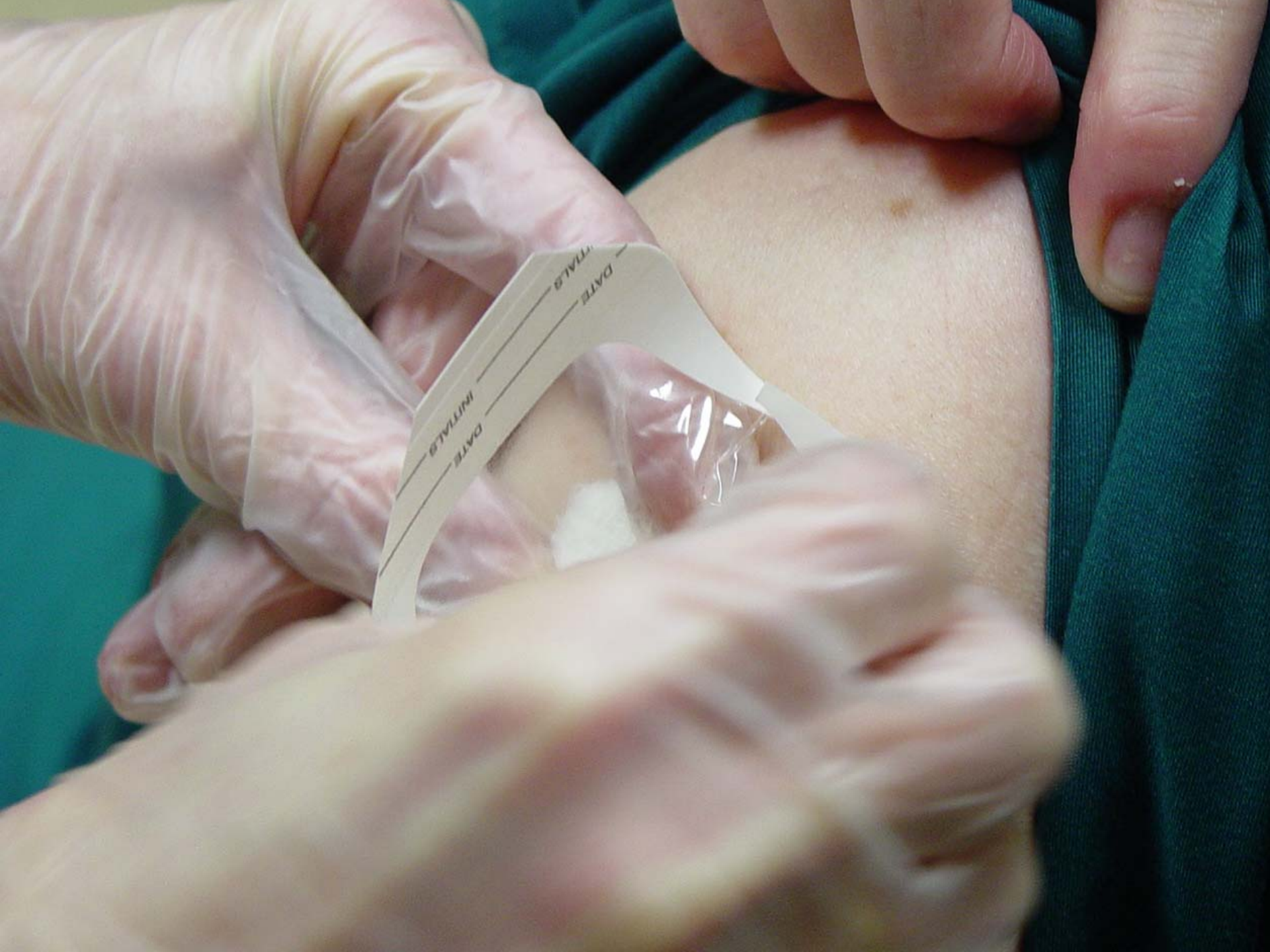
Lessons Learned - Challenges

- **Liability issues – resolved after Secretary Thompson's declaration January 24th**
- **Compensation issues – worker's compensation not adequate for some individuals and hospitals**
- **Time – the efforts of hospital and public health staff as well as the vaccinators were substantial**





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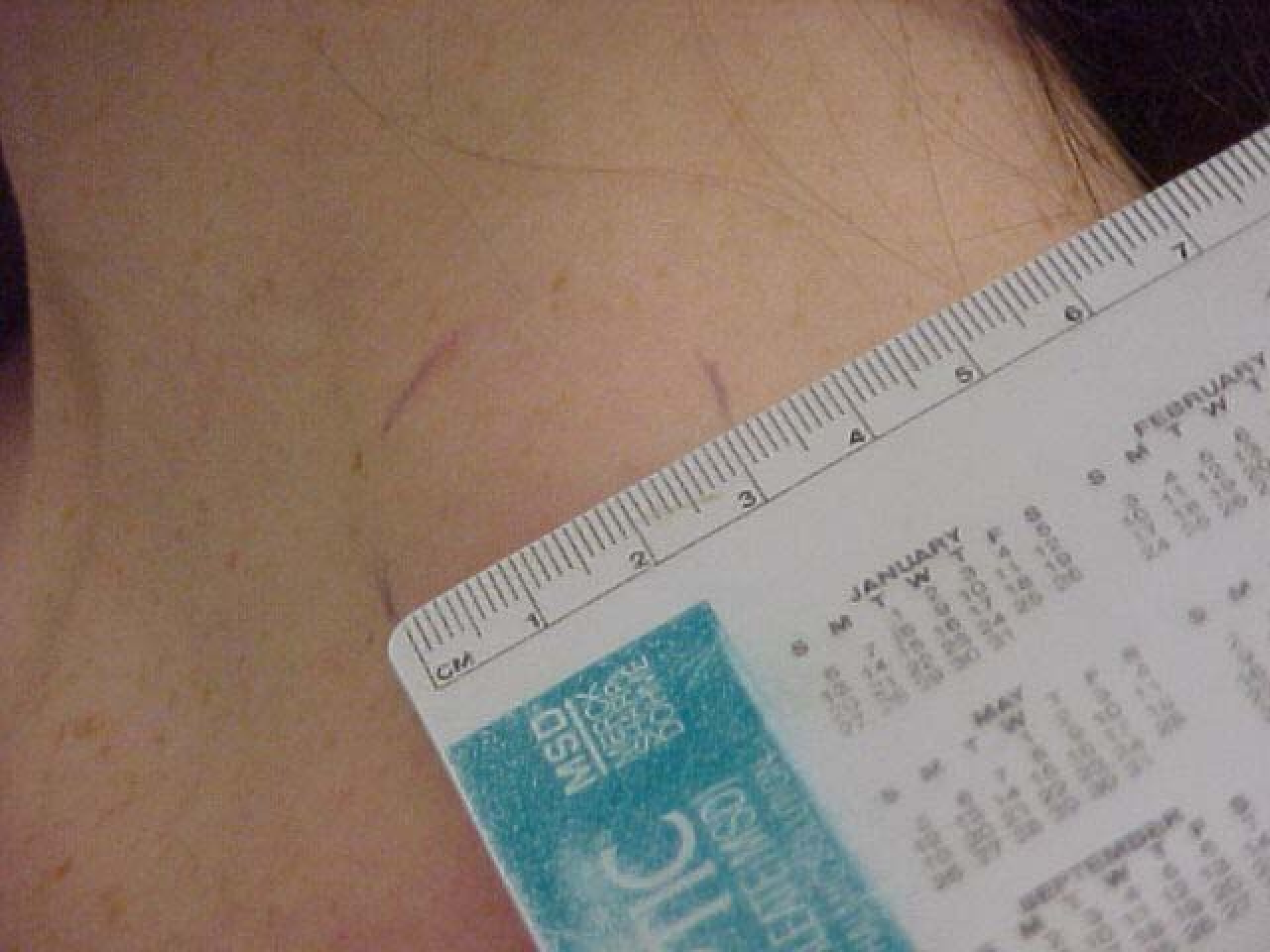
INITIALS

Adverse Events

- Reports to go initially to regional health department physicians or Hospital Assigned Physician
- Statewide on-call physician
- CDC Clinician Information Line

Adverse Events

- 33-year-old female revaccinee
- Day 6: nausea / vomiting, low-grade fever
- Day 8: enlarged left supraclavicular node, low-grade fever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JANUARY
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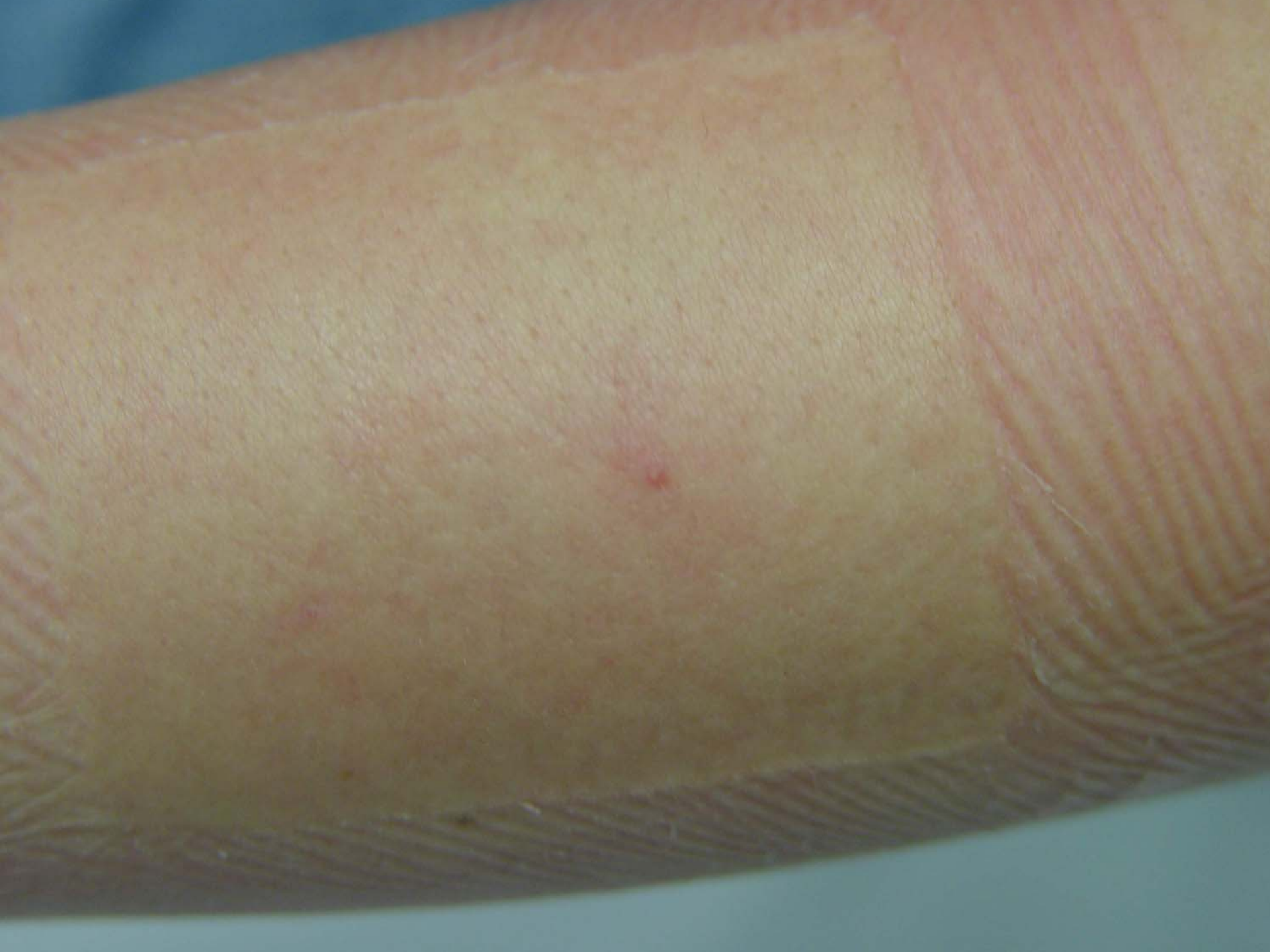
Adverse Events

- 29-year-old female primary vaccinee
- Day 7: small itchy papule left forearm

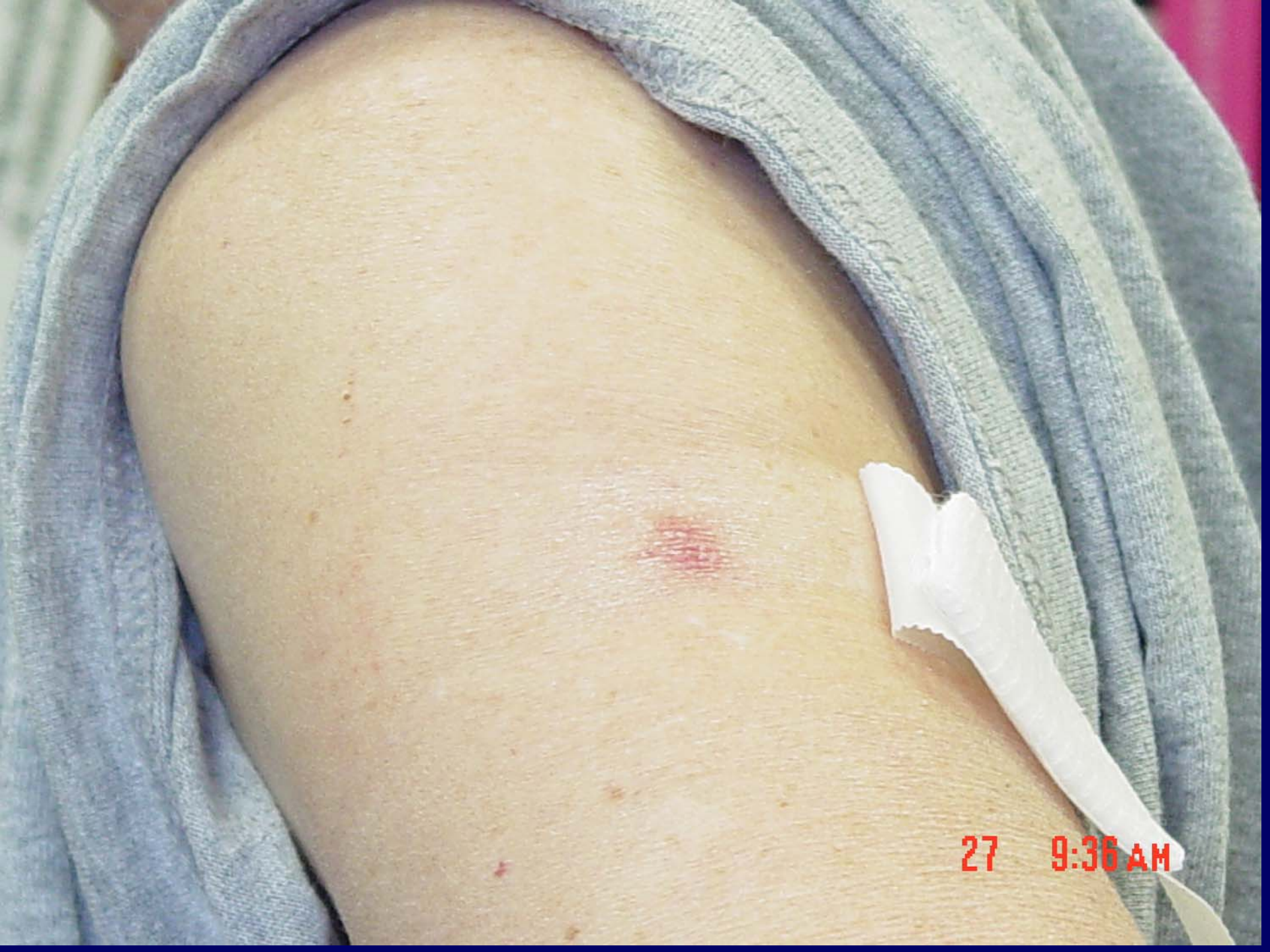


Serious Adverse Events

- 38-year-old female revaccinee
- Day 4: vertigo treated with scopolamine patch
- Day 10: blurry vision and headache
- Day 11: admitted R/O encephalitis; no mental status changes; MRI negative
- Day 13: improved, discharged with mild headache

Take Evaluations

- 50-year-old revaccinee with 2 prior military vaccinations
- No induration or vesicles
- Had constitutional symptoms
- Take evaluation on day 6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Lessons Learned - Successes

- Vaccinating 2373 public health and health care worker response team members
- 102 of 136 acute care hospitals participating
- Early communication with potential vaccinees in hospitals and public health
- Working with hospitals closely in an immunization program

Lessons Learned - Successes

- Moving forward deliberately and avoiding the appearance of uncertainty
- Early communication with infectious diseases clinicians
- Regional clinics - efficient and well received by most hospitals
- Support from CDC Clinician Information Line

Defining Success – "conducting a safe and careful vaccination program that provides a cadre of vaccinated public health and health care workers that are prepared to respond"

Lessons Learned – For the Future

- We are better prepared for a smallpox emergency than we were when Phase I began
- This experience will help us to more quickly implement our post-event smallpox or pandemic influenza plans
- This model of working with hospitals will be used again
- Preparedness is a continuous process

Acknowledgements

- Volunteers from public health and hospitals
- Tennessee Department of Health
  - Wendy Long
  - Jerry Narramore
  - Tim Jones
  - Joe Beaver
  - Sally Somerfeldt
  - Robb Garman
- Vanderbilt University School of Medicine
  - William Schaffner