

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
TRENTON, N. J. 08625

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STATE COMMISSIONER OF HEALTH

August 12, 1976

TO: Honorable Brendan T. Byrne
Governor

FROM: Joanne E. Finley, M.D., M.P.H.
State Commissioner of Health

SUBJECT: Fact Sheet and Progress Report on Status of
New Jersey's Preparedness for Mass Vaccination
to Protect Against Swine-Flu (A-New Jersey '76)

I. Background

In February, 1976, the Laboratories of the New Jersey State Department of Health isolated a new influenza A virus strain from recruits at Fort Dix who were ill, one of whom had died. This was confirmed by the Center for Disease Control (CDC), USPHS, Atlanta, Georgia as an A-swine virus-- a totally antigenically new and potentially serious form of influenza.

The CDC together with the Secretary of HEW, and the President of the United States determined that the potential of a serious epidemic, or world-wide pandemic, as is usually seen approximately every decade when a new A-strain virus appears in human groups, was sufficiently serious to warrant an all-out effort to protect residents of the United States. Accordingly, Congress voted a sum of \$135,000,000 to enable the federal government to initiate the manufacture of large quantities of an appropriate vaccine, to conduct the necessary field trials to determine the effectiveness and safety of such vaccine, and to offer some assistance to State Health Departments which were charged with the responsibility for receiving the vaccine, distributing it, and administering the planned mass immunization program.

In New Jersey, under the leadership of Health Commissioner, Joanne E. Finley, M.D., M.P.H., formal planning began in May. The following activities have taken place.

- 1) An internal Task-Force was formed in the Health Department composed of persons from all Divisions.

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the Regional offices who would have a role in the immunization administration. Fred Hebler, M.P.H., formerly a Regional Health Officer, was made a Special Deputy to coordinate the campaign. Ronald Altman, M.D., State Epidemiologist, remained the State's formal liaison with the CDC.

2) Dr. Finley briefed the Cabinet on two occasions. The Governor formed a Cabinet level committee of all relevant State agencies and Dr. Finley and staff have also met with this group on June 30. This has enabled the formation of plans for immunization of patients in State institutions (I & A), special plans for reaching workers in large industries (L & I), use of Schools and State Colleges as immunization sites (Departments of Education and Higher Education), use of armories and plans for warehousing and distribution of vaccine, and traffic control (Departments of Treasury, Defense, and State Police), and excellent assistance on Legal Issues (Attorney General's office).

3) The Department of Health conducted a State-wide leadership conference on the Immunization Program. Leaders of health, civic, religious, elected officials and other groups attended. (See attached list.) The purpose was to inform these State-wide representatives of many organizations about the entire program, answer their questions, and elicit their support and cooperation through their own districts, with the State Health Departments' special swine flu Regional and County Coordinators. The response was enthusiastic.

4) Dr. Finley and the Governor briefed the annual meeting of the New Jersey State Medical Society in June.

5) The Health Department held a meeting in May with the New Jersey Health Officers Association. This group is key to the success of local programs. Subsequently all their Mayors and Freeholders were informed of the local Health Officers' roles--and needs--in a letter from Dr. Finley.

6) Dr. Finley deputized 3 State employees as Regional Coordinators, they are:

Madeline Uhde, R.N., M.P.H. - Northern District Health Officer

Dr. Matthew Bonese - Southern District Health Officer

Mr. Henry Gerding - Public Health Program Representative - N.J. Department of Health

These individuals in turn have selected County Coordinators for every New Jersey County. Organizational meetings have been held on the County level, volunteers reached and clinic sites chosen.

7) On the State level, the following has been completed.

a) State and local health department technician gun crews have been trained. There are presently 256 persons prepared to use the 202 guns. More are being trained. A back-up crew of 11 persons is competent in the cleaning, maintenance and repair of the jet guns.

b) Purchased 72 additional guns, with State funds, which the Governor helped secure for a total of 202 of which 10 are on loan from CDC.

c) Developed public information posters and fliers in English and Spanish.

d) Developed a feasible program budget.

e) Arranged for receipt, storage, and transportation of vaccines and other supplies to County depots.

II. New Jersey's Plans as of August 12, 1976

1) Release of vaccine by the federal government

With the passage by the Congress of S. Bill 3735 on August 10 (to amend the Public Health Service Act to authorize the establishment and implementation of an emergency national swine flu immunization program) - legislation which also establishes a federal role in liability coverage for all program participants, the release of vaccine by the manufacturing pharmaceutical companies seems assured.

2) Timing of vaccine receipt and distribution

New Jersey expects to receive 6,400,000 doses of various vaccines--some bivalent (more than 1,000,000 doses), some monovalent. The Federal government has informed States that it cannot ensure distribution of large amounts of packaged vaccine for "five or six weeks."

New Jersey's plans are then geared to go into operation as soon as feasible during September.

3) Bi-valent vaccine administration

a) It is believed that the first vaccine to be received in sizeable quantities will be the bi-valent form (contains protection against A-Victoria 75 and A-New Jersey 76). This vaccine is intended for use with high risk populations.

b) Therefore the first activity in New Jersey to begin as soon as feasible in September and to be conducted in each region simultaneously will be immunizing the chronically ill and the elderly population particularly, those institutionalized in health care facilities.

1) By agreement with Institutions and Agencies, State Health Department gun teams will assist in immunizing individuals in health care facilities operated by I & A. e.g. mental hospitals, institutions for the mentally retarded, etc.

2) Nursing homes will be given the vaccine which will be administered by their own staffs.

3) Acute general hospitals will be given vaccine for use under the discretion of the medical director

4) Some limited distribution will be made to physicians for use from county depots under the administration of the Regional Coordinators with their homebound high-risk patients, and to obstetricians and prenatal clinics for discretionary use with pregnant women.

4) Monovalent vaccine

Probably in late September immunization of the general population (18 years and older) with the monovalent vaccine (A-New Jersey '76) will begin. We are awaiting the results of further federal vaccine trials seeking to find an effective vaccine which produces minimal side effects for the under 18 age group. When these results are reported, we will proceed accordingly.

a) Population to be reached

The 6,400,000 doses of effective vaccine New Jersey expects to receive is enough vaccine to reach the entire State population of those over 18. It should be stressed that seeking vaccination is voluntary and that there will be persons at each clinic site to go over informed consent forms for those who seek vaccination. Even if the entire eligible

population does not seek vaccination, reaching 70 - 80% of the population would be markedly effective in reducing the chances of an epidemic.

b) Eligible Persons for Monovalent Vaccine

Those persons defined as "eligible" for vaccination are over 18 and not allergic to eggs or egg products. (The latter is due to the fact that the vaccine is prepared in fertilized chicken eggs.)

c) Pregnant females

Pregnant females are eligible for vaccination. The Federal government's own consent forms and Dr. Finley's research with the aid of prominent New Jersey obstetricians confirm the safety of a killed virus vaccine for both mothers and their unborn infants. However a supply of vaccine will be made available to practicing obstetricians and prenatal clinics throughout the State so that the physician responsible for the pregnant patient can use his own discretion.

5) Effectiveness and Reactions

The vaccine that will be distributed has been chosen by the Federal Government based on the results of vaccine trials which showed an effective antibody production in persons over 24. In addition, in those persons about 30 years old and older, the incidence of reaction (temperature over 100°, headache, malaise, nausea) was no different from those who received a placebo injection and was present in only 2% of those vaccinated.

Additional trials on antibody response and reaction rates for other age groups are still being conducted and results should be available in late September or early October. The federal experts estimate a period of about two weeks after inoculation for the human body to develop an effective antibody level, and a subsequent immunity to A-New Jersey influenza illness of about one year's duration.

6) State divided into four regions for administering the program

The Health Department's In-House Task Force on Swine Flu Immunization had previously planned to divide the State into seven regions for planning and administration

of the vaccine. This method of immunization would have taken two weeks in each region for a total of fourteen weeks. For the following reasons, it was decided to compress the seven regions into four.

- a) We will be receiving the vaccine later than we had anticipated.
- b) Fourteen weeks would have taken us past the Christmas Season when flu season would be upon us, weather would be undependable, and people would be busy with the holidays.
- c) There may need to be another vaccination program for the children and/or a two dose plan for children and those between 18 to 24. This will not be known until late September or early October, and therefore will probably occur after the immunization of adults takes place. Personnel time needs to be reserved for this possibility.

The four regions in sequence order and their coordinators are:

- 1) Morris, Passaic, Sussex, and Warren - Madeline Uhde
- 2) Essex and Bergen - Madeline Uhde
- 3) Monmouth, Burlington, Ocean, Atlantic, Camden, Cape May, Cumberland, Gloucester and Salem - Dr. Matthew Bonese
- 4) Hudson, Union - Madeline Uhde
Middlesex, Mercer, Somerset and Hunterdon - Mr. Henry Gerding

There will be a concentrated two week effort in each of the four regions. The program should be completed within 8 - 9 weeks after receiving the first supplies of vaccines. Firm dates for each region should be able to be set in two weeks when we will be receiving further information from the Federal Government.

7) Immunization Guns

We have 202 guns available for use and 100 spare front end assemblies for repairs. At peak operating times we can have 160 guns operating. Each gun can vaccinate approximately 400 people per hour. Specially trained individuals will man the guns. Each clinic facility will be under the supervision of a physician.

8) Cooperation in the regions

The three regional coordinators report plans are proceeding according to schedule in their respective areas. They have received excellent cooperation from the New Jersey Medical Society, New Jersey Osteopathic Society, Association of Industrial Physicians, Local Health Departments, State Nurses Association, First Aid Squads and many other voluntary, civic and religious organizations.

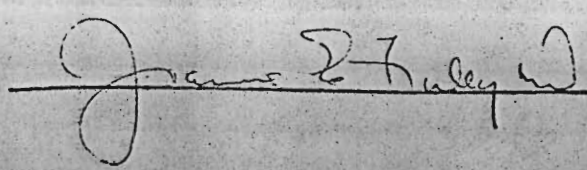
9) Program Budget

The New Jersey Department of Health has received a grant from the CDC of \$731,447 for all aspects of administering the program. The logistical plan spelled out above, projects a shortfall of \$500,000 - \$750,000. (The higher figure is dependent on the record-keeping requirements implied in the federal legislation and whether these can be met efficiently without resorting to computerization.)

Logistical plans are in the making for accepting wholly voluntary contributions at clinic sites. The Washington office and Special Counsel's office are in the process of checking the intent of Congress and the legal ramifications of voluntary donations since the federal legislation extends federal liability protection to all participants (public or private agencies or organizations) that "provide inoculations without charge for such vaccine or its administration."

10) Liability Coverage

The Attorney General's office has been assisting the Health Commissioner with the issue of coverage for alleged liability for personal injury to the recipients of vaccine, on the part of volunteer personnel. (Personnel other than immediate employees of the State). There should be no doubt in New Jersey that volunteers will be covered when they participate in the program. The Attorney General is now studying the new federal legislation and whatever additional actions on the part of the State prove necessary will be taken within the next few days.



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Attached

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