Smallpox Vaccine Operations Seminar

North Dakota Department of Health
Smallpox Vaccine
Storage and Handling

Larry A. Shireley, MS, MPH
State Epidemiologist
North Dakota Department of Health
Smallpox Kits
Smallpox Vaccine

Dried, Calf Lymph Type

Dryvax®

Dried Smallpox Vaccine

Rx only

DO NOT INJECT INTRAMUSCULARLY (IM), INTRAVENOUSLY (IV), OR SUBCUTANEOUSLY (SC). FOR CONVENTIONAL SMALLPOX VACCINATION (SCARIFICATION) ONLY.

DESCRIPTION

Smallpox Vaccine, Dried, Calf Lymph Type, Dryvax®, is a live-virus preparation of vaccinia virus prepared from calf lymph. The calf lymph is purified, concentrated, and dried by lyophilization. During processing, polymyxin B sulfate, dihydrostreptomycin sulfate, chlorotetracycline hydrochloride, and neomycin sulfate are added, and trace amounts of these antibiotics may be present in the final product. The reconstituted vaccine has been shown by appropriate test methods to contain not more than 200 viable bacterial organisms per ml.
Storage

- 36 – 46° F (2 – 8° C)
  - DO NOT FREEZE
- Transportation
  - Powered Coolers
  - Temperature Monitors
  - Chain of Custody Forms
- Can keep at room temperature during clinics
- Security
The Vaccine

- **DryVax®** – Wyeth
- **100 Dose Vials**
- **Vial Stopper**
  - Natural Rubber
Preparation for Vaccination
Reconstituted Vaccine

- Use for 60 days
  - Package insert indicates 15 days
Disposal

- Burn, Boil or Autoclave
VACCINATION CLINICS

Brenda Vossler, RN, CIC
Hospital Coordinator
Division of Bioterrorism
North Dakota Department of Health
Ready, Set, Go

- Smallpox vaccination clinics are scheduled to start the end of February.
- Multiple clinics in each area, 10-21 days apart.
  - Limits number of staff ill at any one time.
  - Controls workload as we enter unfamiliar territory.
- Phase I is expected to take 6-9 weeks.
Prior to Clinic Date

- Prospective vaccinees receive the following:
  - Cover letter from Dr. Gerberding, CDC
  - Vaccine information fact sheets
  - Pre-screening tool
Facts Sheets

- Smallpox vaccine information statement (general)
- VIS: Reactions
- VIS: Site Appearance and Care
- VIS: Skin Conditions
- VIS: A weakened Immune System
- VIS: Pregnancy and Breastfeeding
- VIS: For Close Contacts
Pre-Screening

- Each organization will provide pre-screening of potential vaccinees prior to the scheduled vaccination clinic.
  - Allow time for confidential testing.
  - Allow time for non-pressured decision making.
- Thorough medical history will be taken at the vaccination clinic site.
# Pre-Screening Tool - Conditions

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Do you have this condition?</th>
<th>Does a close contact have this condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Currently have cancer, or been treated for cancer within the past 3 months</td>
<td>• YES NO • ↓ Do not get vaccinated</td>
<td>• YES NO • ↓ Do not get vaccinated</td>
</tr>
<tr>
<td>2. An organ or bone marrow transplant</td>
<td>• YES NO • ↓ Do not get vaccinated</td>
<td>• YES NO • ↓ Do not get vaccinated</td>
</tr>
<tr>
<td>3. A disease that affects the immune system like lymphoma, leukemia, or a primary immune deficiency disorder</td>
<td>• YES NO • ↓ Do not get vaccinated</td>
<td>• YES NO • ↓ Do not get vaccinated</td>
</tr>
<tr>
<td>4. An autoimmune disease such as systemic lupus erythematosus (SLE), that may suppress the immune system</td>
<td>• YES NO • ↓ Do not get vaccinated until you check with your doctor</td>
<td>• YES NO • ↓ Do not get vaccinated until you check with your contact’s doctor</td>
</tr>
</tbody>
</table>
# Pre-Screening Tool - Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
<th>Action</th>
</tr>
</thead>
</table>
| 5. Currently pregnant or might be pregnant. A pregnancy test is recommended if there is ANY chance you might be pregnant | FEMALES ONLY:  
  - YES  
  - NO  
  - Delay vaccination until you are no longer breastfeeding | YES  
  NO  
  Do not get vaccinated |
| 6. Currently breastfeeding                                                | YES  
  NO  
  Delay vaccination until you are no longer breastfeeding               | Not applicable                                                        |
| 7. An allergy to polymyxin B, streptomycin, chlortetracycline or neomycin | YES  
  NO  
  Do not get vaccinated                                                  | Not applicable                                                        |
### Pre-Screening Tool - Conditions

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Do you have this condition?</th>
<th>Does a close contact have this condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>•8. Had a serious, life-threatening reaction to smallpox vaccine at any time in your life</td>
<td>• YES NO</td>
<td>• YES NO</td>
</tr>
<tr>
<td>•↓</td>
<td></td>
<td>•↓</td>
</tr>
<tr>
<td>• Do not get vaccinated</td>
<td></td>
<td>• Do not get vaccinated</td>
</tr>
<tr>
<td>•9. Have Darier’s disease, a skin problem that usually begins in childhood</td>
<td>• YES NO</td>
<td>• YES NO</td>
</tr>
<tr>
<td>•↓</td>
<td></td>
<td>•↓</td>
</tr>
<tr>
<td>• Do not get vaccinated</td>
<td></td>
<td>• Do not get vaccinated</td>
</tr>
<tr>
<td>•10. Ever given a diagnosis of atopic dermatitis or eczema by a doctor, including as a baby or child</td>
<td>• YES NO</td>
<td>• YES NO</td>
</tr>
<tr>
<td>•↓</td>
<td></td>
<td>•↓</td>
</tr>
<tr>
<td>• Do not get vaccinated</td>
<td></td>
<td>• Do not get vaccinated</td>
</tr>
<tr>
<td>•11. Currently have a skin problem that causes significant breaks in the skin surface These problems include burns, severe acne, poison ivy chickenpox, shingles, or other rashes (including those caused by prescription medications)</td>
<td>• YES NO</td>
<td>• YES NO</td>
</tr>
<tr>
<td>•↓</td>
<td></td>
<td>•↓</td>
</tr>
<tr>
<td>• Delay vaccination until your skin is healed</td>
<td></td>
<td>• Delay vaccination until your contact’s skin is healed</td>
</tr>
</tbody>
</table>
### Pre-Screening Tool - Treatments

<table>
<thead>
<tr>
<th>Treatments</th>
<th>Are you receiving this medication or treatment?</th>
<th>Is a close contact receiving this medication or treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Intravenous steroids or oral steroid pills or capsules (prednisone or related drugs) taken for 2 weeks or longer within the past month</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td></td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Do not get vaccinated</td>
<td>Do not get vaccinated</td>
</tr>
<tr>
<td></td>
<td><strong>Name and dose</strong> of medication:</td>
<td><strong>Name and dose</strong> of medication:</td>
</tr>
<tr>
<td>13. Drugs that affect the immune system like methotrexate, cyclophosphamide, and ciclosporine, among others, within the last 3 months</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td></td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Do not get vaccinated</td>
<td>Do not get vaccinated</td>
</tr>
<tr>
<td></td>
<td><strong>Name and dose</strong> of medication:</td>
<td><strong>Name and dose</strong> of medication:</td>
</tr>
<tr>
<td>14. Radiation therapy in the past 3 months</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td></td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Do not get vaccinated</td>
<td>Do not get vaccinated</td>
</tr>
<tr>
<td>15. Chemotherapy for cancer in the past 3 months</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td></td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Do not get vaccinated</td>
<td>Do not get vaccinated</td>
</tr>
<tr>
<td>16. Currently use steroid drops in your eyes</td>
<td>YES  NO</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not get vaccinated</td>
<td></td>
</tr>
</tbody>
</table>
Pre-Screening Tool
Additional Questions

- Do you currently have a moderate or severe illness?
- Do you currently have an itchy red rash that comes and goes but usually lasts more than 2 weeks, or did you have such a rash as a baby or child?
- Did the itchy rash affect the creases of your elbows or knees?
- Did you have food allergies as a baby or child?
- Above questions are repeated as applicable to a “close contact”
On Arrival to the Clinic

- Prospective vaccinees again receive the documents provided earlier.
- Receive additional information sheets on VIG and Cidofovir.
- Complete Medical History Form with a trained screener.
- Sign Consent statement.
Medical History Form

- Demographics
- Vaccination and medical history
- Current vaccination information and take evaluation
- Consent
- Must be retained at the clinic 5 years or as required by state law, whichever is longer.
SECTION A: PATIENT DEMOGRAPHIC INFORMATION
(To be filled out by the patient. Please use ink and print)

Title: ________ First Name: _____________________________ Middle Name ________________
(Mr., Ms., Mrs., Dr., etc.)

Last Name: _________________________________________ Suffix (Jr. Sr., M.D., etc.): _________

SSN: _____-_____-______ Date of Birth: ___/___/_______ Gender: Male  Female

Street Address:_________________________________________ Apt. #: __________

City: _________________________________________________ State: ____________ Zip code: ______________

County______________________________________________

Contact Information:

Home Phone: (____) ____- _____ Work: (____) ____- _____ ext. _____ Cell Phone: (____) ____- _____

Fax: (____) ____- _____ E-Mail Address: ___________________________________________________________

Occupation: ____________________________ Employer __________________________

Employer’s Address ________________________________________________________________

Ethnicity/Race: Hispanic or Latino  Asian  African American  Hawaiian

American Indian or Alaskan  White

May we contact you in the future to discuss your vaccination experience?  Yes  No
Vaccination History

SECTION B: VACCINATION AND MEDICAL HISTORY
(To be filled out by the patient. Please use ink and print)

Vaccination History

Did you ever receive the smallpox vaccine? Use the most recent date if you were vaccinated more than once. I have documentation that I was vaccinated on this date: ___/___/_____

____I recall that I was vaccinated on this date, but I don’t have documentation: ___/___/_____

____I was vaccinated in childhood, but I don’t know the date.

____No, I was never vaccinated or I don’t know.

Do you have a vaccination scar? ____Yes  ____No or  ____Don’t Know

Did you have any bad reactions to the vaccine (adverse events)? ____Yes  ____No or  ____Don’t know

If yes, please describe the reaction________________________________________________________________________
_____________________________________________________________________________
Medical History

Have you received chickenpox (varicella) vaccination in the last month?
___Yes  ____ No

Are you currently taking medication?   ____ Yes   ____ No

If yes, please list medications:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you sick today?    ____Yes  ____ No

If yes, please describe your illness (you may need to wait to be vaccinated until you get better )
________________________________________________________________________
________________________________________________________________________
Do **YOU** have any of the following conditions?  ___Yes  ___No

1. Conditions that weaken the immune system such as HIV/AIDS, leukemia, lymphoma, or most other cancers, organ transplant, or agammaglobulinemia.

2. A severe autoimmune disease such as systemic lupus erythematosus (SLE) that may significantly suppress the immune system.

3. Currently taking, or have recently been treated with, immunosuppressive drugs like oral steroids (e.g. prednisone), some drugs for autoimmune disease, or drugs taken after an organ transplant.

4. Taking cancer treatment with drugs or radiation or have taken such treatment in the past three months.

5. Eczema or atopic dermatitis or a history of these conditions, even in childhood or infancy.

6. Other skin conditions that cause breaks in the skin such as an allergic rash, severe burn, impetigo,

7. chickenpox, shingles, or severe acne.

8. Currently being treated with steroid eye drops.

9. Currently pregnant, breastfeeding, or planning to become pregnant in the next month.

10. Ever had a life-threatening allergic reaction to antibiotics polymixin B, streptomycin, chlortetracycline, neomycin or a previous dose of smallpox vaccine.

**IF YOU ANSWERED YES, YOU SHOULD NOT GET THE VACCINE AT THIS TIME.**
Do any of your HOUSEHOLD MEMBERS OR CLOSE PHYSICAL CONTACTS have any of the following conditions?  ____Yes  ____No

(Close contacts include anyone living in your household and anyone you have close physical contact with, such as a sex partner. They do not include friends or co-workers.)

The questions that follow are the same as those asked of the individual except regarding steroid eye drops and allergic reaction to vaccine ingredients and breastfeeding.

    IF YOU ANSWERED YES, YOU SHOULD NOT GET THE VACCINE AT THIS TIME.
Consent

SECTION D: CONSENT SIGNATURE
(TO BE RETAINED BY THE VACCINATION CLinic)

Date: __/__/____
Patient Name: ___________________________________________

PVN: _____________________________

I have:
Received, read and understand the Smallpox Pre-Vaccination Information Package, including
1) the Vaccine Information Statement (VIS), 2) the VIS supplements (A-E) on reactions after
smallpox vaccination, vaccination site appearance and care, skin conditions, weakened
immune system, pregnancy and breastfeeding, and 3) the pre-event screening worksheet;
Considered my own health status as well as the health status of my household members and
close physical contacts;
Had the opportunity to discuss my medical concerns with my healthcare provider or a health
care provider at the vaccination clinic;
Had the opportunity to obtain a referral to seek confidential laboratory testing for medical
conditions that may increase my risk for adverse reactions from the vaccine;
Responded to the questions above to the best of my ability.

I understand the decision to be vaccinated is voluntary and agree to proceed with
smallpox vaccination.
CURRENT VACCINATION INFORMATION AND TAKE EVALUATION
(This section will be filled in by clinic staff)

Date: __/__/____

Patient Name: ____________________________________________PVN:__________________

DISPOSITION

_____Referred for Vaccination

_____Deferred due to medical contraindications

_____Vaccination refused
Proceed to Vaccination Station

- Vaccination will occur in the upper arm.
- 2-3 punctures with the bifurcated needle for first time vaccinees.
- 15 punctures for re-vaccinees.
- Site will be dressed with gauze/tape dressing or gauze/semi-permeable dressing.
- Post-vaccination and follow up information sheet will be reviewed and given to the vaccinee.
Vaccination Clinic Information

Name:
Contact:
Phone:
Fax:
Address:

Vaccine Batch Information

Vaccine Type:
Program:
Dilution Strength:
Vaccine Lot#:
Vaccine Lot Manufacturer:
Batch #:
Batch Date:
Diluent Lot #:
Diluent Lot Manufacturer:
Referring Organization

Referring Organization ____________________________________________

Address _________________________________________________________

Date of Vaccination: ___/___/_____

Arm inoculated:   Left       Right

Vaccine Administered by: ______________________________________
(please enter first name, last name, and professional suffix (M.D., R.N., etc)
POST-VACCINATION AND FOLLOW-UP INFORMATION SHEET

IMPORTANT: KEEP THIS FORM. BRING IT WITH YOU TO YOUR VACCINATION SITE EXAM.
You have just been vaccinated with Smallpox Vaccine; please do not throw this sheet away. This sheet will serve as your proof of vaccination until you come back to the clinic for your vaccination site exam. On that date, you will get your permanent immunization card.

INTERIM PROOF OF VACCINATION:

Name: ________________________________

Date vaccinated: _______________________

Clinic: _______________________________

Clinic Telephone No.: ___________________

APPOINTMENT FOR REQUIRED VACCINATION SITE EXAM:

Date of Appointment: ___________________

Clinic: _______________________________

Clinic Telephone No.: ___________________

WHAT TO DO IF YOU THINK YOU ARE HAVING A BAD REACTION TO THE VACCINE:

Call: ____________________________, call your health care provider, or visit an emergency room.

IMPORTANT: DO NOT DISCARD THIS FORM. YOU WILL NEED TO BRING IT WITH YOU WHEN YOU RETURN FOR YOUR VACCINATION SITE EXAM.
Site Observation

- Hospitals and public health units have plans for a trained observer to check or change dressings of patient care providers prior to each shift.
  - To evaluate for adverse reactions.
  - To confirm that semi-permeable dressing is intact and drainage contained.
  - To educate on infection control practices.
  - Recommended that site care provider is vaccinated.
Vaccination Site Appearance and Care

Site Care Instructions
Follow these instructions until the scab that forms at the vaccination site has fallen off on its own.

WHAT YOU SHOULD DO:

• When working in a health care setting, cover the vaccination site loosely with gauze, using first aid adhesive tape to keep it in place. Then cover the gauze with a semi-permeable (or semi-occlusive) dressing. Change the bandage at least every 3-5 days in order to prevent build-up of fluids and irritation of the vaccination site. Also wear a shirt that covers the vaccination site as an additional barrier to spread of vaccinia. (A “semi-permeable dressing” is one that does not allow for the passage of fluids but allows for the passage of air.)

• When not at work in a health care setting, you need only wear the gauze bandage secured by first aid adhesive tape over the vaccination site. Change the gauze bandage frequently (every 1-3 days). As an added precaution against spread of transmission, wear a shirt that covers the vaccination site as well. This is particularly important in situations of close physical contact such as occurs in the household.

• Wash hands with soap and warm water or with alcohol-based hand rubs such as gels or foams after direct contact with vaccine, the vaccination site, or anything that might be contaminated with live virus, including bandages, clothing, towels or sheets that came in contact with the vaccination site. This is vital in order to remove any virus from your hands and prevent contact spread.
Site Care

WHAT YOU SHOULD DO:

• Keep the vaccination site dry. Cover the vaccination site with a waterproof bandage when you bathe. Remember to change back to the loose gauze dressing after bathing. If the gauze covering the vaccination site gets wet, change it.

• Put the contaminated bandages in a sealed plastic bag and throw them away in the trash.

• Keep a separate laundry hamper for clothing, towels, bedding or other items that may have come in direct contact with the vaccination site or drainage from the site.

• Wash clothing or any other material that comes in contact with the vaccination site using hot water with detergent and/or bleach. Wash hands afterwards.

• When the scab falls off, throw it away in a sealed plastic bag (remember to wash your hands afterwards).
Site Care

WHAT YOU SHOULD NOT DO:

• Don’t use a bandage that blocks all air from the vaccination site. This may cause the skin at the vaccination site to soften and wear away. Use loose gauze secured with first aid adhesive tape to cover the site and then cover this with a semi-permeable dressing and shirt when at work in a health care setting.

• Don’t put salves or ointments on the vaccination site.

• Don’t scratch or pick at the scab. The vaccination site can become very itchy but you should not scratch it.
Take Evaluation

- Vacinee will return to clinic site or hospital based site for evaluation of the “take”.
- Will be read as
  - Major take: visicle or pustule is present.
  - Equivical take: erythema only.
  - No take: no response
Take Response

If take response evaluation is going to be conducted at another clinic site, please copy this page and send it to that location.

Take Response Clinic:
Name _____________________________________
Address______________________________________________________

_____Major

_____Equivocal

_____No Take

Additional Comments:

Take Response Exam performed
by:_________________________________________
(please enter first name, last name, and professional suffix (M.D., R.N., etc)

Exam Date: ___/___/____

Adverse Events should be recorded in VAERS
Equivical Take

- Person is sufficiently immune.
- Sub-potent vaccine.
- Improper technique.
- Hypersensitive reaction to vaccine components.
- Impossible to know which reason is cause of this response.
Re-Vaccination

- If no take or equivical take, re-vaccination is necessary.
- Re-vaccination may occur immediately following the read 6-8 days after the initial vaccination.
CDC Pre-Event Vaccination System Overview

Presented by: Heather Weaver, RN
Division of Disease Control
ND Immunization Program
Objectives

- Why do we need PVS?
- Who will have access to PVS?
- What does PVS look like?
- Questions?
- What is PVS?
Pre-Event Vaccination System (PVS)

- Developed by CDC for use with the Smallpox Vaccination Program
- A vaccine administration support system
- Web-based system provided to clinics at no cost
- Manages secure data transmission and storage
- Provides pre-defined reports required for evaluation and monitoring of clinics
- Provides secure data views for ad-hoc reporting
PVS Overview

- Administration and Management
  - Clinic contact information
  - User roles and security
  - Digital certificate management

- Vaccine/Diluent Batch Management
  - Vaccine and diluent lot management through National Pharmaceutical Stockpile

- Patient Management
  - Patient Demographics
  - Vaccination History
  - Current Vaccination
  - Take Response
Why Is PVS Needed?

- To manage vaccine administration, lot and diluent usage, take tracking
- Existing Registry does not allow for data to be sent to CDC
- Allows data in PVS to be used for aggregate reporting at state and federal levels
Who will have access to PVS?

- State Health Officials
- Local Public Health Units
  - Data Entry staff
  - Administrative staff
What does PVS look like?

- Login screen
- Main Menu Screen
- Adding a patient
- Batch Information
- Generating Reports
- Help Screen
Vaccine Batch

The asterisk (*) denotes a required field.

*Organization --Select--

*Vaccine Type Smallpox

*Program Responder

*Vaccine Lot --Select--

*Diluent Lot --Select--

*Dilution Strength 1:1

*Batch Date 01/29/2003 12:25

*Vaccinations Per Batch 100

Save
Pre-Event Vaccination System

Program Staff
The asterisk (*) denotes a required field.

- Title
- *First Name
- Middle Name
- *Last Name
- Name Suffix

Save
Patient Identification

Will this patient be identified?  Yes  No

Patient Demographics

The asterisk (*) denotes a required field.

*Initial PVN

Title

*First Name

Middle Name

*Last Name

Name Suffix

Social Security Number

*Birth Date (mm/dd/yyyy)

*Gender --Select--

Address Line 1

Address Line 2

City

*State --Select--

Zip

County

*Home Phone

Work Phone

Cell Phone

Fax Number
Email

*Occupation --Select--

Hispanic or Latino Ethnicity
Asian
African American
Hawaiian
American Indian or Alaskan
White
Consent To Photograph
Consent To Survey

Vaccination History

*Vaccine Type --Select--

☐ Vaccination Date [mm/dd/yyyy]
☐ Document ☐ Recall

☐ Childhood
☐ Never

Take Response: ☐ Normal
☐ No Take
☐ Scar
☐ Adverse Event
☐ Equivocal
Clinic Daily Activity Reports

The asterisk (*) denotes a required field.

*Organization Name: North Dakota Clinic

*Report Name: Clinic Daily Take Response Activity

*Date: 1/1/2003 (mm/dd/yyyy)

Generate Report
Introduction

Welcome to the Pre-Event Vaccination System

The Centers for Disease Control and Prevention (CDC) has developed the Pre-Event Vaccination system (PVS) to manage smallpox vaccination data and to track individuals who have been vaccinated against smallpox. The goal of the CDC and the states is to create emergency response teams that can respond to a smallpox outbreak.

A CDC global administrator is responsible for creating user identification numbers and passwords, assigning roles to users, and creating records for organizations and clinics that will access PVS. Each user record is associated with one organization. Users can only view patient and vaccination data to which they have been assigned.

PVS includes a Vaccination Roster, which clinics can use to record lot information for vaccine and diluent lots. The clinics can also use the Vaccination Roster to record information for each vaccinated patient. Patient information includes patient demographics, vaccination history, and current vaccination events.

PVS includes the Adverse Events Diary, which is designed to record smallpox vaccination adverse events. The clinics will collect and enter reactions and responses to the vaccination during the four-week period following the vaccination. The Adverse Events Diary helps to correlate the vaccines back to the original vaccine lots or diluent lots. For example, if there is a lot of adverse events or low take responses at a specific clinic, the CDC and the state health departments can trace the events back to the original vaccine lot, diluent lot, or vaccinator techniques.

PVS accepts vaccination data from external systems. States that prefer to use their own vaccination systems will be able to export their vaccination data to PVS. CDC sets the guidelines for the states to capture and export the vaccination results.
Questions?

- Please Contact
Heather Weaver, RN
Division of Disease Control
Immunization Program
701-328-2035
hweaver@state.nd.us
Managing Adverse Events

Stephen P. Pickard MD
Primary Care of Vaccinees

- Likely to see self-limited conditions
  - Constitutional symptoms
  - Robust or severe takes
  - Satellite lesions
  - Viral cellulitis
- May see inadvertent inoculation (e.g., eye) or household transmission
- Unlikely to see serious reactions
Regional Consultants

- Contraindications to vaccination
- Take
- Robust and severe reactions
- Wound site care
- Infection control procedures
- Diagnosis of adverse reactions
- Acute management
Specialists

- ID, Derm, Ophthalmology, Neurology
  - Ocular implantation, eczema vaccinatum, generalized vaccinia, encephalitis, progressive vaccinia

- Diagnosis
- Management
Specialists

- ID specialists who have assisted NDDoH prepare for vaccination
  - Dr. James Hargreaves
  - Dr. Robert Tight
  - Dr. Kent Martin
  - Dr. Paul Carson
State or Local Public Health

- **Questions**
  - Screening, vaccination risk, site care, take, clinic scheduling, liability, media, vaccine indications, investigational drug protocols, adverse reactions

- **Virologic laboratory**

- **VIG or Cidofovir**

- **Disease surveillance and reporting**
Contacting NDDoH

- Clinical issues (701) 328-2372
  - Steve Pickard MD
  - Terry Dwelle, MD, MPHTM

- Vaccination program (701) 328-2378
  - Heather Weaver
  - Larry Shireley

- Smallpox program / BT (701) 328-2270
  - Tim Wiedrich
  - Brenda Vossler
CDC Consultants

- Multidisciplinary teams
- National smallpox/vaccinia experts
- VIG distribution
- Clinician Information Line: 877-554-4625
Obtaining VIG

- You may call NDDoH or Clinician Information Line
- Strongly recommend consultative assistance from ID specialist
- VIG delivered to point of care within 12 hours
- IV product likely, under IND
VAERS Reporting

- All clinically significant vaccine events
- Additional form added for smallpox
- Anyone can report
- Physicians should report
- Possible request for f/u (CDC or FDA)
- On-line reporting: https://secure.vaers.org/
- VAERS reporting is not for VIG
Additional Information

www.bt.cdc.gov/agent/smallpox/

MMWR January 24, 2003 / 52;1-29
Smallpox Vaccination and Adverse Reactions: Guidance for Clinicians
Smallpox Communications

Loreeta Leer Frank
Public Information Officer
North Dakota Department of Health
Guiding Principle

The public will need information that will help them minimize their risk.
A public health emergency:

- Triggers a level of public interest and media inquiry that requires a response beyond normal operations and resources.
- Requires a significant diversion of department staff from regular duties.
Recent Events

- Anthrax concerns ~ 2001
- West Nile virus ~ 2002
Emergencies Are Media Events

- Emergency response would be hampered if media not involved
  - People rely on media for up-to-date information during an emergency
  - Media relay important protective actions for the public
  - Media know how to reach their audiences and what their audiences need
Psychology of a Crisis

Common human emotions may lead to negative behaviors that hamper recovery or cause more harm.
Negative Behaviors

- Demands for unneeded treatment
- Reliance on special relationships
- Unreasonable trade and travel restrictions
- Multiple unexplained physical symptoms
What Do People Feel During a Disaster?

- Denial
- Fear and avoidance
- Hopelessness or helplessness
- Vicarious rehearsal
- Seldom panic
When in “fight or flight” moments of an emergency, more information leads to decreased anxiety.
Decision Making During a Crisis

- We simplify
- We cling to current beliefs
- We remember what we previously saw or experienced
How Do We Initially Communicate During a Crisis?

Simply
Timely
Accurately
Repeatedly
Credibly
Consistently
During an Emergency …

- Don’t over reassure
- State continued concern before stating reassuring updates
- Don’t make promises about outcomes
- Give people things to do
- Allow people the right to feel fear
  - Acknowledge fear in self and others
Avoid These Pitfalls

- Jargon
- Humor
- Personal opinions
- Speculation
Effective Messages

- Speed counts
- Facts
- Trusted source
Building Trust in the Message and the Messenger

- Express empathy
- Competence
- Honesty
- Commitment
- Accountability
Public Health’s Goal in Emergency Response

To efficiently and effectively reduce and prevent illness, injury and death and to return individuals and communities to normal.
Contact Information

Loreeta Leer Frank, public information officer
701.328.1665
rfrank@state.nd.us

Patience Hurley, public information coordinator
701.328.4619
phurley@state.nd.us
Questions?
During this Live program
Call 701-328-2614
or
Send E-mail
Following the Live Program
Call 701-328-2270 or Send E-mail to
twiedric@state.nd.us

North Dakota Department of Health
Smallpox Vaccine Operations Seminar

North Dakota Department of Health