

02-08

STATEMENT OF POLICY SMALLPOX AND OTHER BIO-AGENT VACCINATION

Policy

The National Association of County and City Health Officials (NACCHO) asserts that local health departments should be involved in determining the appropriate smallpox vaccination program for their communities. This involvement should occur within the planning and training activities at the federal, state and local levels of government.

Justification

Local health departments must be active participants in any reformulation of recommendations for smallpox vaccination. NACCHO concurs with the Advisory Committee on Immunization Practices (ACIP) recommendations regarding smallpox vaccination in a pre-event setting¹⁻². NACCHO's concurrence is predicated on ACIP's assertion that the threat of a smallpox attack is low. If the threat assessment should change, these recommendations must be promptly reevaluated. NACCHO endorses the following ACIP recommendations:

- Under current circumstances, with no confirmed smallpox and the risk of an attack is assessed as being low, vaccination of the general population is not recommended. The potential benefits of vaccination do not outweigh the risks of vaccine complications.
- In the event of an increase in risk of smallpox or other bio-agent event, vaccination is recommended for persons pre-designated by the appropriate public health and other authorities to conduct any investigation and follow-up of initial smallpox cases that necessitate direct patient contact.
- If there are facilities pre-designated to serve as referral centers to provide care for the initial cases of smallpox in particular communities, then smallpox vaccination is recommended for selected personnel within these facilities. These personnel would be those designated by the hospital to provide care for initial cases of smallpox.
- Surveillance and containment, including ring vaccination, remains the primary strategy for controlling and containing smallpox.³ Therefore, sustained federal emergency preparedness funding should support an expansion of local health department capacity for conducting disease surveillance and responding to outbreak situations. In addition, state and local health departments should be able to expand immunization to additional groups, including their jurisdiction's entire population if necessary, in a timely manner.

A strong local public health infrastructure is vital to prepare for and/or to respond to a smallpox case or outbreak.



To achieve that infrastructure, the following needs to occur:

1. Federal and state policy development and planning processes related to smallpox and other potential bio-agents must help support, solicit and include the full participation of local health departments. Policies and plans must treat potential bio-agent outbreaks as local events requiring effective local responses. Planning must reflect the needs and realities of a response at the local level.
2. Federal emergency preparedness funding that goes through the states must be directed at developing adequate local and sub-state regional infrastructure, including surge capacity to assure the sufficient number of additional trained personnel necessary for response to a bio-agent.
3. Planning for communications processes to be implemented during outbreaks must assure that local health officials are regularly and fully informed, and must have agreed-upon and practiced protocols for how communications will be directed by which officials and to which professional and population groups.
4. Federal and state emergency preparedness program development and planning processes, including those for communications, must recognize that local health departments play an essential role in linking the community's medical/hospital resources with the emergency response system. Federal emergency preparedness funding should support the local public health infrastructure to assure such linkages and the training opportunities that are necessary to create, sustain and strengthen them.
5. Law enforcement agencies, particularly those at the federal level, must be directed to fully involve local health departments in "crime scene investigations," or forensic epidemiology, related to smallpox and other bio-agent-caused outbreaks. Federal emergency preparedness funding should support opportunities for federal, state and local law enforcement officials to train collaboratively with their public health, first responder and medical counterparts to investigate such crimes.
6. Community partners and first responders must be included in developing local and sub-state regional preparedness plans. Emergency preparedness funding from the federal government should include support for such plans to be tested and drilled on a regular basis in a non-emergency situation. The plans must address actions needed for preventing, controlling, and responding to outbreaks caused by smallpox and other bio-agents.
7. Provisions must be made to immunize all appropriate local public health and other first responder and medical staff who are not pre-immunized pursuant to ACIP recommendations as soon as possible after the first diagnosis of disease caused by smallpox or other bio-agent.

Input from local health departments is essential for a bio-agent response plan that meets local as well as state and federal needs. A strong local infrastructure paired with a detailed pre-vaccination plan will strengthen preparedness for smallpox or other bio-agent event.

¹CDC. Vaccinia (smallpox) vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2001. MMWR 2001;50(No. RR-10):1--25.

²CDC. Recommendations for use of smallpox vaccine in a pre-event immunization program. Supplemental recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Healthcare Infections Control Practices Advisory Committee (HICPAC). MMWR 2004. 52(RR-07):1-16.

³Fenner F, Henderson DA, Arita I, Jezek Z, Ladnyi ID. Smallpox and its eradication. Geneva, Switzerland: World Health Organization, 1988. Available at <http://www.who.int/emc/diseases/smallpox/Smallpoxeradication.html>.

Record of Action

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