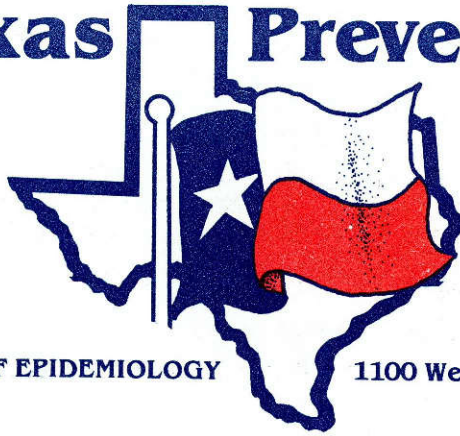


Texas Preventable Disease NEWS



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BUREAU OF EPIDEMIOLOGY

1100 West 49th Street, Austin, Texas 78756 (512-458-7207)

SMALLPOX VACCINE

These recommendations first appeared in the CDC publication, Morbidity and Mortality Weekly Report, Vol. 34/No.23, June 14, 1985.

These revised Immunization Practices Advisory Committee (ACIP) recommendations on smallpox vaccine update the previous recommendations (MMWR 1980;29:417-20) to include current information on the changes in the International Health Regulations and the ending of distribution of smallpox vaccine to civilians. The basic recommendation is unchanged -- smallpox vaccine is **only** indicated for civilians who are laboratory workers occupationally exposed to smallpox or other closely related orthopox viruses.

SMALLPOX VACCINE

Smallpox vaccine (vaccinia virus) is a highly effective immunizing agent against smallpox. The judicious use of smallpox vaccine has eradicated smallpox. At the World Health Assembly in May 1980, the World Health Organization (WHO) declared the world free of smallpox. Smallpox vaccination of civilians is now indicated **only** for laboratory workers directly involved with smallpox (variola virus) or closely related orthopox viruses (eg, monkeypox, vaccinia, and others).

SURVEILLANCE OF SUSPECTED CASES OF SMALLPOX

There is no evidence of smallpox transmission anywhere in the world. WHO has coordinated the investigation of 173 rumors of smallpox between 1979 and 1984. All have been diseases other than smallpox, most commonly chickenpox or other rash illnesses. Even so, a suspected case of smallpox is a public health emergency and must be promptly investigated. Assistance in the clinical evaluation, collection of laboratory specimens, and preliminary laboratory diagnosis is available from state health departments and CDC (telephone: (404) 329-3145 during the day and (404) 329-2888 outside usual working hours).

MISUSE OF SMALLPOX VACCINE

There is no evidence that smallpox vaccination has any value in the treatment or prevention of recurrent herpes simplex infection, warts, or any disease other than those caused by orthopox viruses. Misuse of smallpox vaccine to treat herpes infections has been associated with severe complications. Smallpox vaccine should never be used therapeutically.

SMALLPOX VACCINATION NOT REQUIRED FOR INTERNATIONAL TRAVEL

Smallpox vaccination is no longer required for international travel. In January 1982, the International Health Regulations were changed deleting smallpox from the

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Regulations. The International Certificates of Vaccination no longer include a smallpox vaccination certificate.

SMALLPOX VACCINE NO LONGER AVAILABLE FOR CIVILIANS

In May 1983, the only active, licensed producer of smallpox vaccine in the United States discontinued distribution of smallpox vaccine to civilians. As a result, smallpox vaccine is no longer available to civilians.

SMALLPOX VACCINE AVAILABLE TO PROTECT AT-RISK LABORATORY WORKERS

CDC provides smallpox vaccine to protect laboratory workers occupationally exposed to smallpox virus and other closely related orthopox viruses. Vaccine will be provided **only** for the protection of personnel of such laboratories. The vaccine should be administered to eligible employees under the supervision of a physician selected by the laboratory. Vaccine will be shipped to physicians responsible for vaccinating at-risk workers. Requests for vaccine should be sent to:

Drug Immunobiologic and Vaccine Service
Center for Infectious Diseases
Building 1, Room 1259
Centers for Disease Control
Atlanta, Georgia 30333
(404) 329-3356

SMALLPOX VACCINATION OF MILITARY PERSONNEL

US military personnel are routinely vaccinated against smallpox.

CONSULTATION FOR COMPLICATIONS OF SMALLPOX VACCINATION

CDC can assist physicians in the diagnosis and management of patients with suspected complications of smallpox vaccination. Vaccinia immune globulin (VIG) is available when indicated. Physicians should call (404) 329-3145 during the day and (404) 329-2888 evenings and weekends.

The majority of persons with such complications are likely to be recently vaccinated military personnel or their contacts infected through person-to-person spread of vaccinia virus. Such person-to-person spread can be extremely serious if the person infected has eczema or is immunocompromised.

Health-care workers are requested to report complications of smallpox vaccination to CDC through state and local health departments.

* * *

APNEA MONITOR ACCIDENTS

According to the Food and Drug Administration, apnea monitors, when improperly connected, pose a potential danger to infants and children. Three apnea monitor accidents have recently occurred in homes where these devices were being used. In one case, one end of the electric power cord was unplugged from the monitor while the other end was left plugged into the wall socket. At the same time, the leads were disconnected from the monitor while the infant was still wearing the electrodes. An older sibling then plugged the loose ends of the leads into the "live" electric power cord, causing the infant's electrocution. In the other two cases, young children

plugged the loose ends of the leads, in one instance, into a wall socket and, in the other instance, into an electric power cord causing burns.

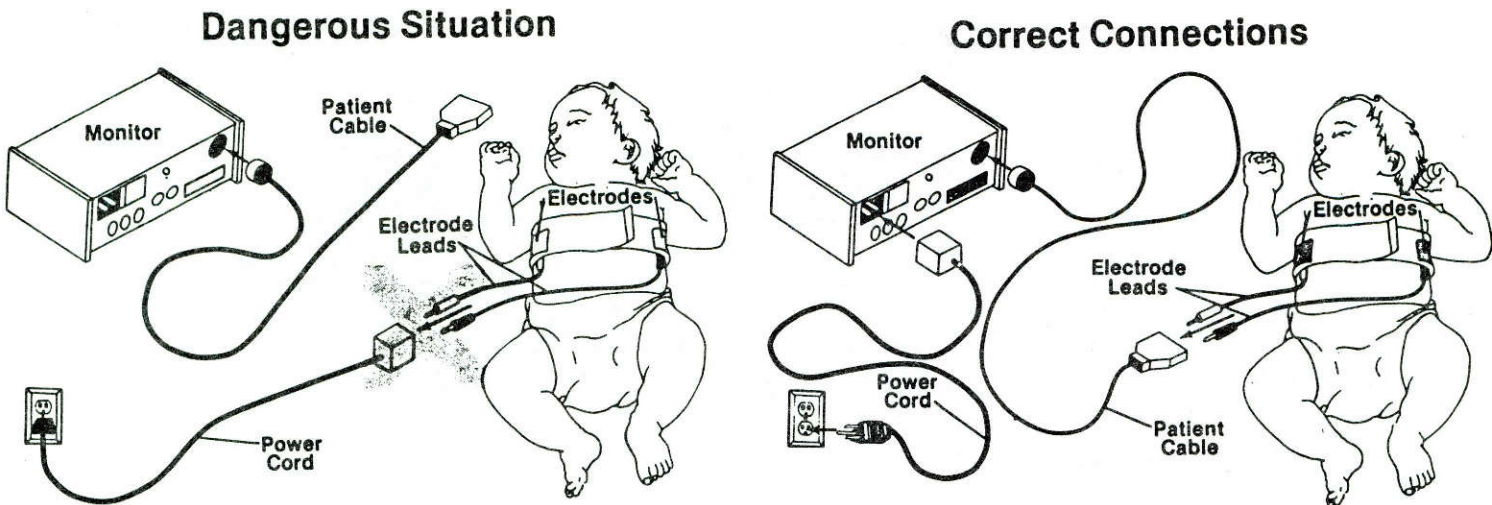
These are unusual accidents in which the apnea monitors themselves did not malfunction. However, to prevent such accidents, apnea monitor users should:

1. Never allow the electrode leads to remain attached to the infant unless they are also attached to the patient cable or apnea monitor.
2. If the electric power cord is unplugged from the apnea monitor, be sure that the cord is also unplugged from the wall socket.
3. Take steps to prevent young children from inserting any object into electric power cords or wall sockets. For example, insert safety covers into such electric outlets.

The FDA is working with the apnea monitor manufacturers to develop a permanent solution to this problem. In the meantime, it is important that the steps listed above be taken to reduce the likelihood of such accidents.

For further information, contact Dr. Lireka Joseph of the FDA at (301) 443-4600. Inquiries from home users can be referred to Ms. Pam Chissler, also of the FDA, at (301) 443-4190, Center for Devices and Radiological Health (HFZ-210), 5600 Fishers Lane, Rockville, MD 20857.

Figure 1.
Proper and improper apnea monitor connections.



This picture shows a situation in which an accident can occur. The ELECTRODE LEADS can be incorrectly plugged into a POWER CORD instead of into the PATIENT CABLE as shown in the illustration above. Accidents also can occur when the ELECTRODE LEADS are plugged into other kinds of POWER CORDS, such as extension cords, or into wall sockets.

This picture shows the correct way to connect the infant to the MONITOR. The ELECTRODE LEADS are plugged into the PATIENT CABLE which in turn connects to the MONITOR. The MONITOR is connected to the wall socket by the POWER CORD.

CPSC ALERT:
CHILD ACCIDENTS IN RECLINER CHAIRS

The Consumer Product Safety Commission (CPSC) and the American Furniture Manufacturers Association (AFMA) have issued a national consumer alert about possible accidental death or injury to young children using or playing on recliner chairs. In the past five years, the commission has investigated or received reports of three deaths and two serious brain injuries to children. Of the estimated 87 million American households, an estimated 24 million households have recliner chairs.

Information available to the CPSC about the accidents, although incomplete, leads CPSC to conclude that the victims:

1. Were between the ages of 12 months and 20 months,
2. Were unsupervised by parents and alone in the room at the time of the accident,
3. Were apparently climbing or playing on the leg-rest of the chair while the chair was in a reclined position, and
4. Were trapped when their heads entered the opening between the chair seat and leg-rest as their own body weight forced the leg-rest down.

The CPSC and the AFMA suggest that parents use appropriate precautions in preventing young children from playing on recliner chairs. Consumers are urged to report any accidents with recliner chairs to the Consumer Product Safety Commission, Washington DC 20207, or call the toll-free hotline, 1-800-638-CPSC. A teletypewriter number for the hearing-impaired is 1-800-638-8270.

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