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REFERENCES:

A. DEPSECDEF/28 JUN 02/DEPSECDEF MEMO, SUBJ: REINTRODUCTION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)

B. VICE CHIEF OF STAFF ARMY MEMORANDUM, 27 NOVEMBER 00, SUBJECT: ADDITIONAL TEMPORARY SLOWING AND FUTURE RESUMPTION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)

C. CSAF MESSAGE R 261200Z JAN 01, EXECUTION GUIDANCE FOR ADDITIONAL TEMPORARY SLOWING OF ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)

D. SECARMY MEMORANDUM, 8 JUNE 2001, SUBJECT: SLOWDOWN OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)

E. DEPSECDEF MEMORANDUM, 17 JUL 00, SUBJECT: TEMPORARY SLOWING AND FUTURE RESUMPTION OF ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP) CSAF/CC MESSAGE

SUBJ: RESUMPTION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)

1. AS OUTLINED IN REF A, THE DEPSECDEF ANNOUNCED THAT DOD WILL RESUME THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP). THIS DECISION IS A DIRECT RESULT OF THE CURRENT THREAT AND THE FOOD AND DRUG ADMINISTRATION'S (FDA) FINAL APPROVAL TO RESUME THE MANUFACTURE AND DISTRIBUTION OF US-LICENSED ANTHRAX VACCINE (AVA).

2. ANTHRAX AS A "BIOWEAPON" IS A REALITY. THE FIVE AMERICANS KILLED LAST FALL ARE PROOF OF THIS HORROR. THEIR DEATHS, COUPLED WITH THE KNOWLEDGE THAT POLITICAL REGIMES AND TERRORIST GROUPS HOSTILE TO THIS COUNTRY ARE INCREASING THEIR EFFORTS TO DEVELOP/OBTAIN ANTHRAX SERVE AS A SIREN DIRECTING US TO PREPARE FOR THE RISK OF FUTURE ATTACKS.

3. THE ANTHRAX VACCINE IS THE MOST EFFECTIVE MEANS AVAILABLE TODAY TO PROTECT OUR FORCES. ALTHOUGH ANTIBIOTICS WERE USED FOLLOWING THE ANTHRAX EXPOSURE LAST FALL, THEY PROVIDE EFFECTIVE TREATMENT ONLY IF EXPOSURE IS KNOWN BEFORE SYMPTOMS APPEAR. WE DO NOT ALWAYS HAVE THE NECESSARY WARNING OR THE TIME FOR ANTIBIOTICS TO WORK ALONE. ALTHOUGH WE WILL CONTINUE TO WORK TO INCREASE WARNING TIME OF PENDING/EXISTING ATTACKS, OUR MEN AND WOMEN MUST BE PREPARED TO CARRY OUT THEIR DUTIES IN DEFENSE OF THIS COUNTRY REGARDLESS OF WARNING TIME. TO THAT END, THE BEST CURRENTLY AVAILABLE ROUND-THE-CLOCK PROTECTION TO PREPARE OUR FORCES TO COUNTER THAT THREAT IS VACCINATION WHICH PROVIDES A CRITICAL LAYER OF PROTECTION THAT MAY BE AUGMENTED BY ANTIBIOTICS AND OTHER MEASURES.

4. DOD WILL RESUME THE AVIP AS WE ARE ABLE TO DISTRIBUTE ADEQUATE SUPPLIES OF VACCINE AND EDUCATE OUR PERSONNEL, WITH EFFORTS DIRECTED TO PROVIDE PROTECTION TO THOSE AT HIGHER RISK. [*SECTION DELETED FROM WEB VERSION: AF PERSONNEL REFER TO CSAF MESSAGE.*] WHEN DIRECTED TO RESUME IMMUNIZATIONS, PREVIOUSLY IMMUNIZED INDIVIDUALS WHO INTERRUPTED OR DELAYED THEIR ANTHRAX IMMUNIZATIONS SERIES WILL NOT NEED TO RESTART THE SERIES. THEY WILL SIMPLY RESUME THE SERIES FROM WHERE THEY STOPPED. THIS IS CONSISTENT WITH GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES AND CONSULTATION WITH THE FDA.

5. TAKE NO ACTION TO EXPAND ANTHRAX VACCINATIONS AT THIS TIME. INITIALLY, WE ANTICIPATE VACCINATIONS WILL BEGIN FOR PERSONNEL ALREADY DEPLOYED WITHIN THOSE DESIGNATED AREAS OF SWA. AS DOD IS ABLE TO SHIP ADDITIONAL AVA TO INSTALLATIONS WORLDWIDE, VACCINATION OF PERSONNEL DEPLOYING TO DESIGNATED HIGHER THREAT AREAS WILL BEGIN. TO THE EXTENT FEASIBLE, VACCINATION SHOULD BEGIN 45 DAYS PRIOR TO DEPLOYMENT.

6. WE ANTICIPATE IT WILL TAKE 30-90 DAYS TO RAMP UP THE LOGISTICAL AND EDUCATIONAL SUPPORT FOR THIS PROGRAM PRIOR TO RESUMPTION OF IMMUNIZATIONS. ADDITIONAL GUIDANCE WILL BE FORTHCOMING TO ADDRESS AIR FORCE SPECIFIC OPERATIONAL REQUIREMENTS (SUCH AS MOBILITY AIR CREWS); OUTLINE LOGISTICAL PROCEDURES; DEFINE EDUCATIONAL REQUIREMENTS FOR INDIVIDUALS, COMMANDERS, AND MEDICAL PERSONNEL; PROVIDE CLINICAL GUIDANCE FOR HEALTH CARE PROVIDERS; AND FURNISH SPECIFIC GUIDANCE CONCERNING OUR RESERVE AND GUARD FORCES.

7. IMMUNIZATION PROGRAMS REMAIN A CRITICAL FORCE PROTECTION ISSUE. LINE COMMANDERS ARE RESPONSIBLE TO ENSURE THE ADEQUATE PROTECTION OF THEIR FORCES AND DIRECT COMMANDER LEADERSHIP IS IMPERATIVE TO ENSURE THE SUCCESS OF THIS PROGRAM. COMMANDERS CAN TAKE THE FOLLOWING PROACTIVE STEPS, PENDING FURTHER EXECUTION GUIDANCE.

A. ENSURE AIR FORCE LEADERS (OFFICERS, NCOS, AND CIVILIAN SUPERVISORS) ARE FAMILIAR WITH THE DEPSECDEF AVIP REINTRODUCTION POLICY IN REF A.

B. EDUCATION IS PARAMOUNT. DELIVER A CLEAR AND CONSISTENT MESSAGE. ENSURE AIR FORCE LEADERS BECOME FAMILIAR NOW WITH RESOURCES AT THE AVIP WEBSITE ([WWW.ANTHRAX.MIL](http://WWW.ANTHRAX.MIL)). A GOOD FIRST STEP IS TO REVIEW THE COMMANDER'S "EDUCATION TOOLKIT" AND THE "QUESTIONS AND ANSWERS" POSTED ON THE WEBSITE, GIVEN THAT THESE ARE THE MOST FREQUENTLY ASKED BY AIRMEN AND THEIR FAMILIES. MEDICAL PERSONNEL WILL NOT ONLY ADMINISTER THE VACCINE, BUT WILL BE VITAL TEAM MEMBERS RESPONDING TO TROOPS' QUESTIONS AND CONCERNS. UTILIZE MEDICAL PERSONNEL TO ASSIST IN EDUCATING AIR FORCE PERSONNEL ON ANTHRAX AND THE AVA.

8. FURTHER INFORMATION IS AVAILABLE THROUGH AN AVIP TOLL-FREE HOTLINE (PHONE NUMBER 1-877-GETVACC), E-MAIL [AVIP@AMEDD.ARMY.MIL](mailto:AVIP@AMEDD.ARMY.MIL) FOR INDIVIDUAL QUESTIONS, AND THE COMPREHENSIVE AVIP WEBSITE ([WWW.ANTHRAX.MIL](http://WWW.ANTHRAX.MIL)). COMMANDERS ARE STRONGLY ENCOURAGED TO MAKE USE OF THESE RESOURCES TO ENSURE THEY ARE WELL VERSED ON THIS PROGRAM.

9. THIS POLICY SUPERCEDES REF B, REF C, REF D, AND REF E.

10. THE POC'S FOR THIS MESSAGE ARE BG MIKE GOULD [MICHAEL.GOULD@PENTAGON.AF.MIL](mailto:MICHAEL.GOULD@PENTAGON.AF.MIL) AND COL DENEICE VAN HOOK [DENEICE.VANHOOK@PENTAGON.AF.MIL](mailto:DENEICE.VANHOOK@PENTAGON.AF.MIL).