



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5113 LEESBURG PIKE
FALLS CHURCH VA 22041

DASG-HCA

14 August 2008

MEMORANDUM FOR Commanders of Units or Activities Executing Force Health Protection Measures

SUBJECT: Agreement to Participate in Anthrax Vaccine Immunization Program (AVIP)

1. References:

a. Deputy Secretary of Defense, Memorandum, Subject: Anthrax Vaccine Immunization Program (AVIP), 12 Oct 06.

b. Under Secretary of Defense (Personnel & Readiness), Memorandum, Subject: Implementation of the Anthrax Vaccine Immunization Program (AVIP), 6 Dec 06.

2. In order to facilitate better communications with all Department of Defense (DoD) units, clinics, and activities administering anthrax vaccinations, the Military Vaccine (MILVAX) Agency is tasked with maintaining an active registry and tracking vaccinations under the AVIP policy. The MILVAX Agency is dedicated to implementing this requirement with the least disruption to the Services and will continue to pursue initiatives (e.g. on-line secure web reporting) to reduce workload and paperwork on activities involved.

3. Initial and Ongoing Compliance. In accordance with references cited above and other documents, commanders of units or activities involved with anthrax immunizations will complete the registry agreement (Attachment 1) and checklist (Attachment 2) before beginning these immunizations, and then report to the MILVAX Agency monthly or as directed (Attachment 3). The MILVAX Agency will acknowledge the registry agreement and authorize immunizations to begin, subject to any local requirements. The report also may be submitted simultaneously to other elements in the unit's or activity's chain of command. The report shall include the following items.

a. For personnel authorized to receive voluntary anthrax vaccinations, whether or not anyone was required to receive anthrax immunization against their will, or without being informed that it was voluntary, or otherwise in violation of their right to decide whether to be vaccinated.

b. In any case in which immunizations that were required to be voluntary were given without adherence to the procedures applicable to voluntary vaccinations, the report

shall include a full explanation of the circumstances involved. Also describe the remedy(ies) to be implemented to prevent a recurrence.

4. Reporting.

a. The commander, deputy commander, officer-in-charge, non-commissioned officer-in-charge (OIC/NCOIC), or other knowledgeable officer with responsibility for immunization operations will approve the report as the “approving authority” (Attachment 3). For ships or other isolated units where an independent-duty corpsman is the senior medical staff member, the corpsman may submit the approving authority-approved report. Within U.S. Central Command (CENTCOM), reporting channels may be modified to meet operational conditions; CENTCOM will issue specific instructions.

b. If a unit or activity fails to report, MILVAX Agency will contact the alternate points of contact listed on the registry agreement. If necessary, the MILVAX Agency will contact the applicable Surgeon General’s Office. Vaccine supply requests will not be honored for units that do not report according to these procedures.

5. Timing. Submit reports (Attachment 3) by the fifth day of a month for activities of the previous month. In your report, describe any involuntary immunizations given to people not covered in the mandatory policy to the MILVAX Agency as soon as recognized, without waiting for the next report cycle.

MICHAEL J. KRUKAR
Colonel, U.S. Army
Director, Military Vaccine Agency

Attachment 1:
Anthrax Vaccine Immunization Program (AVIP) Registry Agreement
Use Tab Key to Navigate Through Fields

Commanding Officer (CO)/Officer-in-Charge (OIC/NCOIC): read, sign, return to Director, Military Vaccine Agency, fax: 703-681-4692, DSN 761-4692. NIPR: AVIPreports@amedd.army.mil. SIPR: vaccines@hqda-s.army.smil.mil. Voice: 703-681-5101, DSN 761-5101. Director will return an acknowledgment letter, authorizing receipt of anthrax vaccine shipments.

I read and understand the (fill in applicable date) ____/____/07 (dd/mm/yy) **message from my Service** headquarters, describing requirements for anthrax immunization.

Each of the items on the checklist (Attachment 2) has been fulfilled for our activity. I have included a copy of the **completed checklist** with this request. I understand the reporting requirements (Attachment 3). If the Military Vaccine (MILVAX) Agency does not receive a report on time, they may contact the people named below to obtain another copy.

For medical units: My staff has informed or reminded every healthcare worker with responsibilities for administering anthrax immunizations (including immunization back-up technicians) of the importance of confirming which category of the policy (mandatory or voluntary) a person is in before administering the anthrax vaccine. For personnel for whom the vaccination is voluntary, the actual staff member administering the vaccine will verbally confirm this before the actual injection. These steps are intended to prevent medication errors.

Our activity is ready to comply with the DoD policies for anthrax immunization. I accept responsibility for AVIP education, and reporting.

If I am assigned other duties and am no longer responsible for this program, I will notify the MILVAX Agency before departure. I will instruct my replacement to complete his or her own Registry Agreement and forward it to the MILVAX Agency.

AVIP OIC/NCOIC (printed name, title) (signature) (date)

DSN telephone: _____ **E-mail address:** _____

Commercial telephone: _____

Commander/OIC (signature) (date)
(printed name, title)

This agreement corresponds to immunization team(s) for the following unit, ship, activity, or immunization clinic, specific name and address and zip code.

****Unit/Activity/Ship/Clinic Name:** _____

Address: _____

Zip code: _____

CENTCOM ONLY: DoD Defense Activity Address Code (DoDAAC) _____

The medical activity storing anthrax vaccine and administering the anthrax immunizations, medical activity name and address and zip code (not required if same as above).

****Unit/Activity/Ship/Clinic Name:** _____

Address: _____

Zip code: _____

Alternate points of contact – at least one is required (Name, DSN telephone number, email)

	Name	DSN Telephone	E-mail
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**** - Required entry**

**Attachment 2:
Anthrax Vaccine Immunization Program (AVIP) Implementation Checklist**

Date _____ Place where immunizations given _____

Installation/Ship _____ Commander/OIC/NCOIC _____

Ensure these items have been completed before giving anthrax immunizations:

- [] 1. 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.
- [] 2. Obtain sufficient AVIP trifolds dated 12 Oct 06 or later, enough to give a personal copy to each person to be vaccinated, one for each dose. Each anthrax vaccine shipment will include AVIP trifold brochures equal to the number of doses ordered. Additional color copies of these revised trifolds are available by emailing usammadoc@det.amedd.army.mil or at www.anthrax.mil/AVIP2007.
- [] 3. Obtain AVIP briefing slides. Available for download from www.anthrax.mil/AVIP2007. If you need these slides shipped to you in hard copy or on a CD-ROM, call 877-GET-VACC or send an email request to AVIPreports@amedd.army.mil, SIPRNET vaccines@hqda-s.army.smil.mil.
- [] 4. Coordinate with supporting medical activity or ensure organic medical support has required AVIP training for vaccinators and healthcare providers. Assure all vaccinators (primary and back-up), clinical supervisors of vaccinators, preventive medicine and public health staff, and relevant healthcare providers (e.g., allergy-immunology, ambulatory care, flight medicine, emergency care) are familiar with the clinical science for anthrax vaccine and DoD requirements. Use training course available at www.anthrax.mil/education. Annotate training records accordingly. Vaccinators acknowledge the content in the following materials:
 - a. Service AVIP implementation message (available at www.anthrax.mil/AVIP2007).
 - b. AVIP healthcare provider briefing slides at www.anthrax.mil/AVIP2007.
 - c. BioThrax package inserts: available with every vaccine vial or at www.emergentbiosolutions.com/pdf/emergent_biothrax_us.pdf
 - d. AVIP trifold brochure dated 12 Oct 06 or later.
 - e. Reporting procedures for Vaccine Adverse Events Reporting System (VAERS, www.vaers.hhs.gov).
 - f. Some medical conditions may require temporary or permanent medical exemptions from anthrax immunization (e.g., serious allergic reactions to anthrax immunization, moderate or severe illness, pregnancy, latex sensitivity, immune-suppressive conditions, Guillian-Barré syndrome, prior anthrax infection). Medical providers should be familiar with package insert

prescribing information and grant appropriate exemptions. Exemptions must be documented in electronic tracking system and all temporary exemptions must have an end date indicated. The most effective way to identify early pregnancy is to ask discreetly for date of last menstrual period and whether the last menses was normal and on time. Offer pregnancy testing before any immunization.

- [] 5. Understand criteria for eligibility for anthrax immunization (Under Secretary of Defense (P&R) memo, 6 Dec 06; Service AVIP implementation messages, Army: 13 Feb 07. USCG: 27 Mar 07. USMC: 15 Mar 07. USAF: 16 Feb 07. Navy: 12 Mar 07. Available at www.anthrax.mil/AVIP2007 .
- [] 6. Understand that AVIP includes a mandatory component and a voluntary component, including (a) who has the right to decline vaccination, (b) the reasons why the military and civilian leadership of the Armed Forces strongly recommends immunization for military members under the voluntary program.
- [] 7. Inform or remind every healthcare worker with responsibilities for administering anthrax immunizations (including immunization back-up technicians) of the importance of confirming the category (mandatory or voluntary) of personnel receiving anthrax vaccinations before the actual injection. This step is intended to prevent medication errors. Healthcare workers will also verify which dose number the vaccination is in the series (ensuring it is due), inform the recipient when the next dose will be due, and make sure the vaccination is entered into the immunization tracking system.
- [] 8. Assure unit/activity/command has sufficient trained personnel with passwords to enter data on the same day as immunization into immunization tracking system (e.g., MEDPROS, AFCITA, RAMIS/MRRS, SAMS, MRS, CHCS II). Or has a plan to train these people expeditiously, and can assuredly record immunizations on SF Form 601, DD Form 2766, Deployable Medical Record, PHS Form 731, or similar form.
- [] 9. Assure OIC/NCOIC or commander understands **reporting requirements**. These reports go to the Military Vaccine Agency, at the direction of the Deputy Secretary of Defense.
- [] 10. Assure OIC/NCOIC or commander understands need for officer(s) not directly involved in the AVIP to perform spot checks of anthrax immunization operations to assure that trifolds are being provided and voluntary vaccine recipients are not receiving anthrax as a mandatory vaccination.
- [] 11. Assure logistics personnel have been trained in cold-chain management procedures, including prompt refrigeration of vaccines upon receipt. Alarm systems are used to protect large inventories.

- [] 12. Assess available inventory of anthrax vaccine (e.g., in medical logistics warehouse). Arrange for shipment of initial quantity of anthrax vaccine, but clinics may not take physical possession of the vaccine until Military Vaccine Agency provides email approval of the Registry Agreement.

Reassess items on this checklist periodically.

Attachment 3:
Anthrax Vaccine Immunization Program (AVIP) Report Monthly Report
Use Tab Key to Navigate Through Fields

MEMORANDUM FOR Director, Military Vaccine (MILVAX) Agency

Fax: 703-681-4692, DSN 761-4692. Voice 877-GET-VACC. DSN 761-5101
NIPR: <mailto:AVIPreports@amedd.army.mil>
SIPR: <mailto:vaccines@hqda-s.army.smil.mil>

SUBJECT: Report of Compliance with Conditions for Anthrax Vaccine Immunization Program (AVIP)

1. Report for the month of: _____

a. *[If the following sentence is true, submit it as your report. If the following sentence is not true, change the text to explain what occurred to make the proposed text untrue. Be sure to specify the number of people vaccinated without an option to refuse and be prepared to provide a list of their names.]*
No one covered by the voluntary policy received anthrax immunization against his or her will, or without being informed of their right to decline vaccination, or otherwise in violation of their right to decline, at this unit.

b. Remedy. [If applicable, describe here steps taken to prevent noncompliance with DoD policy from happening again. If not applicable, state "not applicable."]

2. Our unit administered _____ doses of anthrax vaccine during this period.

3. I certify the accuracy of this report to the best of my knowledge.

Name Title Date

If faxed, sign on line above. If emailed, send as scanned PDF document or from approving authority's or alternate official's email account.

Zip Code (eg, APO): _____

Contact email: _____

Contact Telephone #: _____

Activity/Unit/Ship/AFB/AB: _____

RUC/UIC: _____