



REPLY TO  
ATTENTION OF

DEPARTMENT OF DEFENSE  
ARMED FORCES EPIDEMIOLOGICAL BOARD  
5109 LEESBURG PIKE  
FALLS CHURCH, VA 22041.3258



JUL 3 0 2001

AFEB (15-1a) 01-03

MEMORANDUM FOR The Acting Assistant Secretary of Defense (Health Affairs)  
The Surgeon General, Department of The Army  
The Surgeon General, Department of The Navy  
The Surgeon General, Department of The Air Force

SUBJECT: Consultation for the Vaccine Health Care Center (VHC) Network

1. At the 22-23 May 2001 meeting of the Armed Forces Epidemiological Board (AFEB), the Board was asked to consider a set of questions on the above subject by the Deputy Surgeon General of the Army. Specifically, the AFEB was requested to appoint two or three Board members to collaborate with the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices forming a Vaccine Health Care Center (VHC) Advisory Board. Responsibilities envisioned for this VHC Advisory Board include consultation, review and comment on clinical-management issues, protocols, and other vaccine-delivery issues for the VHC Network.

2. The Board understands that the current DoD VHC Network consists of a single "Lead VHC" responsible for coordination and development of policies, tools and education materials, and standard operating procedures. The North Atlantic Regional Medical Command through Walter Reed Army Medical Center's Allergy and Immunization Department has responsibility for this Lead VHC. This Lead VHC will be advised by a Clinical Advisory Board comprised of joint working groups of the AFEB and the CDC's Advisory Committee on Immunization Practices. The VHC Advisory Board is expected to meet three times annually.

3. The Board discussed the issue and concludes/recommends the following:

**a. THE DOD IS COMMENDED FOR ACTING ON PRIOR AFEB RECOMMENDATIONS ON EDUCATION AND QUALITY ASSURANCE IN VACCINE DELIVERY. THESE RECOMMENDATIONS WERE ISSUED IN A REPORT FOR THE AFEB, AUGUST 1999, "VACCINES IN THE MILITARY: A DEPARTMENT OF DEFENSE-WIDE REVIEW OF VACCINE POLICY AND PRACTICE."**

**b. THE BOARD NOMINATES WILLIAM BERG, M.D., M.P.H., PIERCE GARDNER, M.D., AND LINDA ALEXANDER, PH.D. TO COLLABORATE WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

AFEB (15-1a) 01-03

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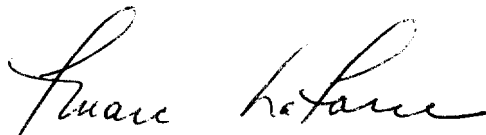
**ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)  
FORMING A VACCINE HEALTH CARE CENTER (VHC) ADVISORY BOARD  
TO CONSULT, REVIEW AND COMMENT ON CLINICAL-MANAGEMENT  
ISSUES, PROTOCOLS, AND OTHER VACCINE-DELIVERY ISSUES FOR THE  
VHC NETWORK.**

**c. TO ENSURE COORDINATION AND CONSIDERATION OF SERVICE  
UNIQUE ISSUES, THE BOARD RECOMMENDS THAT EX-OFFICIO  
MEMBERS FROM HEALTH AFFAIRS AND EACH MILITARY SERVICE BE  
APPOINTED TO THE VHC ADVISORY BOARD.**

**d. THE BOARD RECOMMENDS THAT THE VHC ADVISORY BOARD  
CONFER AT LEAST THREE TIMES ANNUALLY, IDEALLY DURING  
ALTERNATING SESSIONS OF THE ACIP AND AFEB. ADDITIONALLY, THE  
BOARD RECOMMENDS THAT THE DOD VHC CONCEPT AND NEED FOR A  
CONTINUING VHC ADVISORY BOARD BE REVIEWED IN TWO YEARS.**

4. The above recommendations were unanimously approved.

FOR THE ARMED FORCES EPIDEMIOLOGICAL BOARD:



F. MARC LAFORCE, M.D.  
AFEB, President



JAMES R. RIDDLE, D.V.M., M.P.H.  
Lt Col, USAF, BSC  
AFEB Executive Secretary

2 Encls

1. Memorandum, 24 Apr 2001, Consultation for the Vaccine Health Care Center (VHC) Network
2. Information Paper, 27 Mar 2001, Vaccine Health Care Center (VHC) Network

CF:

Board Members and Consultants (w/encls)

Walter Reed National Vaccine Health Care Center Network (w/encls)

DASG-HCA (w/encls)



REPLY TO  
ATTENTION OF

DASG-ZB

DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
5109 LEESBURG PIKE  
FALLS CHURCH VA 220414258



24 APR 2001

MEMORANDUM FOR PRESIDENT, ARMED FORCES EPIDEMIOLOGICAL BOARD

SUBJECT: Consultation for the Vaccine Healthcare Center (VHC) Network

1. In 1999, the Armed Forces Epidemiological Board (AFEB) issued a report entitled "Vaccines in the Military," which noted that "Individual medical treatment facilities need support to access uniform standards of training and proficiency testing for personnel assigned to deliver immunizations. . . ." To meet this need, Walter Reed Army Medical Center began training the staff for the Vaccine Healthcare Center (VHC) in February 2001. The VHC network is the cornerstone of our Congressionally recognized partnership with the Centers for Disease Control & Prevention (CDC) for education, clinical services, and research to enhance vaccine-related healthcare delivery.

2. To support the VHC network, I request the AFEB appoint two or three members to collaborate with the CDC's Advisory Committee on Immunization Practices (ACIP) forming a VHC Advisory Board. ACIP has already named its members to this Board. This Board will consult, review, and comment on clinical-management issues, protocols, and other vaccine-delivery issues for the VHC Network, conferring up to three times per year. The members of this Board will report back to their full committee(s) as appropriate.

3. Request the AFEB provide:

- a. Names of two to three members to serve on this working group.
- b. Recommendations on setting(s) in which to confer with VHC leadership (e.g., teleconferences, alternating sessions at ACIP and AFEB meetings).

4. My points of contact are COL Renata Engler (202-782-9461), LTC Bryan Martin (202-782-8088), and LTC John Grabenstein (703-681-5101).

PATRICK D. SCULLEY  
Major General, DC  
Deputy Surgeon General

## INFORMATION PAPER

DASG-HCA  
27 March 2001

SUBJECT: Vaccine Healthcare Center (VHC) Network

1. PURPOSE. To summarize key aspects of the Vaccine Healthcare Center Network.

### 2. FACTS

a. The Vaccine Healthcare Center (VHC) Network is a collaborative effort between the Department of Defense (DoD) and the Centers for Disease Control and Prevention (CDC) and fulfills Section 751 of the National Defense Authorization Act of 2001. This Act instructs the Secretary of Defense to establish guidelines under which Service Members "may obtain access to a Department of Defense Center of Excellence treatment facility for expedited treatment and follow up" [10 USC 1110(2)(b)(3)] as part of establishing "a system for monitoring adverse events of members of the armed forces to the anthrax vaccine" [10 USC 1110(2)(b)(1)]. In addition, the Network offers the DoD a system to monitor adverse events after any vaccination.

b. The Armed Forces Epidemiological Board identified deficiencies in DoD's immunization health care in its April 1999 report: "Vaccines in the Military: A DoD-Wide Review of Vaccine Policy and Practice" (pages 72-77). In March 2000, the National Vaccine Advisory Committee published a report calling for high standards for quality adult immunization programs in non-traditional sites (*MMWR* 2000;49(RR-1); I-1 3).

c. Vision: The VHC Network is dedicated to continuous improvement of immunization health-care delivery, from education and research to management of adverse events. The VHC Network provides clinical programs to facilitate the health care of Service Members and other beneficiaries, to improve personal immune protection and "immune readiness." The VHC Network will become a strategically located network of centers of excellence for military vaccine quality care, thereby enhancing vaccine safety, efficacy and acceptability. As the cornerstone for a CDC/DoD partnership, the VHC Network has the potential to become a national resource for the validation of vaccine safety.

d. Mission: To provide clinical support and leadership for immune readiness, the VHC network will develop programs dedicated to the highest quality and safety of immunizations. This CDC/DoD collaboration is designed to (1) improve the safety and quality of vaccine delivery, (2) improve reporting of vaccine-related adverse events, (3) improve the quality of clinical management of people who suffer adverse events, (4) improve satisfaction with vaccine-related health-care services, and (5) improve beneficiary and vaccine-provider knowledge, understanding, and acceptance of immunization requirements.

e. VHC Structure: Initially, the VHC Network will consist of a single "Lead VHC," responsible for co-ordination and development of policies, tools, education materials,

and standard operating procedures (SOPs) for subsequent regional VHCs. The Lead VHC reports to DoD and the CDC. The North Atlantic Regional Medical Command (NARMC) and its Walter Reed Army Medical Center (WRAMC) coordinate and host the Lead VHC, via WRAMC's Allergy-Immunology Department. The Lead VHC reports to the CDC through the National Immunization Program (NIP). The Lead VHC will be advised by a Clinical Advisory Board comprised of joint working groups of the AFEB and the CDC's Advisory Committee on Immunization Practices (ACIP).

f. Maturation: The first regional VHC for the North Atlantic Regional Medical Command is being developed in parallel with the Lead VHC with hiring and training of staff currently underway. Additional VHC sites will be added to the network as funding and collaborative relationships permit. Future coordination with the Department of Veterans Affairs and other parties may be possible as the Network matures.

g. Facilities: Initial renovations for the Lead VHC will be completed by 1 May 2001. The facilities include a service center, clinical-evaluation spaces for specialized testing and vaccine-dose challenges, and a 16-seat learning laboratory integrated with the existing tri-service Immunization-Allergy-Asthma Specialist School at Forest Glen.

h. Priorities: After initial training, VHC staff will reach out to immunization sites within the NARMC region to implement and further develop quality standards for immunization services and to assess training and resource requirements. Support programs will include developing SOPs, facilitating reports to the Vaccine Adverse Events Reporting System (VAERS), developing mechanisms for case management of patients with prolonged or severe adverse events associated with anthrax vaccine, developing educational resources, enhancing vaccine-related information exchange, surveying vaccination sites regarding performance levels in vaccine delivery and adverse-event reporting.

i. Resources: Personnel support for the VHC Network is not available within current DoD resourcing. Therefore, CDC funds hired eight contract personnel, with no direct funding from DoD. The Health Resources & Services Administration provides an administrative officer. DoD support is provided via program design, logistics, staff training and development, and clinical expertise from WRAMC's Allergy-Immunology Department. If the VHC Network is to be sustained in subsequent years, programming of DoD resources for out years will be needed.

3. Conclusions: The North Atlantic Regional VHC at WRAMC will serve as a template for future VHC sites. The Lead VHC will provide leadership and direction, as well as coordination of input to the Clinical Advisory Board and CDC. The VHC initiative brings CDC and DoD together to enhance the quality of vaccine delivery and safety surveillance within DoD.

LTC John D. Grabenstein/DASG-HCA/703-681-5059

Approved by COL Randolph