GERBERDING:
Welcome. Thank you for taking the time to participate in this broadcast. Over the next two days, CDC will provide information that we hope will assist you in preparing for the threat of smallpox. Our goal is to present information of use to all the stakeholders involved in planning and implementing clinics for vaccinating smallpox response teams. I thank the CDC team, and our colleagues at HHS and other federal agencies who have contributed. I also thank the Advisory Committee for Immunization Practices for its guidance in reviewing the evidence and providing recommendations. Most importantly, I respect and appreciate the input, expertise, and support contributed by our partners in state and local health agencies across the country.

The consequences of an intentional release of smallpox virus could be devastating - so we must be prepared to conduct an immediate response to an attack. Although we cannot predict the likelihood of such an event, we believe smallpox release is possible. We can prepare by offering vaccine to those most likely to respond to the initial phases of the event and care for the initial cases. By preparing these public health and healthcare response teams, we can initiate the steps needed to protect the American people - who are our highest priority.

Making vaccine available - on a voluntary basis - to the people who would be the first to investigate, respond to and provide medical treatment to the first patients with smallpox, is one way to strengthen our preparedness. We need to begin planning for the protection of the medical and public health personnel whose duties as response team members would place them at high risk in a smallpox outbreak. By preparing them, we are better able to protect the American people.

CDC is working with state and local health departments and hospitals to develop plans to accomplish this. Health departments in turn are working with hospitals to identify the members of healthcare response teams. The total number of team members to be vaccinated will depend on how the teams are structured. "500,000" has been cited as approximate estimate of the maximum number of people that might be included in these teams, but the actual number could be much lower or even somewhat higher. Each state will work with local experts to determine the best solution for its jurisdiction.

A key point to remember is that all smallpox vaccinations will be voluntary - no one will be required to receive this vaccine.

Vaccine safety is a top priority - one of our goals will be to minimize the number of serious reactions. We have developed guidelines to identify those who should not receive vaccine. As you will hear, these guidelines emphasize screening for conditions that increase the risk of an adverse reaction, measures to
prevent spread to others, and monitoring for vaccine safety. We intend to do everything we can to minimize the risk of serious reactions, even though we know we cannot eliminate the risk.

Preparedness is the ongoing process of increasing our capacity to detect, respond, remediate, and mitigate against acts of terror. In the past year, we have taken enormous strides in preparedness for a smallpox attack. Ensuring that smallpox response teams are ready to act will enhance our nation's ability to respond swiftly and effectively to a terrorism attack.

CDC is developing many resource materials for health departments, clinicians, and other groups that have a stake in smallpox preparedness and treatment of smallpox cases. This broadcast is just one of those resources. The program includes a series of modules that target public health and clinical personnel. State and local public health personnel will need information to guide their planning for establishing public health and healthcare response teams, and establishing systems for smallpox vaccination delivery, administration, and follow-up. In addition detailed information will be provided for vaccine clinic personnel and clinicians who may evaluate and treat adverse events. We will also provide information to hospital administrators and hospital-based clinicians to help with decisions about program participation and vaccination side effects. For front line clinicians, information addressing evaluation of patients with rashes or suspected smallpox, screening of potential vaccinees who may seek advice, and management and referral of adverse reactions following vaccination will be included.

Today we face a simple truth....we must plan for what once seemed unthinkable, - the possibility of a smallpox attack. We need to take steps to ensure we are doing all we can to protect those personnel who would investigate and provide care for the first people with smallpox. Your participation in these planning efforts is critical. We hope this broadcast can provide you with additional tools to develop your state and local plans.

Thank you so much for this important work.

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