

Dragon, Karen E. (CDC/NIOSH/EID)

From: Eva Mendoza [EMENDOZA@health.nyc.gov]
Sent: Tuesday, April 05, 2011 5:02 PM
To: NIOSH Docket Office (CDC)
Cc: Roslyn Windholz
Subject: NYCDOH & MH Comments re: Emergency Responder Health Monitoring and Surveillance Guidelines (Docket No. NIOSH-223)
Attachments: Emergency Responder Health Monitoring and Surveillance.pdf

See attachment, thank you.

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April 5, 2011

nioshdocket@cdc.gov

Re: Emergency Responder Health Monitoring and Surveillance
[Docket Number NIOSH-223]

To Whom It May Concern:

The New York City Department of Health and Mental Hygiene appreciates the opportunity to review NIOSH's Emergency Responder Health Monitoring and Surveillance Guidelines and herein provide the following comments and recommendations.

I. Immunizations - pages 9 and 10:

1. Tetanus booster - A one-time single dose of Tdap should be administered to those first responders who have not yet received a Tdap previously, as soon as is feasible. Tdap can be given regardless of the interval since the most recent Td.
2. Seasonal influenza vaccine - a caveat should be added that this applies to when vaccine is available. One example is that potentially in July, there may be no licensed seasonal influenza vaccine available.
3. Hepatitis A vaccine - the 1 to 2 weeks to provide substantial immunity is not relevant and recommend the reference be deleted.
4. MMR vaccine - all first responders should have 2 documented doses of MMR vaccine, given at least 4 weeks apart.
5. Polio vaccine - there is no indication for polio vaccine for adults in the US. Those going to a foreign country where polio transmission is still occurring should receive one booster dose prior to travel.
6. Varicella vaccine - non-immune individuals should receive 2 doses of varicella vaccine, at least 4 weeks apart.
7. Meningococcal vaccine should be added - A 2-dose series of meningococcal conjugate vaccine is recommended for adults 19 to 64 years of age with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia; and for those with immunocompromising conditions. High risk adults should receive a booster every 5 years if they remain at increased risk of infection. Responders who will travel to countries where meningococcal disease is hyperendemic or epidemic should receive one dose of age appropriate meningococcal vaccine if their contact with the local population will be prolonged. Persons 65 and older should receive meningococcal polysaccharide vaccine instead of the conjugate vaccine.

Page 68, question 12: the standard for recording date of vaccination should be in a month – day – year format.

Page 77, top of the page: same comment as above.

Note that TB skin testing is not an immunization and should be moved to the appropriate section.

II. Format & Purpose

The document goes from “instructional” in some sections to “discussion” in others, so format of document could be re-evaluated for the sake of consistency and utility. Perhaps in Appendix of document, NIOSH can also discuss how this document would be used by National Response Team. We believe this would prove helpful in allowing entities to understand how this would translate operationally.

We recommend that NIOSH consider a summary (can be a table or flowchart) that gives a sense of document’s flow from the start. (Could highlight major areas within document (“at a glance” page) or cover key “takeaways” and/or parties responsible for activities).

III. Disaster H&S discussion

In introduction or “pre-deployment” section, we recommend referring to other more detailed documents on H&S preparedness needs/considerations (for example: NIOSH/Rand document “Protecting Emergency Responders, Volume 3, Safety Management in Disaster and Terrorism Response”).

Also, we recommend considering prefacing the document so reader understands that document reviews a limited number of safety concepts and is not all-inclusive.

Finally, we would recommend that this document include information regarding exposure to infectious agents as well as radiation, the latter having gained more urgency at this time as a result of the recent Japanese earthquake/tsunami and resultant ongoing nuclear reactor crises.

Thank you for the opportunity to submit our comments regarding this draft.

Sincerely,

Keshyn Kennedy for Tom Merrill
Thomas Merrill
General Counsel