

June 7, 2002

John F. Modlin, M.D.
Chair
Advisory Committee on Immunization Practices
ACIP-NVAC Smallpox Working Group
Mailstop E-05
1600 Clifton Rd., N.E.
Centers for Disease Control and Prevention
Atlanta, GA 30333

Dear Dr. Modlin:

The American Nurses Association (ANA) appreciates the opportunity to participate in the deliberations over the current recommendations for the use of the vaccinia vaccine. ANA considers this to be an important and timely public policy discussion.

ANA is pleased to offer the following comments on the proposed policy options.

Question 1 With no known cases of smallpox worldwide, should there be any change in the current recommendation for not vaccinating members of the general public before there is a confirmed case or a confirmed bioterrorism attack using smallpox?

Without a change in the present level of threat and given the overall concerns with the reactivity and transmission potential of the current vaccine, ANA believes that the established recommendation as articulated in Option #1 should continue to be the ACIP recommended policy. Option #1 states that in the absence of a confirmed smallpox case or confirmed bioterrorism attack, vaccination of members of the general public is not recommended.

Question 2 In addition to laboratory workers who work with viruses related to smallpox, are there other individuals in specific occupational groups who should be vaccinated to enhance smallpox preparedness? If so, what guidelines should

be used to determine which individuals should be vaccinated before there is a confirmed smallpox case or a confirmed bioterrorism attack using smallpox?

While the current threat level is low, it is clear that the use of smallpox as a weapon would result in a high consequence event. Therefore, ANA believes that it would be prudent to consider the establishment of teams of health care providers and others who would be vaccinated and available to respond should such an event occur. ANA's recommendation reflects a combining of Options #2 and #3. These teams could be established at the national and state level with the number of state level teams dependent on the size of the state. The purpose would be that the team could respond very quickly with sufficient resources and an adequate number of vaccinated professionals who could establish an immunization center quickly and begin vaccinating health professionals and others in the area once an outbreak is confirmed.

Question 3 Should there be any change(s) in the recommendation that surveillance and containment ("ring vaccination") be the primary control and containment strategy in the event of a confirmed smallpox case or a confirmed bioterrorism attack using smallpox?

Should an outbreak be confirmed, ANA would support the use of patient isolation and ring vaccination as important and necessary methods for containing the spread of disease. In addition, it would be advisable to broaden access to the vaccine to health care providers and others who will be called upon to respond and to offer the vaccine to those people in the affected community(ies).

While ANA would recommend offering the vaccine to the community, we believe that the first priority must be to vaccinate health care providers and other first responders such as EMS, fire, and police. These professionals will be expected to provide essential services to the community while bearing a much higher risk for exposure. The ring vaccination that includes such services should be considered in a very broad context. It will be important to also include those workers who may be downstream from the initial exposure, such as a hospital's housekeeping and janitorial staff or the local sanitation workers. If contained, ANA does not believe that national mass immunization would be warranted under this scenario.

ANA recognizes that there is considerable public pressure to change the current policy on the use of vaccinia vaccine. Whatever the outcome of your deliberations, ANA would encourage you to develop and implement a broad-based education campaign that will clearly outline the nature of the smallpox disease, the risks associated with the vaccine, and the public policy goals that support the ACIP recommendation. ANA is ready to partner with you on this very important public education campaign.

American Nurses Association
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Again, thank you for the opportunity to provide comment. ANA wishes you well in your deliberations. If you have any questions or need clarification, please do not hesitate to contact me at 202-651-7011 or Cheryl Peterson, ANA staff, at 202-651-7089.

Sincerely,

Mary E. Foley, MS, RN
President

cc: Linda J. Stierle, MSN, RN, CNAA
Chief Executive Officer

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