

**Statement of the American Nurses Association
before the Institute of Medicine's Committee on
Smallpox Vaccination Program Implementation
December 19, 2002**

I am Cheryl Peterson, a registered nurse and senior policy analyst for the American Nurses Association (ANA). The American Nurses Association is the only full-service association representing the nation's 2.7 million registered nurses through its 54 constituent member associations. Our members include registered nurses working and teaching in every health care sector across the United States. ANA appreciates the opportunity to appear before this committee to discuss the implementation of a renewed smallpox immunization program within the United States. Clearly, this is not something to be undertaken lightly and its ultimate success and the success of future bioterrorism protection measures will depend upon the transparency of the plan and the trust that health care workers and citizens have in the government to protect both the national security and their health and safety.

ANA recognizes that we live in a dangerous world. The threats of terrorists, both foreign and domestic, are real and should not be taken lightly. Whenever and wherever disasters have struck, registered nurses have responded selflessly by lending their skills, time and expertise to help victims and their families. Nurses are the backbone of the American health care system, and they will respond to this call for action as well.

However, the response to a potential bioterrorist attack must be weighed against a real understanding of the risk. This is particularly true when talking about Smallpox and the initiation of a preventive vaccination program where the vaccine poses a substantial health risk to those who receive it and poses a risk for transmission from one person to another, particularly in a population with a large number of immunocompromised or otherwise at risk individuals. Given this, ANA does not believe that the risk warrants the vaccination of the general population in a pre-event scenario. ANA is also concerned about whether the current risk outweighs the burden, both human and financial, that such a large vaccination program will place on already strained health care provider resources and the public health system.

With regard to the vaccination of registered nurses and other health care workers, ANA generally agrees that this is a necessary step, but would urge a more measured and deliberate process that will help to ensure that the program is implemented appropriately and that the screening for those

at risk is thorough. The 30-day deadline for vaccinating the requisite number of health care workers appears arbitrary and may result in errors that could be prevented if more time was taken to allow for adequate evaluation and review during the implementation phases.

ANA commends the CDC on its efforts to provide guidance to the states in the development of these plans. However, significant policy issues remain unresolved and should be addressed prior to beginning vaccinations of health care workers.

ANA is particularly concerned about the potential transmission of the vaccinia virus to patients and family members. Current guidance provides for covering the vaccination site with an absorbent and/or an occlusive dressing. It is unclear if this is sufficient to protect patients and family members from transmission. While there was only one known case of a provider to patient transmission during the prior vaccination period, today's patient population is dramatically different from that of the 1960's and early '70s. The hospital patient of today is more acutely ill and health compromised than before. Given this, it may be necessary to consider providing paid administrative leave for those health care workers who choose to be vaccinated until the potential for transmission has passed. Recommendations for avoiding contact and on-site literature offering guidelines and resources in case of an accidental vaccinia virus exposure must be made available in all public health settings and any place where vaccinated health care workers are employed.

In addition, ANA is also concerned about maintaining sufficient staffing. As reported in *The Washington Post*, one third of 200 students recently vaccinated missed at least one day of work or school; 75 had high fevers and several were put on antibiotics because physicians worried that they had bacterial infections in their vaccination sites. It is inevitable that some health care workers will have an adverse reaction requiring time off from work. The response on the part of employers cannot be that the remaining nurses and staff just have to work harder and longer. There must be a plan that includes strategies to bring in additional nurses and other health care workers to provide coverage for those who have volunteered to be vaccinated. This also holds true for those who will be administering the vaccination. To my knowledge, there are no health care workers whose only mission is to provide the smallpox vaccine. Those who will be administering the vaccine include public health nurses and visiting nurses. It is critical that their primary responsibilities of caring for home bound patients, administering the flu vaccine, or other daily activities that keep our public health system functioning must also be maintained.

ANA continues to be concerned about the "voluntary" nature of the decision for receiving the vaccination. Health care workers must be fully informed on the risk associated with this vaccine. Upon learning the risks, no health care worker should be penalized in matters of pay, benefits or job status if they decline the vaccine. ANA, along with the Service Employees International Union (SEIU) and other health care unions, would recommend consideration of the language within the OSHA bloodborne disease standard offering health care workers the option of accepting or declining the hepatitis B vaccine as a model for addressing this concern.

One of the most significant policy gaps, relates to the right to coverage of medical costs associated with receiving the vaccine. ANA would support the establishment of a federal compensation program modeled after the one developed under the old swine flu program or the existing one for children who suffer from other vaccine-related illnesses. Relying on a patchwork of programs is just not adequate to ensure coverage of the medical care needs for health care workers, exposed patients and family members who develop vaccine-related complications. Many health care workers lack health insurance, and coverage for smallpox vaccination injuries under state-based workers compensation programs is limited and debatable. ANA would argue that there needs to be a presumption of compensability for related injuries and a waiver for time periods that may exist within workers compensation laws.

ANA is also concerned about access to safer bifurcated needles. ANA strongly supports the development and use of a vaccine administration system that will eliminate the potential for needlestick injuries to occur and is in accordance with the 2000 Needlestick Safety and Prevention Act. Bifurcated needles with integrated safety features currently exist and can be purchased for pennies more than conventional bifurcated needles. Health care workers should not be denied this preventive technology.

Finally, ANA would support the establishment of a rigorous daily monitoring, tracking and reporting system. Any adverse effects, mild or severe, should be reported and tracked by the local health department and the CDC so that policy makers and the public can fully evaluate the risk of the vaccine. This information will be absolutely critical as the Administration moves into implementation of Phases II and III, vaccinating 10 million first responders and eventually offering the vaccine to the general public.

The charge of this Committee is a significant one and the CDC should be commended for engaging in this process. ANA also appreciates the opportunity to serve on the liaison panel. This is important in ensuring a broad dialogue on this significant policy shift.

Again, thank you for the opportunity to provide comments to this Committee. I look forward to answering any questions.