

March 2003

N^{Clinical Center} News

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Voluntary Smallpox vaccination begins at Clinical Center

In response to the President's request for voluntary smallpox vaccination of healthcare workers, the Clinical Center is initiating a voluntary smallpox vaccination program for specified Clinical Center healthcare workers.

This cadre of healthcare workers will provide care for individuals who are referred to the Clinical Center for participation in a protocol that is designed to study the complications of vaccination. In addition, the program will respond to the U.S. Surgeon General's call for commissioned officers to be vaccinated and to agree to plasmapheresis in order to increase the availability of vaccinia immune globulin (i.e., specific antibody directed against vaccinia, which can be used to treat complications of vaccination). The program begins March 17 and is open to specified healthcare providers who are federal employees.

"We are encouraging those who are eligible to consider voluntary vaccination to reduce the already small risk of acquiring vaccinia infection from patients who have complications of vaccination," said Dr. David Henderson, deputy director for Clinical Care.

The vaccine will be provided in sequence to those whose skills will be needed to provide comprehensive care to patients who develop complications of the vaccine. The first people to be offered the vaccine



Courtesy of the Centers for Disease Control and Prevention, Public Health Image Library

An electron micrograph of Vaccinia virions; a virion is a single complete and infectious virus particle. Vaccinia virus is normally confined to cattle, but is conveyed to humans through vaccination, thereby imparting immunity to the smallpox Variola virus.

will be individuals who are likely to have direct, bedside patient or specimen contact. Staff who have limited patient contact will receive the vaccine last (see sidebar for a priority staff listing).

The following staff members are encouraged to volunteer for the vaccine:

- Those who work on units housing immune competent patients;
- Those who have previously been vaccinated without serious complications;
- Those who have the expertise required to care for patients who

See **Smallpox**, page two

Do You Qualify to Volunteer for the Smallpox Vaccination?

The following NIH federal employees will have priority for volunteering to receive the smallpox vaccination:

- Occupational Medical Service Staff
- Nurses (those needed to care for patients who develop complications of vaccination, focusing first on those who care for immune competent patients and those previously vaccinated)
- Nurse Practitioners
- Physician Assistants
- Physicians (beginning with ICU staff and first-line consultants needed to provide comprehensive care for patients who develop complications of vaccination)
- Hospital Epidemiology Staff
- Respiratory Therapists
- Anesthesia and Surgical Services Staff
- Selected Radiology, Nuclear Medicine, and PET Technologists/Technicians

The following NIH federal employees may be offered vaccination in order to provide comprehensive care for those who develop complications of vaccination:

- Clinical Pharmacists
- Physical, Occupational and Recreational Therapists
- Social Workers
- Spiritual Ministry Staff

Check to see if you are at risk before volunteering

The following situations increase the risk of complications of the smallpox vaccination and are considered contraindications to participation in the voluntary vaccination program:

Those with immune compromised conditions such as the following:

- HIV infection
- Organ transplantation
- Chemotherapy for cancer or immunological disease
- Uncontrolled cancer, leukemia or lymphoma
- Chronic corticosteroid use
- Autoimmune diseases
- Drugs or agents that cause immune suppression

Pregnancy

Immunologically mediated skin disorders (either active or past history) such as:

- Eczema
- Atopic dermatitis
- Psoriasis

Other skin disorders such as the following:

- Cystic acne
- Active staphylococcal or streptococcal skin infections
- Active viral skin infections (such as HSV-II, zoster)
- Burns
- Contact dermatitis

Documented allergy to antimicrobial agents present in the vaccine such as the following:

- Streptomycin
- Neomycin
- Polymyxin B
- Chlorotetracycline

Those living with children less than one year old or with anyone who has any of the conditions listed above.

Smallpox vaccination is strictly voluntary

continued from front page

develop serious complications; and

- Those who want to increase the supply of vaccinia immune globulin.

The following staff members should not volunteer for the program (see sidebar for a list of risk factors):

- Those who are immune compromised:
- Those who are or may be pregnant:
- Those who have histories of, or who have active skin disorders, such as eczema, psoriasis or atopic dermatitis.

Confidential HIV testing will be made available through the Occupational Medical Service (OMS). HIV testing is strongly advised for all vaccination program participants. Confidential pregnancy testing will be available through OMS for female program participants and will be required for program entry.

Most employees will be able to assume their routine duties after vaccination. OMS staff will monitor the progress of vaccination and will work with CC Administration to determine job assignments as the vaccination evolves. In the unusual event of systemic side effects administrative leave will be granted to vaccinated employees. Complications resulting from the vaccine will be covered by the

federal government; civilian employees will be covered by the Federal Employees Compensation Act, and commissioned officers' complications will be managed through their own compensation plans. Direct inspection of vaccination sites will be required, even if employees received the vaccine through a community program rather than the Clinical Center.

The vaccination program timeline will be designed to provide the least possible disruption to ongoing clinical research programs.

Program staff members will counsel vaccinated employees about risks and potential routes of transmission of the vaccine to others, including patients' families or associates. They will also explain strategies to reduce this small risk.

The program was presented to healthcare staff at the March 5 Clinical Center Grand Rounds program presented by CC Director Dr. John Gallin, Henderson, and NIAID Clinical Director Clifford Lane. The Grand Rounds program can be accessed on the NIH Videocast at <http://videocast.nih.gov>. Additional questions may be directed to Dr. Henderson at 496-3515 or emailed at Dhenderson@cc.nih.gov.

—by Colleen Henrichsen

Manchester String Quartet

Join us for a performance of the Manchester String Quartet at the NIH. These free concerts are open to NIH staff and patients only. Concerts begin at 12:30 p.m. in the Masur Auditorium. Future concert dates are:

Monday, March 31
Monday, April 28
Monday, May 19

This series is made possible by a grant from the Merck Company Foundation. For reasonable accommodation needs, contact Sharon Greenwell at 301-496-4713 or e-mail sg115f@nih.gov.



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Want more energy at work? Snack wisely

Snacks can help optimize your energy and mental power, control your weight, reduce the load on your heart and prevent heartburn. In celebration of National Nutrition Month®, food and nutrition experts at the American Dietetic Association say your snacking habits should help balance your diet, not add unneeded calories or fat.

“To get all the essential nutrients your body needs in a day, snacking can be very beneficial to your overall health and well being,” said Katherine Tallmadge, registered dietitian and spokesperson for the American Dietetic Association.

“As long as snacks are planned, small and balanced, they can really help fuel your body for activities throughout your day,” Tallmadge said. “I often tell my clients to snack up to three times a day, but limit the snack calories to 100 to 200 calories. It helps keep them satisfied throughout the day and they are less likely to binge late at night while watching television or working on the computer.

Tallmadge recommends snacks that provide a little carbohydrate, protein and small amount of fat, if any. “Mix and match with whatever your taste preference may be and you can be energized throughout your day,” she said.

Here are some suggestions:

- medium banana and one tablespoon of peanut butter: 200 calories, 8.5 grams of fat, 3 grams of fiber;
- medium apple with skin and one-ounce string cheese: 190 calories, 6.5 grams of fat, 3 grams of fiber;
- one-quarter cup of raisins and one half cup plain yogurt: 170 calories, 0 grams of fat, 1.5 grams of fiber;
- two-cups of popcorn, unbuttered sprinkled with cayenne pepper: 80 calories, 1 gram of fat, 2 grams of fiber;
- one-half cup of pretzels and

mustard: 93 calories, 1 gram of fat, 0.5 grams of fiber;

- ten regular tortilla chips and one-quarter cup salsa: 188 calories, 10 grams of fat, 2 grams of fiber;
- one-cup of dry cereal and one cup of one percent milk: 200 calories, 3 grams of fat, 3.5 grams of fiber;
- six-ounces of skim milk, one-half tablespoon cocoa, one half tablespoon sugar, dash cinnamon and vanilla extract: 102 calories, 5 grams of fat, 0 grams of fiber;
- one small corn tortilla, one-half

ounce grated reduced fat cheddar cheese, 1 chopped tomato, 1 tablespoon jalapeno pepper slices: 109 calories, 2 grams of fat, 2.7 grams of fiber;

- one whole-wheat pita pocket, three ounces of tuna fish packed in water with tomato slices: 185 calories, 1 gram of fat, 4.7 grams of fiber.

Source: American Dietetic Association



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For more information
call The NIH School at 6-2077,
or e-mail: hmays@mail.cc.nih.gov.



Program ends
April 5, 2002—Giant
May 31, 2002—Safeway

Gerber receives two awards for helping to improve lives through rehabilitation

Dr. Lynn Gerber, chief, Rehabilitation Medicine Department, will be presented with two awards this month for her outstanding accomplishments as a physician and researcher.

Gerber will receive the Distinguished Academician award from the Association of Academic Physiatrists—making her the seventh person in the world to receive such an honor.

“It is very unexpected, but extremely nice,” said Gerber. “These are my peers. These are the people who do the same things that I do and yet they felt I should be given an award.”

The award is given to a member of the association who has achieved distinction and peer recognition regionally or nationally by virtue of excellence as a teacher, researcher and/or administrator. Gerber will receive the award this month during the AAP Annual Meeting in Florida.

To add to her credits, Gerber will also receive the Isabelle and Leonard Goldenson Technology and Rehabilitation Award from the United Cerebral Palsy Research and Educational Foundation.

This award is presented to a clinician-investigator for advances in the development and utilization of technology and the rehabilitation sciences to improve the quality of life for persons with cerebral palsy, other disabilities.

The award comes as a surprise to Gerber, because she didn't apply for the award, nor did she know that anyone had nominated her. Although her work in rehabilitation medicine is not directly related to cerebral palsy, rehabilitation medicine plays a major role in every medical discipline.

“We don't treat cerebral palsy, but we are involved in the gate or motion abnormalities that effect people with cerebral palsy,” said

Gerber. “If a person has a disability or problems walking, we want to know what are the abnormalities and how are they compensating. Then we can find ways to restore function.”

The Rehabilitation Medicine Department works with every institute within NIH and numerous patients with different disabilities. This requires knowledge and understanding of multiple diseases and disorders.

“Ask me how many journals I read?” Gerber said jokingly. But in reality, she immerses herself in almost 10 to 20 journals a month, and throughout her medical career she has either been editor, reviewer or has sat on the editorial board of seven of those journals.

“This is a specialty that is not on

“This is a specialty that is not on everyone's tongue,”

—Dr. Lynn Gerber

everyone's tongue,” said Gerber. “But as the population ages and more chronic illnesses arise, the focus is on rehabilitation needs—making the best of what we have and maximizing the potential for function.”

Gerber has been a pioneer in establishing the subspecialty of rehabilitative rheumatology. Much of her efforts have centered around writing educational materials, and she has conducted research in the evaluation of the mechanics of foot function in patients with rheumatoid arthritis, functional assessments of patients with inflammatory arthritis and the use of joint protection and energy conservation.



Dr. Lynn Gerber

She is board certified in Internal Medicine, Rheumatology and Physical Medicine, and Rehabilitation Medicine. She has served as chief of the Rehabilitation Medicine department for nearly 27 years. Dr. Gerber has also been the recipient of more than 20 awards, including the GEICO Public Service Award, The Surgeon General's Award, The NIH Director's Award and the Public Health Service Award for Exceptional Achievement.

Although her schedule is demanding, Dr. Gerber finds time to exercise, entertain friends and cook. In fact, despite working long hours each day, Dr. Gerber goes home each night and cooks a full dinner. “I love to cook. It's my outlet,” she said. Additionally, she is a member of the United States Tennis Association and regularly plays each week.

“I believe in fitness and exercise as part of rehabilitation,” she said. “Exercise adds life to your years and years to your life...so I must practice what I preach.”

—by Tanya Brown

Teamwork and dedicated employees keeps CC operational during storm

The big storm of 2003 that dumped nearly 26 inches of snow on the Washington area and closed federal agencies and local airports, also brought with it a mix of stranded employees, double shifts and days away from families.

But it couldn't have worked out better.

"It was a lot of hard work and many hours were put in," said Karen Kaczorowski, chief, Ambulatory Care Services. "However, we had tremendous teamwork, and it was rewarding to be in a position to help people."

Close to one hundred employees made the Clinical Center their home for two and three consecutive days during the winter blast Feb. 15-17. Some worked double shifts, while others worked one shift, slept for five or six hours and then began another.

"It was a wonderful thing to see human nature rise to the occasion," said Clare Hastings, chief, Nursing Department. Hastings worked Sunday through Tuesday and slept on a bed in the EKG room. "The staff was just fabulous, despite their exhaustion and being separated from their families."

The nutrition department provided meals for patients and employees, even though they worked with less than half of their regular staff.

"We had no cooks for two days," said Judy Bowman, food service supervisor. "The supervisors cooked and the others filled the orders and delivered the food."

The menu was adjusted to make cooking and delivering a lot easier on the staff. "We cut the room service program and just went with the tray line service," said Bowman. "It was difficult, but we worked together."

Preparation for the storm began that Friday night with simple weather predictions from local newscasts. Kaczorowski said she consulted with Clare Hastings chief, Nursing and

Patient Care Services, Laura Chisholm, Critical and Acute Care Services, and Tannia Cartledge, Adult, Pediatric, and Behavioral Health Services, to determine what units should be used as sleeping quarters for the employees.

By early Sunday morning, the larger part of the storm covered the area with 22 inches of snow, which prompted Kaczorowski to ask permission to activate the snow emergency plan, which allows for volunteers of 4-wheel drive vehicles to pick up and drop off employees.

At the Admissions desk, systems were put into place for employees to sign up and have a room reserved where they could sleep for the night. Once assigned to a bed, employees were given instructions, and were required to strip the linen from the bed so that housekeeping could remake the bed for the next shift of employees.

Admissions staff, along with a few nursing staff members, manned the phones, kept logs of incoming calls from employees and connected employees with four-wheel drive

volunteers to get them to work, or to get them home.

Nearly 98 volunteers within the community volunteered to pick up and drop off employees, along with NIH Police and a campus shuttle that was on-call. Overall, nearly 150 trips were made and beds were provided for employees in the Nursing Department; Nutrition Department; Pharmacy; Messenger Escort Service; NIH Police; Security; Housekeeping, and Lab and Hospital Central Supply.

In one case, the snow didn't even stop a patient from arriving at the Clinical Center.

"Most of the airports were shut down, but we contacted Omega Travel and they changed her flight and made reservations for her to travel by train. Once she got to Union Station, there weren't any taxis or shuttle buses running," said Kaczorowski.

Admissions staff gave directions on how to catch the Metro to the campus. Once the patient made it to campus, a campus shuttle that was on call went to the Metro and picked her up. "The patient just didn't want to miss her first visit to the Clinical Center, so we made a way for her to get here," said Kaczorowski.



The 26-inches of snow that covered the Metropolitan area, didn't stop the Clinical Center from operating.

New website provides more resources for pediatric care

Pediatric health care professionals at the Clinical Center now have one on-line resource for their research-based information needs.

The new web site, available at <http://www.cc.nih.gov/ccc/pedweb/pedsstaff/index2.html>, will simplify the process of obtaining clinical information regarding pediatric protocols carried out at the Clinical Center. It will serve as a common point of contact for Institute and Clinical Center staff caring for children on a daily basis.

"This website highlights the interdisciplinary nature of care that is provided for children at the Clinical Center," said Madeline Michael, MPH, RD, chief, Nutrition Department's Clinical Nutrition Services. "I think this site will be especially useful for practitioners who are rotating here for a short period of time," she adds.

The website's goal is to provide caregivers with essential pediatric guidelines—from general information on how to admit a child to the Clinical Center to exacting clinical values, including separate links for intravenous fluid management and age-appropriate measurements. Pediatric care guidelines and policies relating to pediatric patients are also accessible on the site. Protocol and research-specific information may be added.

The Pediatric Care Committee, an interdisciplinary team chaired by Deborah Merke, M.D., chief, Pediatric Services, developed the web site.

More than 32 health professionals in a multitude of disciplines make up the group. Members include clinical directors or their designees, institute senior investigators, physician and nonphysician representatives of Clinical Center departments involved in pediatric care (i.e., Critical Care, Anesthesia, Radiology, Nutrition, Pharmacy, Social Work, Spiritual Ministry, Nursing), and a representative from the Children's

Inn.

Dr. Merke sees the website improving both communication of pediatric care guidelines and coordination of services for pediatric patients and their families. "This website is a powerful tool. It will be a reference guide for established pediatric clinical investigators and a

resource for new investigators learning how to coordinate the care of their pediatric patients," she said. Dr. Khalid Shumburo, a third year internal medicine resident visiting NIH from George Washington University.

Nurses will reap similar benefits. "It is so helpful to have a web page with links to all the resources," says Donna Gwyer, R.N., M.S., clinical

"By definition, the care of a child is interdisciplinary, and having a ready resource for key information will facilitate the communication so necessary for multiple caregivers and support services."

resource for new investigators learning how to coordinate the care of their pediatric patients," she said.

David Lang, M.D., Clinical Center staff pediatrician, who helped develop the site with Dr. Merke and her committee members, agrees. "We hope people will use this site as a resource when caring for pediatric patients."

Physicians who take care of children in the Clinical Center are doing just that. "This site provides convenient and up-to-date resources for me so that I don't need to consult multiple textbooks. My comfort level with pediatric patients is a lot higher

than it was even a week ago," said Dr. Khalid Shumburo, a third year internal medicine resident visiting NIH from George Washington University. "The nursing staff gets many questions about pediatric policies and care. To be able to refer someone to the direct resource is a plus."

The efficiency of the web as a communications medium makes "direct resource" the watchword for this website. It enables Clinical Center staff to count on changes in policies or procedures to be updated quickly, so that they can continue their commitment to providing excellence in pediatric care.

—by Wendy Schubert, Sc.M.

Trauma Survivors

NIMH seeks volunteers for research studies that look at how people respond to and cope with traumatic experiences.

Studies for people over 18 years of age may include: brain imaging, measurement of stress hormones, and a free trial of commonly used medications for eligible participants. Compensation provided for select studies.

**For more information call:
1-866-627-6464
TTY 1-866-411-1010**

A sweet doughnation

When the new Krispy Kreme doughnut store opened in Alexandria, Va., last month, the Friends of the Clinical Center received more than just a warm, sweet, treat. They received 20 percent of the sales from that day.

"We had a terrific opening and are delighted by the warm welcome we received from the community," said Ed Auld, manager of the Alexandria store. "We are thrilled to be able to give something back by supporting The Friends of the Clinical Center."

The FOCC received a check totaling \$4,200. "This contribution will help us assist patients who are participating in medical research at NIH, and who are faced with financial emergencies," said Therese Clemens, executive director, FOCC. "The generosity of Krispy Kreme is greatly appreciated."

FOCC is a private, nonprofit charity that provides emergency financial aid to NIH patients and their families while they are participating in clinical research studies at the Clinical Center. The



Ed Auld, Store Manager, Krispy Kreme Doughnut Corporation; Son Q. Che, General Manager, Krispy Kreme Doughnut Corp., Alexandria, Va.; Therese Clemens, Executive Director, FOCC; Michael Daniel, FOCC board member; Dominica Roth, President, FOCC; Benny Angle, Divisional Operations Director, Krispy Kreme Doughnut Corp.

patients, who come from around the world, play a vital role in the study of human health and disease. FOCC's goal is to enhance the lives of Clinical Center patients and their family members by relieving them of emergency financial burdens related to their participation in these clinical trials.

Founded in 1937 in Winston-Salem, North Carolina, Krispy Kreme is a leading branded specialty

retailer of premium quality doughnuts, including the company's signature Hot Original Glazed. Krispy Kreme currently operates more than 275 stores in 37 states, Australia and Canada. An estimated 7.5 million Krispy Kreme doughnuts are made every day and more than 2.7 billion are produced each year. Krispy Kreme can be found on the internet at www.krispykreme.com.

studies

Healthy volunteers needed for host of studies

The Mood & Anxiety Disorders Program, NIMH, is looking for healthy volunteers, not on medication, with no current or history of psychiatric illness, between the ages of 18 and 65, for a multitude of studies. Studies may include PET Scans, MRI, psychological interview, neuropsychological testing, and other procedures depending on which project you choose to participate in. A stipend is available. Call 1-866-627-6464 (TTY1-866-411-1010).

Healthy volunteers for hearing study

NIDCD is seeking healthy persons with normal hearing, ages 30-50, for a listening study. English must be first language. Study involves a single 3 hr. visit to Univ. of MD. for a hearing test, written language test, and a series of listening tests. Compensation is provided. Call: 1-800-892-3276 (TTY-1-866-411-1010). email: prpl@cc.nih.gov.

Healthy African Americans needed

NIDDK is seeking healthy African-American males and females to

participate in a study to understand the formation of white blood cells. Procedures include a blood draw and limited physical and medical history. You may be eligible if you are between 18-50 yrs. old. Compensation is provided. Call: 1-800-892-3276 (TTY-1-866-411-1010) email: prpl@cc.nih.gov.

Children needed for weight-loss study

Overweight children, ages 6-17, are needed for two new weight loss studies. Call: 1-800-411-1222. (TTY-1-866-411-1010).



DASS/Pain and Palliative Care Collaboration

Ellen Mann, R.N., Maureen George, R.N., Susan Rynders, R.N., (not pictured), and Gwen Wallen, R.N., met each other at the Seventh Annual Oncology Nursing Research Conference in San Diego, Calif. The group ran into each other at the conference while viewing Wallen's research poster involving pain in postoperative surgical patients. The conference was a great opportunity to receive nursing research updates and view projects.

m a r c h

12 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
The Artificial Lung: Bench to Bedside via Bethesda
Robert Bartlett, M.D.,
Professor of Surgery,
University of Michigan

Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium
Telomeres and Telomerase: Their Functional Interplay and its Cellular Consequences
Elizabeth H. Blackburn, Ph.D., University of California, San Francisco

19 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
New Insights about Management of Obstructive and Non-Obstructive Hypertrophic Cardiomyopathy from Recent Therapeutic Studies
Lameh Fananapazir, M.D., NHLBI
The Sorcin Gene as a Non-Sarcomeric Cause of Hypertensive-Hypertrophic Cardiomyopathy Syndrome
Saidi Mohiddin, M.D., C.H.B., NHLBI

Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium
Regulating T Cell Antigen Receptor Signaling
Arthur Weiss, M.D., Ph.D., University of California, San Francisco

26 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Glutamate and Alcohol Dependence from Neurobiology to Treatment
John H. Krystal, M.D., Yale University of Medicine

Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium
Tinkering and Modeling of Genetic Networks
Stanislas Leibler, Ph.D., The Rockefeller University, New York, NY