

FROM
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PRIORITYMESSAGE RELEASED: 02/16/2007

*****UNCLASSIFIED*****

SUBJ: MMI-07-4002
UPDATED CONTINUATION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)

THIS DOCUMENT CORRESPONDS TO ARMY ALARACT DTG:130113Z FEB 07

PASS TO LOG OFFICERS, PREVENTIVE MEDICINE, PHARMACY, IMMUNIZATION CLINICS,
SOLDIER READINESS PROCESSING SITES AND MEDICAL SUPPLY.

REF/A/DOC/ASD(FM&P)/10APR92/APMN/ASD(FM&P) DOD DIRECTIVE 1404.10,
EMERGENCY-ESSENTIAL (E-E) DOD U.S. CITIZEN CIVILIAN EMPLOYEES//
REF/B/DOC/ASD (FM&P)/26JAN96/APMN/ASD(FM&P) DOD INSTRUCTION 3020.37,
CONTINUATION OF ESSENTIAL DOD CONTRACTOR SERVICES DURING CRISIS//
REF/C/DOC/ASD (FMP)/25JUNE01/APMN/ASD(FMP) MEMO, SUBJ: NOTIFYING
EMERGENCY-ESSENTIAL EMPLOYEES REGARDING ANTHRAX IMMUNIZATION
REQUIREMENTS//
REF/D/DOC/USD(P&R)/22SEP04/APMN/USD(P&R) MEMO, SUBJ: EXPANSION OF FORCE
HEALTH PROTECTION ANTHRAX AND SMALLPOX IMMUNIZATION PROGRAMS FOR
EMERGENCY-ESSENTIAL AND EQUIVALENT DOD CIVILIAN EMPLOYEES//
REF/E/DOC/USD(P&R)/6AUG02/APMN/USD(P&R) MEMO, SUBJ: POLICY ON
ADMINISTRATIVE ISSUES RELATED TO ANTHRAX VACCINE IMMUNIZATION PROGRAM
(AVIP)//
REF/F/DOC/USD(P&R)/6AUG02/APMN/USD(P&R) MEMO, SUBJ: ADMINISTRATIVE AND
CLINICAL EXECUTION GUIDANCE FOR REINTRODUCTION OF THE ANTHRAX VACCINE
IMMUNIZATION PROGRAM (AVIP)//
REF/G/DOC/ASD(HA)/6AUG02/APMN/ASD(HA) MEMO, SUBJ: POLICY ON CLINICAL
ISSUES RELATED TO ANTHRAX VACCINATION// REF/H/DOC/DASGHCA/
24SEP02/APMN/DASG-HCA PLAN, SUBJ: ARMY ANTHRAX VACCINE IMMUNIZATION
PROGRAM RESUMPTION EXECUTION PLAN//
REF/I/DOC/DEPSECDEF/28JUN04/APMN/DEPSECDEF MEMO, SUBJ: EXPANSION OF
FORCE HEALTH PROTECTION ANTHRAX AND SMALLPOX IMMUNIZATION PROGRAMS FOR
DOD PERSONNEL//
REF/J/MSG/HQDA/171854ZJUL04/APMN/ALARACT MSG, SUBJ: EXPANSION OF
ANTHRAX AND SMALLPOX VACCINATION PROGRAMS//
REF/K/DOC/DEPSECDEF/12OCT06/APMN/DEPSECDEF MEMO, SUBJ: ANTHRAX VACCINE
IMMUNIZATION PROGRAM (AVIP)//
REF/L/DOC/USD(P&R)/6DEC06/APMN/USD(P&R) MEMO, SUBJ: ANTHRAX VACCINE
IMMUNIZATION PROGRAM (AVIP)//
REF/M/DOC/CDC/24APR03/SUBJ: ANTHRAX VACCINE INFORMATION STATEMENT (VIS)
[HTTP://WWW.CDC.GOV/NIP/PUBLICATIONS/VIS/VIS-ANTHRAX.PDF](http://www.cdc.gov/nip/publications/vis/vis-anthrax.pdf)//
REF/N/DOC/ASD(HA)/3MAR03/APMN/ASD(HA) MEMO, SUBJ: REQUEST FOR EXCEPTION
TO POLICY FOR SMALLPOX AND ANTHRAX VACCINATIONS FOR SELECTED NORTHCOM
FORCES//

REF/O/DOC/CDC/1DEC06/SUBJ: GENERAL RECOMMENDATIONS ON IMMUNIZATIONS:
RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES
(ACIP) MMWR 2006;55(NO. RR-15)//

REF/P/DOC/DASG-HCA/24SEP02/APMN/DASG-HCA DOC, SUBJ: ARMY ANTHRAX
VACCINE IMMUNIZATION PROGRAM PLAN//

REF/Q/DOC/ASD(HA)/08FEB07/APMN/ASD(HA) MEMO, SUBJ: APPROVAL OF US ARMY
ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP) IMPLEMENTATION PLAN//

1. SITUATION.

1.A. GENERAL. ON 15 DEC 05, THE FOOD AND DRUG ADMINISTRATION (FDA) ISSUED A FINAL RULE AND FINAL ORDER ON THE LICENSURE OF ANTHRAX VACCINE ADSORBED (AVA) DETERMINING THAT AVA IS LICENSED FOR THE PREVENTION OF ANTHRAX, REGARDLESS OF ROUTE OF EXPOSURE. FOLLOWING PUBLICATION OF THE FDA FINAL RULE AND FINAL ORDER, THE DEPARTMENT OF DEFENSE (DOD) UNDERTOOK A REVIEW OF BIODEFENSE VACCINATION

PROGRAMS. ON 12 OCT 06, THE DEPUTY SECRETARY OF DEFENSE DIRECTED A RESUMPTION OF MANDATORY AVA IMMUNIZATIONS FOR PERSONNEL ASSIGNED TO DESIGNATED GEOGRAPHIC LOCATIONS (HIGHER THREAT AREAS) OR TO SPECIAL MISSION UNITS AND VOLUNTARY AVA IMMUNIZATION IN ALL SERVICE MEMBERS ONLY PARTIALLY IMMUNIZED (REF K).

1.A.1. CONSISTENT WITH THE FDA APPROVED DOSING SCHEDULE FOR ANTHRAX VACCINE; ALL PERSONNEL WHO BEGIN THE SIX DOSE IMMUNIZATION SERIES (UNLESS EXCLUDED FOR MEDICAL REASONS (REF G) OR ADMINISTRATIVE REASONS (REF F)) WILL BE OFFERED ALL SIX DOSES AND THE ANNUAL BOOSTER AS LONG AS THEY REMAIN MEMBERS OF THE ARMED FORCES ON ACTIVE DUTY OR IN THE SELECTED RESERVES OR MAINTAIN A CIVILIAN EMPLOYEE OR CONTRACTOR STATUS COVERED BY THE PROGRAM. FOR THOSE NO LONGER DEPLOYED

TO A HIGHER THREAT AREA OR NO LONGER ASSIGNED TO DESIGNATED SPECIAL MISSION ROLES, COMPLETE-THE-SERIES AND ANNUAL BOOSTER DOSES WILL BE OFFERED ON A VOLUNTARY BASIS. IT IS DESIRABLE THAT ALL PERSONNEL DEPLOYING TO HIGHER-THREAT AREAS RECEIVE AT LEAST THEIR FIRST THREE DOSES PRIOR TO DEPLOYMENT. IN THOSE RARE INSTANCES WHEN AN INDIVIDUAL IS NOT ABLE TO TAKE OR CONTINUE THE ANTHRAX SERIES DUE TO: (1) AN ADMINISTRATIVE EXEMPTION, GRANTED BY A COMMANDER OR SUPERVISOR; OR (2) A MEDICAL EXEMPTION GRANTED BY A PRIVILEGED HEALTHCARE PROVIDER (E.G. PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN ASSISTANTS), THE INDIVIDUAL IS STILL DEPLOYABLE.

1.A.2. ON 6 DEC 06, THE UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)) ISSUED DETAILED INSTRUCTIONS (REF L) TO IMPLEMENT THE RESUMPTION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP). ON 08 FEB 07 THE ASD(HA) APPROVED THE ARMY IMPLEMENTATION PLAN.

1.A.3. THE DOD WILL RESUME AVA IMMUNIZATIONS CONSISTENT WITH THE FDA-LICENSED DOSE SCHEDULE (0, 2, AND 4-WEEKS, AND AT 6, 12 AND 18-MONTHS AND ANNUAL BOOSTERS) AND CURRENT STANDARDS FOR MEDICAL PRACTICE. SOLDIERS RECEIVING ONE OR MORE DOSES OF AVA, SINCE MARCH 1998, WHOSE PRIMARY IMMUNIZATION SERIES WAS INTERRUPTED WILL CONTINUE VACCINATION WITH THE NEXT DOSE DUE. THEY WILL NOT RESTART THE SERIES. THIS IS CONSISTENT WITH THE RECOMMENDATIONS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) (REF O).

1.A.4. TO ENSURE ALL VACCINATION PROGRAM REQUIREMENTS ARE FULFILLED, DISTRIBUTION OF ANTHRAX VACCINE WILL BE LIMITED TO SITES WHERE COMMAND-DESIGNATED LEADERS AFFIRM THEY HAVE READ THE PROGRAM REQUIREMENTS, COMPLETED TRAINING, AND WILL ENSURE THEY ARE FOLLOWED. THIS LEADER WILL COMPLETE A REGISTRY AGREEMENT AND A CHECKLIST, WHICH WILL THEN AUTHORIZE VACCINATIONS TO BEGIN. ORGANIZATIONS WITH APPROVED REGISTRY AGREEMENTS MUST SUBMIT MONTHLY REPORTS TO

AVIPREPORTS@AMEDD.ARMY.MIL OR VACCINES@HQDA-S.SMIL.MIL BY THE FIFTH OF EVERY MONTH. ORGANIZATIONS WITH PREVIOUSLY APPROVED COMPLIANCE AGREEMENTS ARE NOT REQUIRED TO SUBMIT A NEW REGISTRY AGREEMENT AS LONG AS THE ACCOUNTABLE LEADER HAS NOT CHANGED.

2. MISSION. AT THIS TIME, ARMY COMMANDS (ACOM), ARMY SERVICE COMMANDS (ASCC), AND DIRECT REPORTING UNITS (DRU) ARE DIRECTED TO IMPLEMENT THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP) TO PROTECT PERSONNEL AT RISK FROM ANTHRAX SPORES.

3. EXECUTION. COMMANDERS INTENT. AC, ASCC, AND DRUS WILL IMPLEMENT THE RESUMPTION OF THE AVIP IMMEDIATELY WITH A GOAL OF 90% OF THE MANDATORY POPULATION RESUMED OR STARTED THE VACCINE DOSING SCHEDULE BY 30 APR 07, IN ORDER TO PROTECT PERSONNEL FROM ANTHRAX BEFORE EXPOSURE. PRE-EXPOSURE VACCINATION OF OUR FORCES REMAINS THE MOST EFFECTIVE ANTHRAX MEDICAL COUNTERMEASURE. THE ENDSTATE FOR THIS IMPLEMENTATION PLAN IS ALL DOD PERSONNEL DETERMINED AT HIGHER RISK OF ANTHRAX EXPOSURE, EXCLUDING THOSE MEDICALLY OR ADMINISTRATIVELY EXEMPTED, ARE PROTECTED AGAINST ANTHRAX THROUGH ACTIVE IMMUNIZATION.

3.A. CONCEPT OF OPERATION. THE ARMY ANTHRAX VACCINE IMMUNIZATION PROGRAM PLAN (REF H) REMAINS IN FULL EFFECT. THE PROGRAM IS AMENDED TO INCLUDE FOLLOWING CHANGES:

3.A.1. THE FOLLOWING CATEGORIES OF INDIVIDUALS WILL RESUME MANDATORY ANTHRAX VACCINATIONS, EXCEPT AS PROVIDED UNDER APPLICABLE MEDICAL AND ADMINISTRATIVE EXEMPTION POLICIES.

3.A.1.A. UNIFORMED PERSONNEL DEPLOYED OR DEPLOYING TO THE U.S. CENTRAL COMMAND (CENTCOM) AREA OF RESPONSIBILITY (AOR) FOR 15 OR MORE CONSECUTIVE DAYS. THE CENTCOM HEADQUARTERS MAY PROVIDE ADDITIONAL INSTRUCTIONS CONSISTENT WITH THIS MESSAGE FOR ALL COMPONENT MEDICAL TREATMENT FACILITIES WITHIN THE CENTCOM AOR. VACCINATION CAN BEGIN AS EARLY AS 60 DAYS PRIOR TO DEPLOYMENT.

3.A.1.B. UNIFORMED PERSONNEL ASSIGNED TO OR DEPLOYING TO THE KOREAN PENINSULA FOR 15 OR MORE CONSECUTIVE DAYS. VACCINATION CAN BEGIN AS EARLY AS 60 DAYS PRIOR TO DEPLOYMENT.

3.A.1.C. UNIFORMED PERSONNEL ASSIGNED TO SPECIAL UNITS WITH BIOWARFARE OR BIOTERRORISM-RELATED MISSIONS AND OTHER SPECIALLY DESIGNATED UNITS APPROVED AS EXCEPTION TO POLICY (REF N) UNDER THE PREVIOUS ANTHRAX VACCINATION POLICY. UNITS SUCH AS:

3.A.1.C.1. US ARMY AND US AIR NATIONAL GUARD WEAPONS OF MASS DESTRUCTION (WMD) CIVIL SUPPORT TEAMS.

3.A.1.C.2. 22ND AND 110TH CHEMICAL BATTALIONS, 20TH SUPPORT COMMAND.

3.A.1.C.3. US ARMY AREA MEDICAL LABS (AML).

3.A.1.C.4. US ARMY RESERVE UNITS ASSIGNED TO NORTHCOM JOINT TASK FORCE - CIVIL SUPPORT (JTF-CS), CBRNE CONSEQUENCE MANAGEMENT RESPONSE FORCE (CCMRF)

3.A.1.D. DOD CIVILIAN EMPLOYEES.

3.A.1.D.1. AFTER ENSURING STATUTORY AND CONTRACTUAL LOCAL LABOR RELATIONS OBLIGATIONS HAVE BEEN MET, UNIT LEADERS WILL BEGIN MANDATORY ANTHRAX VACCINATION OF EMERGENCY-ESSENTIAL (E-E) AND EQUIVALENT DOD CIVILIAN EMPLOYEES 18 TO 65 YEARS OLD SERVING IN CENTCOM AOR OR US FORCES KOREA FOR 15 OR MORE CONSECUTIVE DAYS OR OTHER DESIGNATED UNITS (REF A,C-G AND I). CONTACT LOCAL CIVILIAN PERSONNEL ADVISORY CENTERS FOR GUIDANCE ON MEETING LABOR-RELATIONS OBLIGATIONS.

"EQUIVALENT"

PERSONNEL MEANS OTHER PERSONNEL WHOSE DUTIES MEET ALL OF THE REQUIREMENTS OF 10 U.S.C. 1580, BUT WHO HAVE NOT BEEN DESIGNATED AS "EMERGENCY-ESSENTIAL." THE NOTIFICATION REQUIREMENTS OF 10 U.S.C. 1580A AND DOD POLICY (REF C AND D) WILL BE FOLLOWED.

3.A.1.D.2. VACCINATION FOR THE EMERGENCY-ESSENTIAL AND EQUIVALENT CIVILIAN PERSONNEL IDENTIFIED ABOVE IS MANDATORY, SUBJECT TO ESTABLISHED MEDICAL AND ADMINISTRATIVE EXEMPTION POLICIES. THE SUPERVISOR AND COMMANDER IN CONJUNCTION WITH REPRESENTATIVES OF THE CIVILIAN PERSONNEL OFFICE WILL DETERMINE THE EFFECT ON A DEPARTMENT OF THE ARMY EMPLOYEE WHO REFUSES IMMUNIZATION WHEN INDICATED. IN ACCORDANCE WITH REFERENCE H, MANAGEMENT MUST FIRST CONSIDER TAKING A NON-ADVERSE ACTION, SUCH AS A (1) REASSIGNMENT TO A NON-E-E POSITION; (2) IDENTIFICATION OF AN ALTERNATE EMPLOYEE WHO IS WILLING TO BE IMMUNIZED AND SERVE AS AN E-E; OR (3) CURTAILMENT OF TOUR. IF NONE OF THESE IS POSSIBLE, THE E-E COULD BE SUBJECT TO ADVERSE ACTIONS, UP TO AND INCLUDING, REMOVAL FROM THE FEDERAL SERVICE. REFUSAL OF ANTHRAX IMMUNIZATION SHOULD BE DOCUMENTED IN APPROPRIATE PERSONNEL AND HEALTH RECORDS.

3.A.1.E. DOD CONTRACTOR PERSONNEL CARRYING OUT MISSION-ESSENTIAL SERVICES AND ASSIGNED FOR 15 OR MORE CONSECUTIVE DAYS TO THE U.S. CENTRAL COMMAND AREA OF RESPONSIBILITY OR KOREA (REF B,E-G AND I). CONTRACTS MUST SPECIFY IMMUNIZATION AS A REQUIREMENT. IMMUNIZATION WILL BE PROVIDED THROUGH DOD MILITARY TREATMENT FACILITIES. FOR THIS PURPOSE, EQUIVALENT PERSONNEL MEANS OTHER PERSONNEL WHOSE DUTIES MEET ALL THE REQUIREMENTS OF 10 U.S.C. 1580, BUT WHO HAVE NOT BEEN DESIGNATED AS "EMERGENCY-ESSENTIAL."

3.A.2. PERSONNEL ELIGIBLE FOR VOLUNTARY VACCINATIONS (SUBJECT TO MEDICAL EXEMPTIONS) BASED ON CURRENT LOCATION OR STATUS. THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FOR VOLUNTARY VACCINATIONS:

3.A.2.A. U.S. GOVERNMENT CIVILIAN EMPLOYEES AND U.S. CITIZEN CONTRACTOR PERSONNEL 18-65 YEARS OLD OTHER THAN THOSE REFERRED TO IN PARAGRAPHS 3.A.1.D. AND 3.A.1.E., ASSIGNED FOR 15 OR MORE CONSECUTIVE DAYS TO THE U.S. CENTRAL COMMAND AREA OF RESPONSIBILITY OR KOREA. FOR CONTRACTORS, IMMUNIZATION REQUIREMENTS WILL BE SPECIFIED IN THE CONTRACT AND ARE AVAILABLE THROUGH DOD MILITARY TREATMENT FACILITIES.

3.A.2.B. U.S. CITIZEN ADULT FAMILY MEMBERS, 18-65 YEARS OF AGE, ACCOMPANYING DOD MILITARY AND CIVILIAN PERSONNEL FOR 15 OR MORE CONSECUTIVE DAYS TO THE U.S. CENTRAL COMMAND AREA OF RESPONSIBILITY OR TO THE KOREAN PENINSULA.

3.A.2.C. U.S. CITIZEN ADULT FAMILY MEMBERS, 18-65 YEARS OF AGE, ACCOMPANYING U.S. CONTRACTOR PERSONNEL FOR 15 OR MORE CONSECUTIVE DAYS TO THE U.S. CENTRAL COMMAND AREA OF RESPONSIBILITY OR TO THE KOREAN PENINSULA, IF PROVIDED FOR IN THE CONTRACT.

3.A.2.D. VACCINE MANUFACTURING AND RESEARCH PERSONNEL AND PERSONNEL DESIGNATED BY ASD(HA). ASD(HA) WILL APPROVE REQUESTS ON A CASE-BY-CASE BASIS.

3.A.3. THE FOLLOWING CATEGORIES OF INDIVIDUALS NOT SUBJECT TO MANDATORY VACCINATION, WHO RECEIVED AT LEAST ONE DOSE OF ANTHRAX VACCINE SINCE MARCH 1998 AND WHO WISH TO CONTINUE THE VACCINE DOSING SERIES SHALL BE OFFERED ADDITIONAL VACCINE DOSES ON A VOLUNTARY BASIS.

3.A.3.A. UNIFORMED ACTIVE DUTY OR SELECTED RESERVE PERSONNEL, REGARDLESS OF CURRENT DUTY ASSIGNMENT, IF THEY PREVIOUSLY RECEIVED AT LEAST ONE DOSE OF ANTHRAX VACCINE SINCE MARCH 1998, AND IF THEY ARE NOT CURRENTLY SUBJECT TO MANDATORY VACCINATION. FOR THESE INDIVIDUALS, CONTINUING THE DOSING SERIES IS RECOMMENDED BUT NOT REQUIRED.

3.A.3.B. U.S. GOVERNMENT CIVILIAN EMPLOYEES, NO LONGER IN A HIGHER THREAT AREA, WHO HAVE RECEIVED AT LEAST ONE DOSE OF ANTHRAX VACCINE.

3.A.3.C. OTHER INDIVIDUALS APPROVED BY ASD(HA) CONSISTENT WITH REFERENCE L. COMMANDERS WILL SUBMIT REQUESTS FOR EXCEPTIONS TO POLICY THROUGH COMMAND CHANNELS

TO HQDA, OFFICE OF THE SURGEON GENERAL, MILITARY VACCINE AGENCY, 5113 LEESBURG PIKE, FALLS CHURCH, VA 22041 FOR APPROVAL AND FOR COORDINATION WITH GAINING COMBATANT COMMAND, CJCS AND ASD(HA).

3.B. COORDINATING INSTRUCTIONS.

3.B.1. LEGAL.

3.B.1.A. COMMANDERS WILL ENSURE THAT SOLDIERS ARE CONTINUALLY EDUCATED CONCERNING THE INTENT AND RATIONALE FOR BOTH ROUTINE AND THEATER-SPECIFIC OR THREAT-SPECIFIC MILITARY IMMUNIZATION STANDARDS. IMMUNIZATIONS REQUIRED BY AR 40-562 OR OTHER LEGAL DIRECTIVE MAY BE GIVEN INVOLUNTARILY (EXCEPT AS PRESCRIBED IN AR 600-20, PARA 5-6). THE INTENT OF THIS AUTHORIZATION IS TO PROTECT THE HEALTH AND OVERALL EFFECTIVENESS OF THE COMMAND, AS WELL AS THE HEALTH OF THE INDIVIDUAL SOLDIER. IN CASES WHERE A SOLDIER REFUSES A MANDATORY VACCINATION, THE FOLLOWING PROCEDURES AND LIMITATIONS APPLY.

3.B.1.B. UNDER NORMAL CIRCUMSTANCES, ACTIONS WILL NOT BE TAKEN TO INVOLUNTARILY IMMUNIZE SOLDIERS. IF A SOLDIER DECLINES TO BE IMMUNIZED THE COMMANDER WILL:

3.B.1.B.1. ENSURE THAT THE SOLDIER UNDERSTANDS THE PURPOSE OF THE VACCINE.

3.B.1.B.2. ENSURE THAT THE SOLDIER HAS BEEN ADVISED OF THE POSSIBILITY THAT THE DISEASE MAY BE NATURALLY PRESENT IN A POSSIBLE AREA OF OPERATION OR MAY BE USED AS A BIOLOGICAL WEAPON AGAINST THE UNITED STATES AND ITS ALLIES.

3.B.1.B.3. ENSURE THAT THE SERVICE MEMBER IS EDUCATED ABOUT THE VACCINE AND HAS BEEN ABLE TO DISCUSS ANY OBJECTIONS WITH MEDICAL AUTHORITIES.

3.B.1.B.4. COUNSEL THE SOLDIER, IN WRITING, THAT HE OR SHE IS LEGALLY REQUIRED TO BE IMMUNIZED AND THAT FAILURE TO OBEY THE ORDER MAY RESULT IN UNIFORM CODE OF MILITARY JUSTICE (UCMJ) AND/OR ADMINISTRATIVE ACTION FOR FAILURE TO OBEY A LAWFUL ORDER (UCMJ, ARTICLE 92) AS DEEMED APPROPRIATE BY THE COMMANDER.

3.B.1.C. IF, AFTER ANY OF THE STEPS LISTED IN PARAGRAPH 3.B.1.B., A SOLDIER ELECTS TO BE IMMUNIZED, ADVERSE ACTION WILL NOT NORMALLY BE TAKEN BASED SOLELY ON THE INITIAL DECLINATION.

3.B.2. SCREENING. ALL IMMUNIZATION CLINICS AND SRP SITES SHOULD SCREEN ALL PERSONNEL RECEIVING ANTHRAX VACCINATIONS TO IDENTIFY IF VACCINATION IS REQUIRED OR VOLUNTARY AND TO ENSURE THERE ARE NO CONTRAINDICATIONS FOR RECEIVING THE VACCINE. CLINIC LEADERSHIP WILL ESTABLISH AND IMPLEMENT QUALITY CONTROL MEASURES TO PREVENT ERRORS (E.G. MANDATORY VACCINATIONS OF INDIVIDUALS IN THE VOLUNTARY CATEGORY) INCONSISTENT WITH THIS POLICY. FOLLOW CURRENT CDC AND SERVICE GUIDELINES.

3.B.3. SOLDIERS RESUMING ANTHRAX VACCINATIONS WILL CONTINUE THE DOSING SERIES WITH THE NEXT DOSE DUE. THESE SOLDIERS WILL NOT NEED TO REPEAT ANY DOSES ALREADY RECEIVED OR RESTART THE SERIES. THIS IS CONSISTENT WITH GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) AND THE FOOD AND DRUG ADMINISTRATION (FDA).

3.B.4. UPON REDEPLOYMENT TO CONUS FROM THE USCENCOM AOR OR THE KOREAN PENINSULA, PERSONNEL WILL NO LONGER BE REQUIRED TO RECEIVE MANDATORY ANTHRAX IMMUNIZATIONS.

3.B.5. AVIP REGISTRY AGREEMENTS.

3.B.5.A. UNITS WITH CURRENT AGREEMENTS TO PARTICIPATE IN THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP) CAN CONTINUE TO ORDER ANTHRAX VACCINE AND IMMUNIZE SOLDIERS IAW THIS POLICY.

3.B.5.B. UNITS WISHING TO PROVIDE ANTHRAX VACCINATIONS IAW THIS POLICY MUST ACCOMPLISH THE FOLLOWING:

3.B.5.B.1. DESIGNATE A RESPONSIBLE LEADER AND HAVE THEM READ THE PROGRAM REQUIREMENTS AVAILABLE AT WWW.ANTHRAX.MIL/AVIP2007.

3.B.5.B.2. COMPLETE REQUIRED TRAINING.

3.B.5.B.3. COMPLETE THE REGISTRY AGREEMENT FORM AND CHECKLIST, AVAILABLE AT WWW.ANTHRAX.MIL/AVIP2007, AND SUBMIT TO THE MILITARY VACCINE AGENCY (MILVAX), AT AVIPREPORTS@AMEDD.ARMY.MIL, FOR APPROVAL.

3.B.5.C. ORGANIZATIONS CAN ORDER ANTHRAX VACCINE AND IMMUNIZE SOLDIERS UPON RECEIPT OF APPROVED REGISTRY AGREEMENT.

3.B.5.D. THE AVIP REGISTRY AGREEMENT REQUIRES UNITS TO SUBMIT A MONTHLY REPORT BY THE FIFTH OF EACH MONTH FOR ACTIVITIES OF THE PREVIOUS MONTH. IN THE REPORT, DESCRIBE ANY UNAUTHORIZED IMMUNIZATIONS IDENTIFIED DURING THE INTERVAL OF THE REPORT, EVEN IF THE EVENT OCCURRED BEFORE THAT INTERVAL (BACK TO 27 OCT 04). REPORT ANY UNAUTHORIZED IMMUNIZATIONS TO THE MILVAX AGENCY AS SOON AS RECOGNIZED, WITHOUT WAITING FOR THE NEXT REPORT CYCLE.

3.B.6. COMMANDS ISSUING ORDERS FOR PERMANENT CHANGE OF STATION, TEMPORARY DUTY OR ANNUAL TRAINING LASTING MORE THAN 15 CONSECUTIVE DAYS TO LOCATIONS COVERED BY THE MANDATORY PROGRAM, WILL INCLUDE IN THE ORDERS THE REQUIREMENT TO START OR RESUME ANTHRAX VACCINATIONS AT THE LOSING INSTALLATION NOT EARLIER THAN 60 DAYS PRIOR TO ARRIVAL IN KOREA OR US CENTCOM AOR TO THE MAXIMUM EXTENT POSSIBLE. THE GOAL IS TO ACHIEVE AT LEAST THE FIRST THREE DOSES OF THE SIX-DOSE SERIES AND ANNUAL BOOSTER PRIOR TO ARRIVAL IN THEATER.

3.B.7. ALL REFERENCES, A-P, REMAIN IN EFFECT.

3.B.8. ISSUES UNIQUE TO THE RESERVE COMPONENTS (RC).

3.B.8.A. MOST SOLDIERS BEING MOBILIZED FOR DEPLOYMENT TO A HIGHER THREAT AREA REQUIRING ANTHRAX VACCINATIONS WILL RECEIVE MANDATORY ANTHRAX VACCINATIONS AFTER ARRIVING AT THE MOBILIZATION STATION. IN CASES WHERE RC SOLDIERS WILL BE IN A HIGHER THREAT AREA FOR 15 DAYS OR MORE (EXCLUDING TRAVEL TIME) ON ANNUAL TRAINING OR OTHER DUTY ORDERS, UNITS WILL COORDINATE FOR TIMELY VACCINATION OF THESE SOLDIERS THROUGH THEIR CHAIN OF COMMAND TO THE ARMY RESERVE SURGEONS OFFICE (FOR USAR SOLDIERS AND UNITS) OR THEIR STATE SURGEON'S OFFICE (FOR ARNG UNITS).

3.B.8.B. PERSONNEL SHALL BE IN A DUTY STATUS WHEN RECEIVING ANY DOD-DIRECTED IMMUNIZATION. UNIT COMMANDERS MUST ENSURE PERSONNEL RECEIVING ANTHRAX VACCINATION

ARE ELIGIBLE AND ARE IN A DUTY STATUS. DUAL-STATUS MILITARY TECHNICIANS MUST BE IN A MILITARY STATUS TO RECEIVE VACCINATIONS.

3.B.8.C. RESERVE COMPONENT MEMBERS WHO INCUR OR AGGRAVATE ANY INJURY, ILLNESS, OR DISEASE WHILE PERFORMING ACTIVE DUTY FOR LESS THAN 30 DAYS, OR ON INACTIVE DUTY TRAINING STATUS ARE ENTITLED TO MEDICAL CARE APPROPRIATE FOR THE TREATMENT OF THE INJURY, ILLNESS OR DISEASE. AN ADVERSE REACTION FROM A DOD-DIRECTED IMMUNIZATION IS A LINE OF DUTY CONDITION. THEREFORE, WHEN A MEMBER OF THE RC PRESENTS FOR TREATMENT AT A MILITARY TREATMENT FACILITY (MTF), EXPRESSING A BELIEF THAT THE CONDITION FOR WHICH TREATMENT IS SOUGHT IS RELATED TO RECEIVING AN IMMUNIZATION DURING A PERIOD OF DUTY, THE MEMBER MUST BE EXAMINED AND PROVIDED NECESSARY MEDICAL CARE.

3.B.8.D. WHEN TREATMENT HAS BEEN RENDERED OR THE INDIVIDUAL'S EMERGENT CONDITION IS STABILIZED, A LINE OF DUTY AND/OR NOTICE OF ELIGIBILITY WILL BE DETERMINED AS SOON AS POSSIBLE. FOR INJURIES, ILLNESS OR DISEASE UNRELATED TO DUTY, RC MEMBERS SHOULD SEEK MEDICAL ATTENTION FROM THEIR PERSONAL HEALTHCARE PROVIDERS.

4. ADMINISTRATION AND LOGISTICS.

4.A. THE ANTHRAX VACCINATION PROGRAM REMAINS A COMMANDERS FORCE HEALTH PROTECTION

RESPONSIBILITY. COMMANDERS WILL FOLLOW GUIDANCE PROVIDED TO PROPERLY IDENTIFY AND EDUCATE SERVICE MEMBERS AND DOD CIVILIANS TO BE VACCINATED, TRACK IMMUNIZATIONS, AND ENSURE APPROPRIATE MEDICAL EVALUATION IF THEY EXPERIENCE SYMPTOMS FOLLOWING ANY VACCINATION.

4.A.1. EDUCATION. EXPERIENCE SHOWS THAT EDUCATION IS PIVOTAL TO AVIP SUCCESS AND SOLDIER ACCEPTABILITY. LEADERS SHOULD REVIEW THE "EDUCATION TOOL KIT" AND THE "QUESTION AND ANSWERS" POSTED ON THE WEBSITE, WWW.ANTHRAX.MIL/AVIP2007 OR WWW.VACCINES.MIL/ANTHRAX GIVEN THAT THESE ARE THE MOST FREQUENTLY ASKED

BY TROOPS AND THEIR FAMILIES. UNCLASSIFIED REFERENCES AND PROCEDURES AND EDUCATIONAL TOOLS ARE AVAILABLE AT THE SAME LOCATION.

4.A.2. KEY MESSAGES.

4.A.2.A. YOUR HEALTH AND SAFETY ARE OUR NUMBER 1 CONCERNS

4.A.2.B. THE VACCINE IS SAFE AND EFFECTIVE.

4.A.2.C. THE THREAT FROM ANTHRAX IS DEADLY AND REAL.

4.A.2.D. VACCINATION OFFERS A LAYER OF PROTECTION IN ADDITION TO ANTIBIOTICS AND OTHER MEASURES THAT IS NEEDED FOR CERTAIN MEMBERS OF THE ARMED FORCES.

4.A.3. VACCINE INFORMATION STATEMENTS (VIS) ARE AVAILABLE AT WWW.ANTHRAX.MIL (REF M).

4.A.4. MEDICAL ISSUES.

4.A.4.A. PREGNANCY. PREGNANT WOMEN SHOULD BE VACCINATED AGAINST ANTHRAX ONLY IF THE POTENTIAL BENEFITS OF VACCINATION OUTWEIGH THE POTENTIAL RISKS TO THE FETUS. IMMUNIZATION CLINICS AND PROVIDERS WILL DISPLAY A PROMINENT WRITTEN SIGN DIRECTING WOMEN TO ALERT THE TECHNICIAN OR PROVIDER IF THEY THINK THEY MIGHT BE PREGNANT.

4.A.4.B. ALL FEMALES OF CHILDBEARING AGE WILL BE ASKED ABOUT THE POSSIBILITY OF PREGNANCY PRIOR TO RECEIVING THE VACCINE. THE FOLLOWING QUESTION, RECOMMENDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), SHOULD BE USED ON ANY LOCALLY APPROVED QUESTIONNAIRE / OVERPRINT, "ARE YOU PREGNANT OR IS THERE A CHANCE YOU COULD BECOME PREGNANT DURING THE NEXT MONTH?". IF WOMEN HAVE ANY QUESTIONS OR CONCERNS, THEY SHOULD CONSULT WITH THEIR HEALTHCARE PROVIDER BEFORE RECEIVING THE VACCINE.

4.B. COLLECT ALL PREVIOUS AVIP TRIFOLD BROCHURES FROM DECEMBER 2005 OR EARLIER AND DISCARD THEM. DO NOT RETAIN THEM FOR FUTURE USE. BE SURE TO REMOVE OBSOLETE TRIFOLDS FROM PAMPHLET RACKS IN WAITING ROOMS, ON BULLETIN BOARDS, INTRANETS, ETC.

4.C. LOGISTICS.

4.C.1. END-USERS WILL DIRECTLY REQUISITION VACCINE IAW USAMMA GUIDELINES IN THE ARMY ANTHRAX IMPLEMENTATION PLAN (REF P).

4.C.2. LOCAL MEDICAL LOGISTICS SUPPORTING ELEMENTS MUST HAVE SUFFICIENT REFRIGERATION CAPACITY TO PRESERVE VACCINE INTEGRITY, INCLUDING TEMPERATURE ALARMS AND BACK-UP POWER CAPACITY.

4.C.3. DISTRIBUTION OF VACCINE AND EDUCATIONAL TRIFOLDS FROM USAMMA:

4.C.3.A. THE US ARMY MEDICAL MATERIEL AGENCY(USAMMA)IS RESPONSIBLE FOR COORDINATING THE DISTRIBUTION OF ANTHRAX VACCINE WITHIN DOD.

4.C.3.B. USAMMA DISTRIBUTION OPERATIONS CENTER, COM: 301-619-4318/7235/4198, DSN: 343-4318/7235/4198, FAX: DSN 343-4468.

4.C.3.C. WEBSITE: WWW.USAMMA.ARMY.MIL AND THEN CLICK ON VACCINES/TEMPERATURE SENSITIVE PRODUCTS. INSTRUCTION ON ORDERING CAN BE FOUND AT [HTTP://WWW.USAMMA.ARMY.MIL/VACCINES/ANTHRAX/ANTXHOME.HTM](http://www.usamma.army.mil/vaccines/anthrax/antxhome.htm).

4.C.3.D. WHEN USAMMA RECEIVES THE VACCINE ORDER, THEY WILL SHIP AVIP TRIFOLDS (DATED 12 OCTOBER 2006 OR LATER) TO THE REQUESTOR (ONE FOR EACH DOSE ORDERED). TRIFOLDS SENT WITH THE VACCINE ARE FOR IMMUNIZATION CLINIC TO DISSEMINATE TO PATIENTS.

4.C.3.E. INSTALLATIONS CAN ALSO ORDER TRIFOLDS FOR USE IN THE EDUCATION PROGRAM FOR COMMANDERS, AVIP TEAM MEMBERS, AND OTHER KEY PERSONNEL. ADDITIONAL TRIFOLDS FOR POST-WIDE EDUCATION OR COMMANDER'S CALLS CAN BE ORDERED DIRECTLY FROM USAMMA

OR DOWNLOADED FROM THE MILVAX WEBSITE.

4.C.3.F. ORDERING TRIFOLDS FOR PROGRAM START-UP EDUCATIONAL PURPOSES: E-MAIL USAMMADOC@DET.AMEDD.ARMY.MIL OR VACCINES@AMEDD.ARMY.MIL, PLACING "TRIFOLD ORDER"

IN THE SUBJECT LINE. STATE NUMBER OF TRIFOLDS NEEDED FOR EDUCATION PURPOSES

AND PROVIDE SHIPPING ADDRESS.

4.C.3.G. ANTHRAX VACCINE IS HEAT AND COLD SENSITIVE. THE VACCINE MUST BE STORED WITHIN THE APPROPRIATE TEMPERATURE RANGE (2-8 DEGREES CELSIUS) THROUGHOUT THE ENTIRE VACCINATION PROCESS. IT SHOULD BE REMOVED JUST PRIOR TO ADMINISTERING THE SHOT. THIS VACCINE GENERALLY SHOULD NOT BE "PRE-DRAWN" FOR ADMINISTRATION. THE USAMMA WEBSITE PROVIDES ADDITIONAL GUIDANCE ON HANDLING, STORAGE, TRANSPORTATION, AND ADMINISTRATION OF ANTHRAX VACCINE. WEBSITE: WWW.USAMMA.ARMY.MIL AND THEN CLICK ON VACCINES/TEMPERATURE SENSITIVE PRODUCTS.

4.C.3.H. EMAIL: USAMMADOC@DET.AMEDD.ARMY.MIL.

4.D. DOSING SCHEDULE.

4.D.1. PEOPLE RESUMING ANTHRAX VACCINATIONS UNDER THIS POLICY WILL CONTINUE THE DOSING SERIES WITH THE NEXT DOSE DUE. THEY WILL NOT NEED TO REPEAT ANY DOSES ALREADY RECEIVED OR RESTART THE SERIES. THIS IS CONSISTENT WITH GUIDANCE FROM THE CDC AND ITS ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP). WHEN A DOSE CANNOT BE PROVIDED ON THE SPECIFIC DATE SUGGESTED BY THE SCHEDULE, PROVIDE IT AS SOON AS PRACTICAL THEREAFTER. DO NOT SHORTEN THE RECOMMENDED INTERVALS BETWEEN DOSES.

4.D.2. ALL COMMANDS AND MEDICAL TREATMENT FACILITIES SHOULD DEVELOP ROUTINE PROCEDURES TO DETERMINE WHEN PERSONNEL NEED SUBSEQUENT DOSES OF ANTHRAX VACCINE,

UNLESS MEDICALLY OR ADMINISTRATIVELY EXEMPT, AT EACH OF THE FOLLOWING OPPORTUNITIES:

4.D.2.A. DURING IN- AND OUT-PROCESSING TO AN INSTALLATION, UNIT, OR TRAINING SCHOOLS.

4.D.2.B. WHEN SCREENING FOR INFLUENZA OR OTHER IMMUNIZATIONS.

4.D.2.C. BASED ON ELECTRONIC IMMUNIZATION TRACKING SYSTEM SHOTS DUE REPORTS.

4.D.2.D. DURING DEPLOYMENT READINESS PROCESSING IN PREPARATION FOR OVERSEAS MOVEMENT.

4.D.2.E. UPON REDEPLOYMENT FROM A COMBAT ZONE.

4.D.2.F. DURING BIRTH-MONTH PERSONNEL AND MEDICAL RECORDS AUDITS.

4.D.2.G. DURING PERIODIC HEALTH ASSESSMENTS.

4.D.2.H. DURING OTHER ROUTINE OR OTHER PERIODIC ENCOUNTERS.

4.E. VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS).

4.E.1. SUBMISSION OF VAERS REPORTS SHOULD BE ENCOURAGED BY PROVIDERS WHO BELIEVE IT IS WARRANTED AND BY ANY PATIENT WHO BELIEVES THAT THEY HAVE HAD AN UNUSUAL OR SEVERE REACTION.

4.E.2. AR 40-562, IMMUNIZATIONS AND CHEMOPROPHYLAXIS, 29 SEP 06, ESTABLISHES MINIMUM REQUIREMENTS FOR SUBMISSION OF A VAERS-1: VACCINE REACTIONS RESULTING IN HOSPITALIZATION OR TIME LOST FROM DUTY (MORE THAN 24 HOURS), OR IF CONTAMINATED LOTS ARE SUSPECTED.

4.E.3. THE VAERS REPORTS CAN BE SUBMITTED DIRECTLY TO THE WWW.VAERS.HHS.GOV SITE. SUBMISSION OF A VAERS-1 REPORT IS NOT AN INDICTMENT AGAINST A VACCINE, IT SIMPLY FACILITATES REVIEW OF TEMPORALLY ASSOCIATED SYMPTOMS AND ADDS TO THE SAFETY DATABASE FOR EACH VACCINE.

4.F. VACCINE HEALTHCARE SYSTEMS (VHC) NETWORK.

4.F.1. CONTINUE TO EDUCATE LEADERS, HEALTHCARE PROVIDERS, AND PATIENTS ABOUT THE SERVICES OFFERED BY THE VHC NETWORK.

4.F.2. THE VHC NETWORK IS A TEAM OF CLINICAL VACCINE EXPERTS WHO ASSIST PATIENTS AND HEALTHCARE PROVIDERS WITH TREATMENT OF HEALTH PROBLEMS BEFORE AND AFTER VACCINATIONS, ASSIST WITH MEDICAL EXEMPTIONS, AND TEACH SERVICE MEMBERS AND THEIR FAMILIES ABOUT VACCINES. THE VHC CAN ALSO ASSIST WITH FILING VAERS REPORTS AND DOCUMENT EXEMPTIONS.

4.F.3. ARMY REGIONAL VHCS ARE LOCATED AT WALTER REED ARMY MEDICAL CENTER,

WASHINGTON, DC (COM: 202-782-0411; DSN 662-0411) AND FORT BRAGG, NC (COM: 910-432-4015; DSN 239-4015).

4.F.4. ANYONE WITH VACCINE RELATED QUESTIONS CAN ALSO CONTACT THE DOD CLINICAL CALL CENTER'S 24-HOUR TOLL-FREE NUMBER AT 1-866-210-6469.

5. COMMAND AND CONTROL.

5.A. COMMAND RELATIONSHIPS. COMMAND AND CONTROL RELATIONSHIPS REMAIN UNCHANGED UNDER THIS IMPLEMENTATION PLAN.

5.B. COMMAND, CONTROL, COMMUNICATIONS AND COMPUTER SYSTEMS (C4).

5.B.1. DOCUMENTATION. ALL INDIVIDUAL IMMUNIZATIONS, INCLUDING CIVILIAN EMPLOYEES AND CONTRACT PERSONNEL, WILL BE IMMEDIATELY POSTED AND TRACKED IN THE MEDICAL PROTECTION SYSTEM (MEDPROS), THE HQDA STANDARD FOR TRACKING ALL INDIVIDUAL MEDICAL READINESS INDICATORS IN THE ACTIVE AND RESERVE COMPONENTS. LEADERS AT ALL LEVELS CAN TRACK INDIVIDUAL AND UNIT COMPLIANCE USING MEDPROS, A MODERN, EASY TO USE, WEB-BASED TRACKING SYSTEM, ACCESSED ON THE INTERNET AT WWW.MODS.ARMY.MIL. USERS MAY OBTAIN INFORMATION ON HOW TO OBTAIN A LOGON ID DIRECTLY FROM THE WEBSITE OR BY CALLING THE MODS HELP DESK, DSN: 761-4976 OR E-MAIL MODS-HELP@ASMR.COM FOR ASSISTANCE. COMMANDERS WILL ASSIGN DESIGNATED PERSONNEL TO ROUTINELY ACCESS MEDPROS TO KEEP THEIR UNITS STATUS CURRENT.

5.B.2. SOLDIERS MAY MONITOR AVA DOSES RECORDED IN MEDPROS BY ACCESSING THEIR ON-LINE SHOT RECORD IN ARMY KNOWLEDGE ONLINE (AKO). TO VIEW OR PRINT INDIVIDUAL SHOT RECORDS, GO TO THE "MY MEDICAL" PAGE AND SELECT MY MEDICAL READINESS AND THEN SELECT "VIEW DETAILED INFORMATION" UNDER THE IMMUNIZATION PROFILE STOPLIGHT. THE SELECTED LINK PROVIDES A LINK TO VIEW DOCUMENTED IMMUNIZATIONS.

5.B.3. CIVILIAN EMPLOYEES AND CONTRACT PERSONNEL SHOULD BE GIVEN A COPY OF THEIR MEDPROS IMMUNIZATION RECORD (DD FORM 2766C) BY THE MTF WHERE THEY ARE IMMUNIZED AND/OR WHERE THEIR IMMUNIZATION INFORMATION IS ENTERED INTO MEDPROS.

5.C. HQDA POCS FOR THIS MESSAGE ARE MILVAX AT COM: 703-681-5101 OR DSN: 761-5101, OR EMAIL: VACCINES@AMEDD.ARMY.MIL OR VACCINES@HQDA-S.ARMY.SMIL.MIL (ATTENTION: MILVAX).

6. EXPIRATION DATE CANNOT BE DETERMINED.