DEPARTMENT OF THE AIR FORCE
OFFICE OF THE CHIEF OF STAFF
WASHINGTON DC

OCT 1 1 2002

MEMORANDUM FOR ALMAJCOM-FOA-DRU/CC

FROM: HQ USAF/CC
1670 Air Force Pentagon
Washington, DC 20330-1670

SUBJECT: Air Force Implementation of the Anthrax Vaccine Immunization Program

The Anthrax Vaccine Immunization Program (AVIP) is our Commanders' Force Protection Program against a deadly biological warfare agent. The AVIP is being reintroduced IAW the DEPSECDEF policy of 28 Jun 02 and detailed in the Under Secretary of Defense for Personnel and Readiness memo of 6 Aug 02. I have attached the Air Force Anthrax Vaccine Implementation Plan, which provides Air Force-specific guidance for reintroduction of the AVIP at each installation.

Wing implementation actions include establishing a base-level AVIP team and developing a local implementation plan that achieves the 19 objectives outlined in the Air Force Anthrax Vaccine Implementation Plan. Education of commanders, individuals and families is imperative to ensure the success of this program, and educational objectives outlined in the plan must be accomplished before vaccinations begin. Your base-level AVIP team must carefully review all components of the plan and ensure policies and procedures are in place to facilitate a smooth program start.

Installations are to implement the Air Force plan immediately and expand vaccinations to include Priority II personnel. Only Priority I and II personnel, as defined in the attached plan, pages 1-2, are authorized vaccinations at this time. When the program further expands to include the other priority groups, Air Staff will provide specific implementation guidance.

My points of contact for this issue are Brig Gen Robert Smolen, HQ USAF/XON, at DSN 225-5833, e-mail: robert.smolen@pentagon.af.mil, and Col Deneice Van Hook, HQ USAF/SGZP, at DSN 297-4286, e-mail: deneice.vanhook@pentagon.af.mil.

JOHN P. JUMPER
General, USAF
Chief of Staff

Attachment:
Air Force Anthrax Vaccine Implementation Plan - 2002

Air Force Anthrax Vaccine Implementation Plan – 2002

Sep 02

INTRODUCTION

Purpose: This plan directs and provides guidance for the implementation of the Anthrax Vaccine Immunization Program (AVIP).

Background: The AVIP is a Commander's Force Protection program against a deadly biological warfare agent. Understanding the threat of anthrax and the basics of the AVIP are vital to the success of the program.

The AVIP was first started in 1998 primarily for those personnel assigned or deployed to Southwest Asia and Korea. Since that time, the program has undergone a number of changes. Most recently, administration of the vaccine has been restricted to a relatively small number of personnel as part of a slowdown resulting from production and supply issues. With these issues resolving, the program is being reintroduced IAW the DEPSECDEF policy of 28 Jun 02 and detailed in the USD/P&R memo of 6 Aug 02. These references can be found at the DoD Anthrax Vaccine Immunization Program (AVIP) Agency Policies page website at: http://www.anthrax.mil/resource/policies/ADcurrent.asp.

Key Messages: Education of all levels of the command structure, individual members, and their families is imperative to ensure the success of this program and that our forces are adequately protected. The key messages of any education program include:

- Your health and safety are our #1 concerns
- The vaccine is safe and effective
- The threat from anthrax is deadly and real
- Vaccination offers a layer of protection in addition to antibiotics and other measures that is needed for certain members of the armed forces

Priority for Vaccination: The AVIP is being reintroduced in a phased approach. Initially, Priority I and II Groups are the only groups eligible for the vaccine. The program will be expanded to incorporate the other priority groups as directives and vaccine availability dictate. As changes are made to group requirements, Air Staff will provide specific implementation guidance.

Priority I: Designated special mission units, manufacturing and DoD research personnel are currently being immunized and will continue their scheduled series. Priority I may be expanded to include the following categories but require specific approval by Air Staff (Annex B-1):

- JTF – Civil Support (CS)
- JTF – Consequence Management (CM)

- Lab Response Network

Priority II: Personnel assigned or deployed for greater than 15 consecutive days to designated higher threat areas (HTAs), primarily in Southwest Asia

Priority III: Early deployers

Priority IV: Expansion of higher threat areas to include Korea

ROLES AND RESPONSIBILITIES

Successful implementation requires commanders and supervisors plan in advance for the logistics, education, and response to unique issues at each installation. General responsibilities of the key organizations are enumerated below:

Air Staff

- XO is OPR for AVIP in the AF
- SG is OCR
- Develops AF level policy
- Provides program oversight
- Coordinates with other agencies (AVIP Agency, other Services, etc.)
- Reviews and coordinates requests from MAJCOMs for exception to policy
- Validates MAJCOM vaccine requirements

MAJCOMs

- Coordinate requests for exceptions to policy with installations and Air Staff
- Consult with installations on anthrax issues which require command support
- Coordinate between installations and Air Staff on validation of vaccine requirements

Commanders

- Maintain oversight and ownership of the installation AVIP program
- Establish base implementation team
- Develop and implement a base plan consistent with DoD and AF guidance
- Ensure all personnel requiring the vaccine are appropriately educated
- Ensure compliance with program; grant administrative exemptions as appropriate
- Submit requests for exception to policy to MAJCOM for coordination

Installation Deployment Officers (IDO)

- Administer the wing's deployment process IAW AFI 10-403
- Oversee coordination of all deploying units/individuals, as well as AVIP's effect on the deployment process (eligibility and processing line considerations)

Public Affairs

- Provides support and facilitates proactive community education
- Coordinates responses to media inquiries

Chaplain

- Consults and supports base personnel on issues related to the AVIP

Legal

- Educates base personnel as needed on relevant legal issues
- Answers queries on legal issues related to the AVIP

Individuals

- Complete anthrax vaccine series as prescribed

Medical Commanders

- Manage logistics requirements of the vaccine
- Educate all appropriate medical personnel on the clinical aspects of the vaccine
- Assist Commanders in providing AVIP education to members, their families, and the community as needed
- Administer the vaccine
- Track vaccine administration through the Air Force Complete Immunization Tracking Application (AFCITA)
- Provide status reports to Squadron Commanders
- Ensure a process is in place for access to healthcare for active duty, Air Reserve Components (ARC), Emergency – Essential (EE) civilians and specified contractors who may have an adverse reaction to the vaccine
- Initiate and follow-up medical exemptions when appropriate

WING IMPLEMENTATION ACTIONS

Each installation will:

1. Establish a base-level AVIP team

- Recommended membership includes representatives from Public Affairs, Wing intelligence, Installation Deployment Officer, chaplain, medical, legal and Wing leadership
- The team chairperson should be a senior line officer
- The team should review existing policy and guidance and ensure all members are fully educated on AVIP
- The team should provide recommendations and expertise for the local command structure for the implementation and maintenance of AVIP

2. Develop and implement a base anthrax vaccine implementation plan IAW existing policy that achieves the objectives listed below (Specific higher HQ guidance, where applicable, is provided in the attached Annexes.)

A. EDUCATION PLAN:

- Commanders, first sergeants and other key leaders are educated on all program components and key messages before immunizations resume (Annex A-2, 4)

- Key spokespersons for the installation are identified and have attained good risk communication skills (Annex A-3)

- Personnel requiring the vaccine are educated about AVIP (AVIP trifold, at a minimum) and have an opportunity to ask questions before receiving their first shot (Annex A-5)

- All appropriate medical personnel are educated on anthrax, including the disease, the vaccine, and managing adverse reactions, before immunizations resume (Annexes A-6, C-2)

- The base population, including family members, receives ongoing education about AVIP, and has an avenue to ask questions (Annex A-5)

- All personnel, AD, ARC members in duty and non-duty status, and EE civilians and specified contractors carrying out mission essential services, are provided information on vaccine adverse events and how to access healthcare for concerns

B. ADMINISTRATIVE ISSUES:

- The installation Public Health Office is promptly notified by IDO, Unit Deployment Manager (UDM), XP, or other sources, of all individuals scheduled to deploy, to include deployment location and duration, in order to facilitate medical clearance and identify deployers requiring the anthrax vaccine as early as possible

- All deployers to HTAs have anthrax vaccine status up-to-date prior to deployment. To the maximum extent possible, individuals begin vaccinations 45 days prior to HTA deployments (Annex B-4).

- The installation Public Health Office is provided, quarterly, by IDO, UDM, XP, or other sources, numbers of personnel projected to deploy to HTAs, to ensure adequate vaccine supply

- Policies and procedures are in place to address and grant administrative exemptions (Annex B-5)

- Policies and procedures are in place for handling anthrax vaccine refusals, vaccine waivers and vaccine exemptions (Annex B-5, 7)

- Groups of personnel are identified that may warrant inclusion in the anthrax vaccine program by exception to policy (e.g., airlifter crews and JTF-Civil Support) (Annex B-1)

- Policies and procedures are in place to provide access to healthcare for those receiving the anthrax vaccine (Annex B-6)

- Policies and procedures are in place to address the unique requirements to manage the program for ARC members in duty and non-duty status, and to EE civilians and DoD contractors carrying out mission essential services (Annex B-2, 3)

C. MEDICAL ISSUES:

- Policies and procedures are in place to administer anthrax vaccine as approved by the Food and Drug Administration (FDA), and IAW Centers for Disease Control and Prevention (CDC) guidance and Air Force immunization policies (Annex C-1)

- Policies and procedures are in place to report and manage anthrax vaccine adverse reactions and medical exemptions (Annex B-5, C-2, 3)

- Guidelines are followed that address the unique aspects of documenting and tracking the anthrax vaccine series (Annex C-4)

- Anthrax vaccine currency reports are provided to unit commanders to maximize program compliance (Annex C-4)

- Anthrax vaccine is ordered through identified Medical Logistics channels (Annex C-5)

ANNEX A

EDUCATION PLAN

1. Education is the KEY to a successful anthrax vaccination program. The scope of information to be provided includes: the threat, the disease and its impact on personnel to effectively carry out the Air Force mission, vaccine benefits, side effects, information on the interruption and the deferred dosing schedule (for those for whom the dosing schedule was interrupted), and other pertinent medical information. AVIP information can be found on the AVIP Agency website (www.anthrax.mil). If more detailed assistance is needed, contact your MAJCOM medical POC.

2. Key Educational Messages

a. Your health and safety are our #1 concerns
b. The vaccine is safe and effective
c. The threat from anthrax is deadly and real
d. Vaccination offers a layer of protection in addition to antibiotics and other measures that is needed for certain members of the armed forces

3. Anthrax Vaccine Spokespersons

a. The AVIP Agency provides a three day AVIP Spokesperson Training Course for key individuals who will be working with the anthrax vaccine program. The course is open to medical, line, logistics, PA and other personnel who have a need for more detailed information than what is available on the AVIP website. The course is offered four times a year, but is available at other times if there is an identified need. Contact your MAJCOM medical POC for additional information.

b. A list of Q&A's regarding AVIP have been provided to all base Public Affairs offices and covers the following topic areas: policy and management questions, threat, effectiveness, vaccine production, procurement, and inventory, and military discipline. These Q&As can also be found on the AVIP website at: http://www.anthrax.mil/resource/qna/q_a.asp.

4. Education for Commanders

a. Commanders are responsible for ensuring they and their personnel are properly and fully educated on the anthrax vaccine prior to the first shot.

b. Information tailored for commanders can be found on the AVIP Agency website page under Commander's Toolkit, at the following address:
http://www.anthrax.mil/education/commander/commanders.asp

5. Education for Individuals

a. All individuals must receive education before the immunization. This applies to individuals who are beginning or resuming the series. The Anthrax Vaccine Trifold Brochures provide the minimum required information and can be downloaded from the AVIP website at: http://www.anthrax.mil/media/pdf/brochure.pdf. Technicians will ask all individuals if they have been briefed about anthrax prior to immunizing them. If they have not, at a minimum, they should receive a copy of the most current version of the brochure. They will also be asked if they have any questions prior to immunization. If they have questions that the immunization technician cannot or the brochure does not answer, the individual should be referred to a health care provider to answer the questions prior to immunization.

b. Mass Briefings. Education on anthrax may also be provided using a Commander's Call format. There are prepared briefings available to use from the AVIP Agency Website on the Individual's Toolkit page which can be found at: http://www.anthrax.mil/education/individual/individuals.asp. Preferably, the commander should present the briefing. If that is not possible, the local anthrax expert, in coordination with Public Affairs, may present the briefing. A question and answer period with knowledgeable line and medical personnel is essential to give the audience a chance to voice concerns or ask questions. Given the emotional nature of anthrax and the vaccination program, we strongly recommend the briefer set ground rules for the briefing, including the question and answer period. A few recommended ground rules are:

1.) Question and Answer period should commence immediately following the presentation.

2.) Answer one question at a time - if he or she cannot answer the question, defer to one of the experts in attendance.

3.) Questions must be of general audience benefit - e.g. individual medical problems and concerns should not be addressed publicly, but may be handled by an expert after the briefing.

4.) Unprofessional behavior by audience members is not acceptable - - don't let the Q&A session become an emotional event.

c. Public Affairs. PA professionals can use a variety of products/tools -- such as base newspapers, commander's access channel, commander's calls and interviews with local media -- to communicate accurate, credible information. Utilize their services to provide general information to base personnel.

1.) Target Audiences for AVIP Education

a.) Internal: line leadership, active duty, ARC, family members, medical Personnel, DoD EE civilians and contract employees

b.) Military associations

c.) News media

d.) Local communities (to include medical professionals)

2.) Strategies

a.) Gain confidence in AF leadership and minimize confusion/ misinformation

b.) Ensure AF people receive accurate information from their leadership

rather than from external sources

c.) Ensure local Public Affairs tailors communication efforts to address local concerns

6. Education for Medical Personnel

a. Medical personnel are the primary source of information on the disease, the vaccine, and vaccine side effects. They order the vaccine, store the vaccine, administer the vaccine, and record the immunizations in the appropriate records. For those individuals who have an adverse event associated with the vaccine, they provide the appropriate treatment and referral, if necessary, for diagnosis and treatment of medical conditions. All medical personnel should have a general knowledge about anthrax. The AVIP Health Care Provider's Briefing provides a general level of knowledge about anthrax and the immunization program and should be viewed by all Medical Treatment Facility (MTF) providers. It is available on the AVIP website under Clinician's Toolkit.

b. Beyond that, each MTF should have a group of "anthrax experts". These health care providers should possess the knowledge necessary to educate individuals contemplating anthrax vaccine refusal. An in-depth understanding of the disease and vaccine safety and efficacy is essential. While it is not necessary for these individuals to be physicians, each MTF should have individuals who can credibly answer questions on health, safety, and vaccine effects and who can relate to the individual being educated. For instance, it would be very appropriate for a flight surgeon to be the expert available to educate aircrew, while it may be more appropriate for an obstetrician or family practitioner to talk about reproductive effects.

ANNEX B

ADMINISTRATIVE ISSUES

1. Exceptions to Policy

a. 15 Day Policy. The USD/P&R memo dated 6 Aug 02 further defined "greater than 15 days" to say the greater than 15 days must be consecutive. Exceptions to this policy may be requested for those groups of individuals who rotate into the higher threat areas repeatedly for more than 15 cumulative days in a 12-month period. These criteria primarily apply to those personnel who are not part of routine rotational AEF packages, but who frequently transit the higher threat areas. Some examples of personnel who might be considered for this exception are airlifter crews, maintenance recovery crews, and aerial port teams. Commanders will identify the group of personnel (by mission, aircraft, organization, etc.) to be considered for the exception. Commanders will forward exception to policy requests to the theater CINC and ASD/HA through the MAJCOM/SG to Air Force Medical Operations Agency (AFMOA)/SGZP, who will process and coordinate the approval action.

b. Requests For Inclusion in Priority I. JTF-CS and JTF-CM units must be nominated for inclusion. Requests must be coordinated through the MAJCOMs who will forward to AFMOA/SGZP, who will work with the AVIP agency for coordination and approval.

2. ARC personnel will be in a duty status when receiving or administering any DoD directed vaccine. This information must be clearly communicated to all ARC personnel.

3. Emergency-Essential (EE) DoD Civilians. The resumption of the AVIP policy for EE civilian employees who are also members of a bargaining unit cannot be implemented until local activities have satisfied their statutory and contractual labor relation obligations.

4. Vaccine Dosing Schedule/Administration

a. Commanders are responsible for ensuring their personnel are appropriately vaccinated with the anthrax vaccine. Air Force tracks immunizations through the Air Force Complete Immunization Tracking Application (AFCITA). The installation Public Health Office has administrative oversight of this data system.

b. The anthrax vaccine is a six-dose schedule followed by an annual booster. The vaccine doses are given at 0, 2, and 4 weeks, followed by doses at 6, 12, and 18 months and an annual booster thereafter. The vaccine must be given in accordance with the above dosing schedule, as approved by the Food and Drug Administration. Vaccine will not be administered any earlier than the exact time intervals above. Commanders should pay close attention to these minimum intervals when their personnel are getting the vaccine series prior to deployments.

c. Personnel whose vaccination series was interrupted during the previous AVIP slowdown will not need to repeat any doses already received in the vaccine series or receive

extra doses. Once these individuals are identified as requiring the vaccine, they will just continue with the next dose in the series.

d. The Public Health Office will supply all Squadron Commanders with status reports on the anthrax vaccine. Commanders should pay close attention to units that have a significant fraction of personnel more than 30 days late for the anthrax vaccine, and take action to maximize compliance with required immunizations.

5. Waivers and Exemptions

a. Religious Waivers. The process for religious waivers is found in AFJI 48-110, which can be found at http://www.e-publishing.af.mil/pubfiles/af/48/afji48-110/afji48-110.pdf. Medical personnel should provide education to the individual on the medical implications of not being immunized and document their counseling in the individual's medical record.

b. Administrative and Medical Exemptions. It is critically important for commanders to be aware of the duty and deployment status of their personnel. Individuals who are unable to continue the anthrax vaccine series will not be qualified for duty in areas that are higher threat for anthrax. Exceptions to this must be approved at the Numbered Air Force level.

1.) Administrative Exemptions

a.) Administrative exemptions are authorized by AF/DP for military members, and emergency-essential (EE) civilians and specified contractors who meet specific criteria. This policy is effective no later than 60 days (5 Oct 02) from the release of the USD/P&R memo of 6 Aug 02.

b.) Commanders may exempt from the AVIP personnel who are separating within 180 days who meet the following conditions: (a) they are not currently assigned or deployed to a designated higher threat area, (b) they are not scheduled to perform duty in a designated higher threat area (including temporary duty); and, (c) the commander has not directed vaccination because of overriding mission requirements . Granting administrative exemptions is a personnel function, usually controlled by an individual's unit. Specific details on the process can be found in the 6 Aug 02 memo from USD/P&R addressing administrative issues. The document can be found at the AVIP website on the Policies page.

c.) Official documentation (i.e., from the SQ Commander, MPF) including the administrative code and duration (specific date, temporary, indefinite) of exemption will be presented to the Immunization Clinic. Validated administrative exemptions will then be entered into AFCITA by the Immunization Clinic staff.

2.) Medical Exemptions. Medical exemptions may be temporary or permanent and may be based on pre-existing conditions or result from vaccine adverse reactions. A credentialed health care provider will make the decision as to whether a medical exemption is appropriate. DoD health experts have developed clinical guidelines to assist providers in making that determination. Most medical exemptions will be temporary. Commanders should contact the local Medical Treatment Facility (MTF) if they need more information on this issue.

6. Healthcare Access Guidelines. At the time of immunization, service members, emergency-essential (EE) DoD US civilian employees, and specified contract personnel carrying out mission

essential services will be provided general information on expected adverse events, location of the nearest MTF, the toll free 24 hour information line to the CDC, and the toll free telephone number of the Military Medical Support Office (MMSO), the latter in the event medical treatment is required from non-military treatment facilities. Contact numbers can be found in the AVIP trifold. Whenever service members, EE DoD US civilian employees, and contract personnel present to an MTF expressing a belief that the condition for which the treatment is sought is related to an immunization received during a period of duty, they must be examined and provided necessary medical care. Care may be provided by a civilian medical facility in the following circumstances: an individual believes the situation to be an emergency and the civilian hospital is the nearest facility; an individual is on leave status, TDY or in a non-duty status (ARC personnel) and there are no MTFs within 50 miles. Pre-approval may still be required depending on the specific circumstances.

a. ARC Personnel. An adverse reaction from a DoD-directed immunization is a line of duty condition. Therefore, medical care must be provided for an ARC member who believes his medical complaint is related to receiving the DoD-directed immunization. When treatment has been provided, a line of duty and/or notice of eligibility will be determined as soon as possible. The following information must be provided to all ARC personnel when they are given DoD directed immunizations, in the event they have an adverse reaction associated with those vaccines. The follow-up is dependent on their status:

1.) In a Duty Status

b.) ARC members should seek a medical evaluation at a DoD or civilian medical treatment facility, as appropriate. If they are performing duty outside the catchment area of an MTF (a 50 mile radius), they should notify the unit's medical representative and inform them of the need to be evaluated for a possible vaccine reaction. The unit medical representative will generate the LOD/NOE, notify the MMSO, and get pre-authorization for the care.

b.) A line of duty (LOD)/notice of eligibility (NOE) is not required before seeking initial civilian medical care. However, the LOD is required by the Military Medical Support Office (MMSO) in order to authorize the care and to process the claim of payment. Additionally, the LOD is required for any follow-up medical care after the initial (first) visit, and **before** the follow-up care is received.

c.) If emergency medical care is required, the individual must ensure that the unit medical representative is notified of the emergency visit as soon as possible. The representative will then contact the MMSO at 1-888-647-6676 and provide the necessary information to authorize and process the claim for payment.

2.) Not In a Duty Status. ARC members must obtain an LOD/NOE to receive routine care at an MTF or from a civilian provider. If emergency care is needed, they should obtain the care then contact the unit medical representative as soon as possible. Always coordinate with the unit medical representative or the MMSO for authorizing the care and processing the claim.

3.) Contingency Operations Greater Than 30 Days. ARC members are enrolled in DEERS during active duty. Any medical care required to follow-up on a DoD-directed vaccine does not require an LOD/NOE while member is enrolled in DEERS.

4.) If an adverse reaction is confirmed, military medical personnel will make a determination as to whether a temporary or permanent exemption is appropriate for the ARC member following the guidelines in the medical exemptions section of this plan.

b. DoD Contractors

1.) As with ARC personnel, DoD contractors who are required to take the vaccine must also be provided with options for receiving medical care in the event they believe their medical complaint is related to the DoD administered vaccine.

2.) They should contact their supervisor or Civilian Personnel Flight (CPF) and make the situation known. Concurrently, they should notify the DoD medical facility that administered the vaccine of the adverse event. If they need to obtain immediate medical care, they should request guidance from the CPF as to what procedures they need to follow and/or which claims forms they need to complete as dictated by the company's compensation carrier. They should request the treating medical facility provide a copy of any medical report related to the suspected vaccine adverse event.

c. DoD EE Civilians. As with the above mentioned groups, DoD EE civilians who are required to take the vaccine, must also be provided with options for receiving medical care in the event they believe their medical complaint is related to the DoD administered vaccine. The following steps should be taken if they believe they have suffered an adverse reaction to a DoD administered vaccine and they would like to seek immediate medical attention:

1.) EE civilians should contact their supervisor or CPF and specify that they believe they have suffered a reaction to a DoD administered vaccine and would like immediate medical attention. Additionally, they should notify the DoD medical facility that administered the vaccine of this event.

2.) The CPF will provide them with a Federal Employees' Compensation Act (FECA) claim form.

3.) The installation or agency Injury Compensation Program Administrator (ICPA) will explain the options under the FECA and, if requested, arrange for a medical examination and/or treatment authorization form (CA-16) to be issued. Initially, individuals may select a physician of their own choice or request treatment at the nearest military medical treatment facility (MTF), if available.

4.) Upon receiving authorization for medical care, EE civilians should proceed to the treating facility without delay. They should request that the treating physician provide the CPF and the MTF with a copy of the initial medical report. The original medical report should be forwarded to the Department of Labor's Office of Workers' Compensation Programs.

5.) Encourage individuals to maintain contact with their supervisor and the CPF throughout the period of treatment regarding their ability to return to duty. The ICPA at the installation or agency can assist with return-to-duty efforts, as well as subsequent queries regarding FECA benefits.

7. Refusal Management

a. Military Members. The member's commander exercises his or her discretion in handling refusal cases. However, requiring a military member to take the anthrax vaccine

constitutes a lawful order. If an individual indicates he or she is going to refuse the anthrax vaccination the following approach should be followed.

1.) Find out why the individual is reluctant

2.) Provide the member with appropriate education

3.) Combinations of concerns may require education by a number of people; for example:

a.) Concerns with vaccine safety or efficacy should be sent to the supporting medical organization. Medical education should be tailored to the specific concerns of the individual (efficacy, reproduction, allergic reactions, etc.) and should be accomplished by a health care provider knowledgeable about the anthrax vaccine and who is able to address the specific medical concerns of the individual. The medical counseling will be documented in the individual's medical record.

b.) Concerns with the threat should be addressed by intelligence personnel (either medical or line).

c.) If the member is still reluctant after additional education, send the member to the Area Defense Counsel for an explanation of the potential consequences of his/her refusal.

4.) After the appropriate counseling, commanders should again ask the individual to take the vaccine.

5.) If the member still refuses, consult with JA for appropriate action.

b. Emergency Essential (EE) Civilian-Specific Actions

1.) EE civilian employees who do not receive the DoD-directed vaccination and therefore cannot perform their EE duties are subject to provisions in AFI 36-507, Mobilization of the Civilian Work Force.

2.) These provisions may include assigning an alternate to the EE duties, reassignment of the employee, or adverse action including termination of employment. Such employees should be counseled by their supervisors in consultation with the servicing CPF, regarding possible ramifications of refusing the vaccination.

3.) Recommend and provide medical or intelligence education if their concerns are in those areas.

c. Contractor-Specific Actions. Contract employees who do not receive the DoD-directed vaccination are subject to provisions of their contract. Recommend and provide medical or intelligence education if their concerns are in those areas. Contact SAF/AQCX for further guidance.

ANNEX C

MEDICAL ISSUES

1. The anthrax vaccine will be administered IAW FDA, CDC and AF guidelines.

a. Dosage Schedule

1.) The dosage schedule for the anthrax vaccine is 0, 2, 4 weeks, followed by doses at 6, 12, and 18 months with an annual booster to sustain immunity. This is the only dosage schedule currently approved by the FDA. Do not administer the vaccine on a compressed or accelerated schedule. Under NO circumstance is the vaccine to be given at shorter intervals than approved by the FDA. Contact the Vaccine Healthcare Center (VHC) or the Regional Allergy Clinic for questions on the vaccine schedule. Shots should be given on or as soon after recommended dates as possible. Whenever a vaccine dose is received after a scheduled date, adjust the subsequent doses accordingly to ensure the proper interval of time between doses. All immunizations are given subcutaneously and IAW the current scope of practice. The preferred site is the deltoid region.

2.) If the series is interrupted or delayed for any reason it is not necessary to re-start the primary series. The primary series of six doses must be completed only once. Upon resumption of immunization for an individual, provide the next dose in the series at the earliest possible date and continue to follow the prescribed schedule.

b. Pregnancy. Anthrax vaccine is generally deferred during pregnancy. 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. All females of childbearing age will be asked about the possibility of pregnancy prior to receiving the vaccine. The following question, recommended by the CDC, should be used on any locally approved questionnaire/overprint: "For women: 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.

c. Pre-vaccination Screening. Screen patients prior to immunizations to ensure there are no contraindications for receiving the vaccine. Follow current CDC and AF guidelines.

2. Adverse Reactions

a. General Information. Medical personnel must be prepared to manage perceived or actual adverse events after vaccination: how to minimize them, respond to them, and report them IAW AFJI 48-110. Treat each concern with care: some symptoms following anthrax vaccination may or may not be caused by the vaccination, but all deserve individual attention. A sample adverse reaction questionnaire is included in the Clinical Guidelines packet and may be used for patients presenting with a complaint they believe is related to a prior vaccine. If this or similar questionnaire is used, file in patient's record.

b. Immunization Technician's Role. Immunization technicians will have the most current version of the Anthrax Vaccine Trifold Brochure and other sources of information (e.g., vaccine information sheet – VIS) available in the clinic, which provide details on potential side effects. If a patient returns to the clinic after receiving a vaccination and indicates that they had an adverse reaction, the immunization technician can, again, provide these information sources to the patient. If the adverse reaction is anything more than a mild, local reaction, they should be referred to a provider. In EVERY case, the patient should be given the option of seeing a provider if the patient believes it is warranted.

c. Clinical Management of Vaccine Reactions. All clinic providers should become familiar with the guidance in the "Consensus Clinical Guidelines for Managing Adverse Events After Vaccination" (Jul 02 or later edition) for evaluation of individuals who have an adverse event following immunization. These Clinical Guidelines have been developed as a ready reference for primary care and specialty clinicians who manage patients with vaccine adverse events. The guidelines can be found on the AVIP website at: http://www.anthrax.mil/media/pdf/cpguidelines.pdf. They include information on adverse events, treatment guidelines, VAERS reporting, medical and administrative exemptions, references, sample questionnaires, and charts on managing adverse events after vaccination. The guidelines can be downloaded from the Internet. Ensure widest dissemination of these guidelines by presenting them at an MTF Professional Staff meeting and other locally available forums.

d. Reporting Vaccine Adverse Events. It is critically important that significant adverse reactions to vaccines be reported through the FDA's Vaccine Adverse Event Reporting System (VAERS). VAERS reporting is detailed in the Clinical Guidelines. At a minimum, a VAERS report must be completed if a hospitalization, life-threatening event (e.g., anaphylaxis), or loss of duty time greater than 24 hours occurs as a result of an immunization or from those events suspected to have resulted from contamination of a vaccine vial. VAERS forms may also be filled out for any other reaction at the patient's request or if the provider feels it is appropriate. The original report should be mailed to the FDA at the following address: VAERS, PO box 1100, Rockville, MD 20849-1100 or it may be sent electronically using the following website: http://www.vaers.org. A copy of the report is sent to the Air Force Epidemiology Services Branch, AFIERA/RSRH, 180 Kennedy Circle, Bldg 180, Brooks AFB, TX 78235-5116. DSN: 240-3471, fax: DSN: 240-6841. A second copy should be placed in the individual's medical record.

3. Medical Exemptions

a. Individuals who have certain pre-existing conditions that preclude anthrax vaccination and some individuals who develop reactions during the vaccination series may warrant medical exemptions. It is important to identify individuals with medical exemptions so their status can be tracked in AFCITA and further vaccine administration can be managed appropriately. Administrative exemptions are discussed in Annex B of this plan.

b. There are two types of medical exemptions – temporary and permanent.

1.) Temporary Medical Exemptions. Temporary medical exemptions are indicated in situations where it is clinically inappropriate to administer the vaccine to an individual due to a condition that is expected to resolve or otherwise end, such as:

a.) Immunosuppressive therapy
b.) Pregnancy
c.) Some acute illnesses, injuries, vaccine reactions, or post-surgical recovery periods

Initial temporary medical exemptions may be granted by any privileged military healthcare provider or based on the examination of a civilian provider. Temporary exemptions are by definition self-limiting. Every effort should be made to keep temporary exemptions limited to the shortest time needed for conditions to resolve or to complete evaluations of unexplained conditions or potential adverse reactions to a vaccine. When evaluating individuals with possible adverse events following receipt of anthrax vaccine, use the Clinical Guidelines to determine whether or not a medical exemption from subsequent doses of vaccine is indicated.

It is critically important for commanders to be aware of the duty and deployment status of their personnel. Individuals who are unable to continue the anthrax vaccine series will not be qualified for duty in areas that are higher threat for anthrax. Exceptions to this must be approved at the Numbered Air Force level. Use the established profile policies (AFI 48-123) to provide clear, up-to-date notification of medical status of individuals who are deferred from anthrax vaccine while undergoing medical treatment or evaluation. Typically, a P2 profile (with geographic restrictions) is appropriate. The profile officer or Chief of Clinical Services should use the guideline below for determining appropriate duration of profiles and medical exemptions to anthrax vaccine. The intent is to ensure personnel with temporary exemptions complete needed evaluations and commanders receive final recommendations regarding continuation of the anthrax vaccine series:

0 – 3 months: initial exemption/profile for self-limiting conditions, some adverse reactions, any exemption based only on civilian physician evaluation

3 – 6 months: if exemption/profile is continued, review to ensure clinical evaluation is progressing appropriately

6 – 12 months - schedule consultation with specialist (if not self-limiting)

12 month (cumulative total) - proceed to medical evaluation board (or equivalent for Reserve Component members) if the individual cannot continue anthrax vaccine series. Temporary exemptions should not extend beyond twelve months.

Individuals with a suspected hypersensitivity reaction to anthrax vaccine or its components must be referred to a military allergist/immunologist for evaluation. IAW AFJI 48-110. They should receive a temporary medical exemption and be placed on a P2 profile (with geographic restrictions) until the evaluation is completed. Once individuals have returned from their allergy/immunology evaluation, and they require a temporary exemption from anthrax

immunization, they will be handled in a similar fashion, P2 with geographic restrictions. If they require a permanent exemption, a Medical Evaluation Board (MEB) will be required, IAW AFI 48-123.

Personnel on flying status who are seen for vaccine reactions or other conditions affecting continuation of the anthrax vaccine series must be referred to the Flight Medicine Clinic for duty disposition.

2.) Permanent Medical Exemptions. Permanent medical exemptions are granted under medical conditions such as human immunodeficiency virus (HIV) and other chronic immune deficiencies, severe reactions after a previous anthrax vaccine, and other situations referenced in the Clinical Guidelines. Only the Chief of Clinical Services, after consultation with a military board certified allergist/immunologist, and other specialists as appropriate, may recommend a permanent medical exemption to the MEB. This Air Force specific requirement supercedes the criteria in the Clinical Guidelines. Individuals who are restricted from taking the vaccine due to HIV or other chronic immune deficiencies may not require a consult from an allergist/immunologist if the MEB process for their primary health problem already exempts them from anthrax vaccine. Personnel on flying status who are undergoing MEB for permanent exemption also require evaluation for flying waiver.

4. Anthrax Vaccine Tracking

a. AFCITA. Air Force tracks immunizations through AFCITA. AFCITA will track when individuals are due for subsequent doses only for those anthrax immunizations given on or after the date the AVIP resumes. Once someone receives the vaccine after the program resumes, they will continue the series, regardless of their deployment status, and AFCITA will track their status. AFCITA will indicate their status as either **green** (current) or **red** (not current). It will turn from **green** to **red** on the day the dose is due. Individuals who received an anthrax vaccination prior to the program resumption will not be tracked until they receive a subsequent shot. They will not show as overdue until they resume the series and are late.

b. Public Health Office

1.) Provides administrative oversight of the AFCITA data system.

2.) Sends commanders unit status reports on compliance with anthrax and other vaccines in order to maximize program compliance and enhance force health protection

3.) Obtains numbers of personnel deploying, including deployment location and duration, from appropriate base organizations (IDO, UDM, XP, and others as indicated)

4.) Determines which deployers require the anthrax vaccine

5.) Forwards 90 day projected vaccine requirements to Medical Logistics Office

5. Medical Logistics/Vaccine Distribution

The US Army Medical Materiel Agency (USAMMA) is responsible for coordinating the distribution of anthrax vaccine within DoD. USAMMA will issue messages (MMQC) regarding the vaccine distribution process for the anthrax vaccine as changes occur. The Air Force

Medical Logistics Office (AFMLO) is the AF distribution point of contact for this program. The Air Force POC can be contacted at DSN 343-4172, or Commercial 301-619-4172.

Base level medical logistics personnel can order the anthrax vaccine on-line using the Air Force Anthrax Vaccine Request Form once the resumption has begun. Check the USAMMA/AVIP site http://www.armymedicine.army.mil/usamma/anthrax/antxhome.htm for details. Coordinate with the Public Health Office and project enough vaccine for the following quarter (90 days). Order only enough vaccine to meet projected requirements. AFMLO will forward requirements to AFMOA/SGZP and MAJCOMs to validate.

Anthrax vaccine is heat and cold sensitive. The vaccine must be kept at the appropriate storage temperature range throughout the entire vaccination process. It should be removed just prior to giving the shot. This vaccine generally should not be "pre-drawn" for administration. The USAMMA web site provides additional guidance on handling, storage, transportation, and administration of anthrax vaccine.