

Tennessee Board of Medical Examiners Committee on Physician Assistants



Newsletter



A regulatory agency of the State of Tennessee

Cordell Hull Building, First Floor, 425 Fifth Avenue North, Nashville, TN 37247-1010

• tennessee.gov/health

SMALLPOX

Smallpox is a disease caused by variola virus, which was feared for centuries because it caused serious illness, disfigurement, and often death. After a successful public health vaccination campaign, it was declared to be eradicated from the world in 1980. Although naturally occurring disease has been eliminated, serious concerns about smallpox are rising again because of its possible use as a bioterrorist weapon.

Smallpox is spread from one person to another by infected respiratory droplets. Smallpox patients are highly contagious during the first week of illness, since that is the time when the largest amount of virus is present in the throat. However, some risk of transmission lasts until all scabs have fallen off. Contaminated clothing and bed linens can also spread the virus.

Smallpox has an average incubation period of 12 to 14 days after exposure. Initially, patients experience high fever, fatigue, headache and backache. Severe abdominal pain and delirium are sometimes present. A rash appears within two or three days, first in the mouth and throat, spreading to the face, forearms, and legs and then to the trunk. Within five to seven days, the rash develops into pus-filled lesions which later crust into scabs.

There is no proven effective treatment for smallpox, but research to evaluate new antiviral medications is ongoing. Patients with smallpox can benefit from supportive treatment such as intravenous fluids and medicine to control fever or pain, as well as antibiotics for any secondary bacterial infections that occur. In the 1970s, smallpox was fatal in 30 percent of cases.

Vaccine can lessen the severity of or even prevent illness in people exposed to smallpox if given within three days of exposure. The United States has an emergency supply of smallpox vaccine.

Routine vaccination against smallpox ended in 1972. The level of immunity, if any, among persons who were vaccinated before 1972 is uncertain; therefore, those persons are assumed to be susceptible.

Under current circumstances, with no confirmed smallpox and the risk of an attack assessed as low, vaccination of the general population is not recommended because the potential benefits of vaccination do not outweigh the risks of vaccine complications. Following a confirmed outbreak of smallpox within the U.S., rapid voluntary vaccination of a large population may be conducted as part of an overall national vaccination strategy. The decision to do mass vaccination will be dependent upon an assessment of the magnitude of the attack, the potential duration of the attack, and the mode of the attack.

Currently, we have a stockpile of 85 million doses of vaccine. A recent National Institute of Health study found that the existing supply can be increased to make enough for the entire population in the event of an outbreak. A contract has been issued to produce an additional 210 million doses this year. It is anticipated that a total of 286 million doses of smallpox vaccine will be available in early 2004. The CDC's Strategic National Stockpile has developed protocols to allow for the rapid, simultaneous delivery of smallpox vaccine to every state and US territory within 12-24 hours. State and local governments are developing response plans to provide for the rapid distribution of vaccine on a large-scale basis.

People most likely to have side effects are people who have, or even once had, skin conditions, (especially eczema or atopic dermatitis) and people with weakened immune systems, such as those who have received a transplant, are HIV positive, or are receiving treatment for cancer. Anyone who falls within these categories, or lives with someone who falls into one of these categories, should NOT get the smallpox vaccine unless they are exposed to the disease. Pregnant women should not get the vaccine because of the risk it poses to the fetus. Anyone who is allergic to the vaccine or any of its components should not get the vaccine. Vaccination of persons less than 18 years of age is not recommended in non-emergency circumstances.

For more information about this topic go to the Department of Health's website at tennessee.gov/health.

Welcome New Committee Member!

The Committee has a new member. Glen Alexander was appointed November 12, 2002 to serve until May 31, 2006. Mr. Alexander is a physician assistant practicing in Clarksville, Tennessee.

Severe Acute Respiratory Syndrome (SARS)

Persons with respiratory illness of unknown etiology with onset since February 1, 2003.

Suspect Case:

- A person presenting with one or more signs or symptoms of respiratory illness including cough, shortness of breath, difficulty breathing, hypoxia, or radiographic findings of pneumonia or acute respiratory distress syndrome
AND
- Fever (>38 degrees C [100.4 degrees F])
AND one or more of the following:
- Close contact* within 10 days of onset of symptoms with a person under investigation or suspected of having SARS
- Travel within 10 days of onset of symptoms to an area with documented transmission of SARS (see list below).

Note: Suspect cases with either radiographic evidence of pneumonia or respiratory distress syndrome; or evidence of unexplained respiratory distress syndrome by autopsy are designated "probable" cases by the WHO case definition.

*Close contact is defined as having cared for, having lived with or having had direct contact with respiratory secretions and/or body fluids of a patient suspected of having SARS.

List of areas with transmission of SARS: Mainland China, Taiwan, Hong Kong, Singapore, and Toronto, Canada

Diagnostic Evaluation

Initial diagnostic testing should include chest radiograph, pulse oximetry, blood cultures, sputum Gram's stain and culture, and testing for viral respiratory pathogens, notably influenza A and B and respiratory syncytial virus. Clinicians should save any available clinical specimens (respiratory, blood, and serum) for additional testing until a specific diagnosis is made. Clinicians should evaluate persons meeting the above description and, if indicated, admit them to the hospital. Close contacts and healthcare workers should seek medical care for symptoms of respiratory illness.

Treatment

Because the etiology of these illnesses has not yet been determined, no specific treatment recommendations can be made at this time. Empiric therapy should include coverage for organisms associated with any community-acquired pneumonia of unclear etiology, including agents with activity against both typical and atypical respiratory pathogens (2). Treatment choices may be influenced by severity of the illness. Infectious disease consultation is recommended.

Reporting

Healthcare providers and public health personnel should report cases of SARS as described above to their state or local health departments.

For more information contact your state or local health department or the CDC Emergency Operations Center 770-488-7100. Updated information will be available at <http://www.cdc.gov>.

Health Department Seeks to Enlist Volunteers Online

Tennessee has a long history of producing volunteers, but now you can "e-volunteer" at tennessee.gov/health. The Tennessee Department of Health is using their website to sign up volunteers online who would be willing to work in a smallpox vaccination clinic should the nation be threatened with a smallpox outbreak.

If a case of smallpox should occur anywhere in the United States, the Department of Health would immediately put into action a plan to vaccinate the entire population over a ten-day period. In order to mobilize quickly, the Department is assembling a troop of volunteers who could assist with everything from traffic control to handing out information packets. Individual county health departments have been recruiting volunteers, but the efforts have fallen short of what is needed in many areas.

"Thousands of volunteers will be required to help staff vaccination clinics. Each of 117 clinics statewide will operate for two shifts per day with over 100 people needed for each shift—a total requirement of more than 25,000 staff and volunteers," said Dr. Kenneth Robinson, Commissioner of Health. "Many more volunteers need to be recruited and trained now so that our state will be fully prepared."

All volunteers will receive orientation and training appropriate to their assigned task. Volunteers with the following skills and/or credentials will be needed for each clinic:

- Physicians
- Nurses
- Clerical/secretarial
- Data entry/medical records personnel
- Pharmacists/pharmacy technicians
- Individuals for traffic control and parking
- Individuals for crowd control
- Translators (multiple languages including sign language)
- EMT skills
- Information technology
- Clinical professionals and/or students who are willing to be trained to assist with immunizations (must be at least 18 years of age)
- General volunteers to assist with directing patients, registration, filling our forms, answering phones, etc.

Licensing Renewal Online Just Got a Bit Easier at tennessee.gov/health

As of December 2001, the Department of Health has implemented an online process that allows all professions and facilities of Health to renew their licenses online and/or update their information. The process is quick, simple, secure, and convenient – and even allows you to pay for your renewal with a credit card.

Okay, So How Do I Renew Online? In just four quick steps you'll be there...

Step One – Login In. As a professional, you'll need to select your board, profession and enter your profession license number, your date of birth and social security number or your transaction number from your renewal notice.

Step Two – Update Your Information. Here you'll have the opportunity to update your home address, your work address and even your billing address. Once you've completed entering that information, you're halfway done!

Step Three – Enter your Renewal Information. At this step you'll answer all necessary questions and provide information on licenses from other states. You'll have the ability to update your education information and list your principal place of employment.

Step Four – Payment. Here's where it all comes together. By entering your credit card through the secure site and choosing "submit," you will have completed the online renewal application. **Only choose submit one time!**

What Happens Next?

Your renewal information will be posted to the Department of Health's licensing system and once you have met all of the criteria for your profession, you will be mailed your renewal certificate.

That's it – you're done! So, come check it out and renew online – or even just update your information. We'll see you at tennessee.gov/health!

Consumer Right-To-Know

The Health Care Consumer Right-to-Know Act of 1998, T.C.A. § 63-51-101 et seq., requires designated licensed health professionals to furnish certain information to the Tennessee Department of Health. The information for public dissemination includes: (1) A description of any criminal convictions for felonies within the most recent ten (10) years. (2) A description of any final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (3) A description of any final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (4) A description of revocation or involuntary restriction of hospital privileges for reasons related to competence or character that has been taken by the hospital's governing body or any other official action of the hospital after procedural due process has been afforded, or the resignation from or nonrenewal of medical staff membership or the restriction of privileges at a hospital taken in lieu of or in settlement of a pending disciplinary case related to competence or character in that hospital. Only cases which have occurred within the most recent ten (10) years shall be disclosed by the department to the public. (5) All medical malpractice court judgments, all medical malpractice arbitration awards in which a payment is awarded to a complaining party and all settlements of medical malpractice claims in which a payment is made to a complaining party beginning with reports for 1998 and each subsequent year; provided, such reports shall not be disseminated beyond the most recent ten-year period, but shall include the most recent ten-year period for which reports have been filed. From the information submitted, the Department will compile a practitioner profile, which is required to be made available to the public via the Internet and toll-free telephone

line after May 1, 1999. **Each practitioner who has submitted information must update that information in writing by notifying the Department of Health, Healthcare Provider Information Unit, within 30 days after the occurrence of an event or an attainment of a status that is required to be reported by the law.** A copy of your initial or updated profile will be furnished to you for your review prior to publication. That opportunity will allow you to make corrections, additions and helpful explanatory comments. **Failure to comply with the requirement to submit and update profiling information constitutes a ground for disciplinary action against your license.**

A blank copy of the profile may be obtained from the following website address: tennessee.gov/health. Under "Directories" click on "A to Z Departments and Agencies". Scroll down to Section H and select "Health"; click on "Forms & Publications"; click on the appropriate board or committee; and click on "Mandatory Practitioner Profile Questionnaire for Licensed Health Care Providers".

CHANGES OF ADDRESS must be reported (in writing or by web) to the Committee's Office within 30 days!

- Your name and license number;
- Your profession;
- Your old address and phone number;
- Your new address and phone number, e-mail address, and/or your fax number; and
- Your SIGNATURE!

Committee's Fax Number: 615-253-4484 or on the Committee's Website at tennessee.gov/health.

2003 COMMITTEE MEETING DATES

July 11, 2003
October 10, 2003

All committee meetings begin at 9:00 a.m., Central Time. Committee meetings are held at the Committee's office and are open to the public. Dates are subject to change, but are listed on the Committee's website. [In the event of an electronic meeting, a conference room is made available to the public and is the location from which the electronic meeting is conducted.]

**Phone Number: 1-888-310-4650, ext. 24384
Fax Number: 615-253-4484**

NOTIFICATION TO COMMITTEE

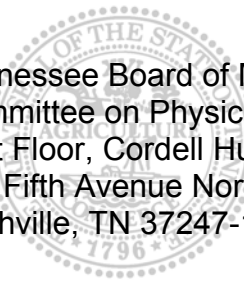
Each physician assistant shall notify the committee of the name, address, and license number of the physician assistant's primary supervising physician and shall notify the committee of any change in such primary supervising physician within fifteen (15) days of the change. TCA § 63-19-107(1).

**Phone Number: 1-888-310-4650, ext. 24384
Fax Number: 615-253-4484**

Disciplinary Action January – December 2002

Brock, Ron K., License # 476, 11/13/02 – Unprofessional, dishonorable or unethical conduct. License restricted for three years; civil penalty, 4-year contract with Tennessee Peer Assistance Program.

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Committee on Physician Assistants
First Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37247-1010



**Tennessee Board of Medical Examiners
Committee on Physician Assistants
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