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ZNR UUUUU  
P R 211314Z OCT 02 ZYB MIN  
FM CNO WASHINGTON DC//N09//  
TO NAVADMIN  
INFO RUEKJCS/CJCS WASHINGTON DC//J4//  
RUEKJCS/SECDEF WASHINGTON DC//OASD-FMP/OASD-HA//  
RUEADWD/DA WASHINGTON DC//DACS-ZD//  
BT  
UNCLAS  
NAVADMIN 351/02  
MSGID/GENADMIN/CNO WASHINGTON DC/-/OCT//  
SUBJ/RESUMPTION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)//  
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REF/C/DOC/USD(P AND R)/YMD:20020806//  
REF/D/DOC/ASD(HA)/YMD:20020806//  
REF/E/DOC/ASD(FMP)/YMD:20020910/NOTAL//  
REF/F/DOC/DIRECTOR AVIP AGENCY/YMD:20020913/NOTAL//  
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REF/Q/MSG/CHINFO WASHINGTON DC/021931ZJUL2002//  
NARR/REF A IS DEPSECDEF POLICY STATEMENT ANNOUNCING THE  
REINTRODUCTION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP).  
REF B IS UNDER SECRETARY OF DEFENSE (PERSONNEL AND READINESS), USD(P  
AND R), MEMO PROMULGATING ADMINISTRATIVE AND CLINICAL POLICIES  
REGARDING THE REINTRODUCTION OF THE AVIP. REF C IS USD(P AND R) MEMO  
DISSEMINATING AVIP ADMINISTRATIVE GUIDANCE. REF D IS ASSISTANT  
SECRETARY OF DEFENSE (HEALTH AFFAIRS), ASD(HA), MEMO PROVIDING  
CLINICAL INFORMATION AND GUIDANCE RESPECTIVE TO THE AVIP. REF E IS  
ASSISTANT SECRETARY OF DEFENSE (FORCE MANAGEMENT POLICY) MEMO  
APPROVING DON'S AVIP IMPLEMENTATION. REF F IS DIRECTOR AVIP AGENCY  
MEMO PROVIDING POLICY CLARIFICATION FOR NAVAL FORCES AFLOAT. REF G  
IS ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)

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MEMO DIRECTING EXECUTION. REF H IS SECRETARY OF THE ARMY MEMO  
DIRECTING THIRD AVIP SLOWDOWN GUIDANCE. REF I PROVIDED EXECUTION  
GUIDANCE OF REF H. REF J IS VICE CHIEF OF STAFF OF THE ARMY MEMO  
PROVIDING ADDITIONAL TEMPORARY SLOWING AND FUTURE RESUMPTION OF AVIP  
GUIDANCE. REF K DISSEMINATED EXECUTION GUIDANCE CONTAINED IN REF J.  
REF L PROMULGATED GUIDANCE FOR THE TEMPORARY SLOWING AND FUTURE  
RESUMPTION OF AVIP. REF M PROVIDED SPECIFIC IMPLEMENTATION GUIDANCE

FOR REF L. REF N IS USD(P AND R) MEMO IMPLEMENTING A ONE DAY POLICY. REF O IS DON'S AVIP IMPLEMENTATION INSTRUCTION, WHICH REMAINS IN EFFECT EXCEPT AS MANDATED BY REFS A THROUGH D AND REF F. REFS P AND Q DISSEMINATE AVIP PUBLIC AFFAIRS GUIDANCE.//  
POC/QUIVERS C A/LCDR/CNO N931D5/LOC:WASHINGTON DC/TEL:(703) 601-1716 /TEL:DSN 329-1716/TEL:FAX (703) 601-2010//  
RMKS/1. DEPSECDEF HAS ORDERED A THREAT-BASED RESUMPTION OF THE AVIP VIA REF A AND REF B POLICY MEMOS, WHICH MAY BE VIEWED ON DOD'S AVIP WEBSITE AT [HTTP://WWW.ANTHRAX.MIL](http://www.anthrax.mil). THIS POLICY SUPERCEDES REFS H THROUGH N. REF O IS CURRENTLY UNDER REVISION AND, WHEN SIGNED, WILL PROVIDE OVERARCHING EXECUTION GUIDANCE. PER REFS E AND G, THIS NAVADMIN AUTHORIZES IMMEDIATE EXPANSION OF ANTHRAX VACCINATION TO INDIVIDUALS MEETING OR EXPECTING TO MEET PRIORITY GROUP 2 DEFINITION

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(SEE PARA 3).

2. BACKGROUND. ON 31 JAN 02, THE FOOD AND DRUG ADMINISTRATION (FDA) GAVE BIOPORT CORPORATION FINAL APPROVAL TO RESUME THE MANUFACTURE, DISTRIBUTION AND RELEASE OF THE US-LICENSED ANTHRAX VACCINE ADSORBED (AVA). THE NATIONAL ACADEMY OF SCIENCES' INSTITUTE OF MEDICINE CONCLUDED A TWO YEAR STUDY OF AVA AND PUBLISHED THEIR FINDINGS IN MAR 02 REAFFIRMING THE VACCINE'S EFFECTIVENESS AND SAFETY. CURRENT INTELLIGENCE ASSESSMENTS INDICATE THAT THE ANTHRAX THREAT TO US PERSONNEL IS VALID.

3. GUIDANCE:

- A. PRIORITY GROUP 1, WHICH INCLUDES DESIGNATED SPECIAL MISSION UNITS, AND PERSONNEL INVOLVED IN RESEARCH AND AVA MANUFACTURING, WILL CONTINUE ONGOING VACCINATION SERIES.
- B. PRIORITY GROUP 2 INCLUDES PERSONNEL ASSIGNED TO OR DEPLOYED IN THE HIGHER THREAT AREAS (HTA) OF SOUTHWEST ASIA (SWA) FOR MORE THAN 15 CONSECUTIVE DAYS. THE COUNTRIES INCLUDED IN THE HTAS ARE LISTED ON SIPRNET VIA THE N931 HOMEPAGE [HTTP://USN.CNO.NAVY.SMIL.MIL/N093](http://USN.CNO.NAVY.SMIL.MIL/N093).
- C. NEAR TERM AVIP IMPLEMENTATION MAY INCLUDE OTHER PERSONNEL DETERMINED BY THE ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS, IN CONSULTATION WITH THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF, TO

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BE AT HIGHER RISK FOR EXPOSURE TO ANTHRAX.

D. VACCINATIONS HAVE ALREADY COMMENCED FOR PERSONNEL DEPLOYED WITHIN DESIGNATED SWA COUNTRIES IN SUPPORT OF USCENTCOM. AS DOD IS ABLE TO SHIP AVA TO INSTALLATIONS WORLDWIDE, VACCINATIONS WILL BEGIN FOR PERSONNEL PRIOR TO DEPLOYMENT.

E. PERSONNEL AFFECTED BY THIS POLICY WHO PREVIOUSLY BEGAN THE ANTHRAX VACCINE DOSING SERIES BUT DEFERRED DOSING DURING AVIP SLOWDOWNS WILL RESUME VACCINATIONS WHERE THEY LEFT OFF. DO NOT START THEM OVER FROM DOSE ONE. THIS IS CONSISTENT WITH GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) AND CONSULTATION WITH THE FDA.

F. ACTIVE DUTY AND RESERVE COMPONENT MEMBERS, CIVILIAN PERSONNEL CLASSIFIED AS EMERGENCY-ESSENTIAL, OTHER PERSONNEL CATEGORIZED AS ALERT FORCES (E.G., MILITARY SEALIFT COMMAND CIVILIAN MARINERS) AND CONTRACTOR PERSONNEL CARRYING OUT MISSION ESSENTIAL SERVICES

ARE SUBJECT TO THIS POLICY PER REF C. THE MAJORITY OF NAVAL PERSONNEL AFLOAT WILL NOT BE VACCINATED AT THIS TIME.  
G. PER REFS C AND F, PERSONNEL PERMANENTLY ASSIGNED TO OR DEPLOYED ON THE GROUND IN THE HTA FOR AT LEAST 15 CONSECUTIVE DAYS AND

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PERSONNEL AFLOAT ON CONTIGUOUS WATERS WHO HAVE POTENTIAL TO BE COMMITTED ASHORE SHALL CONTINUE UNDER AVIP. EXAMPLES INCLUDE NAVY PERSONNEL SUPPORTING MARINE EXPEDITIONARY UNITS, MEDICAL DEPARTMENT PERSONNEL, LINGUISTS, LOGISTICS PERSONNEL, CONSTRUCTION BATTALION PERSONNEL, AND OTHER PERSONNEL IDENTIFIED IN OPERATIONS PLANS WHO ARE REQUIRED TO SUPPORT COMBAT AND CONTINGENCY OPERATIONS ASHORE.  
H. VACCINATIONS FOR PERSONNEL MEETING THE CRITERIA IN PARAS 3B THROUGH 3C MAY BEGIN PRIOR TO ARRIVAL IN THEATER AND MAY COMMENCE UP TO 45 DAYS PRIOR TO DEPLOYMENT. ALL VACCINATIONS WILL BE PROVIDED CONSISTENT WITH THE FDA-APPROVED VACCINATION SCHEDULE.  
I. PERSONNEL WITHIN 90 DAYS OF TRANSFER OR REDEPLOYMENT FROM THE HTA WILL NOT BE REQUIRED TO RECEIVE VACCINATION AT THIS TIME.  
J. PERSONNEL WHO COMMENCE THE VACCINATION SERIES AND SUBSEQUENTLY DEPART THE HTA WHILE REMAINING IN ACTIVE DUTY OR SELRES STATUS SHALL COMPLETE THE SERIES.  
K. PERSONNEL SEPARATING FROM ACTIVE DUTY BUT CONTINUING SERVICE WITH THE SELECTED RESERVE MUST CONTINUE THE ENTIRE SERIES REGARDLESS OF MOBILIZATION STATUS.  
L. PERSONNEL FLYING IN THE VERTICAL AIRSPACE OVER THE HTA SHALL NOT BE VACCINATED UNLESS THEY WILL BE BASED ASHORE IN THE HTA FOR 15 OR

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MORE CONSECUTIVE DAYS.

M. PORT VISITS FOR THE SOLE PURPOSE OF LEAVE OR LIBERTY SHALL NOT BE A BASIS FOR INITIATING OR CONTINUING VACCINATION.  
N. VACCINATIONS FOR PERSONNEL NOT SUBJECT TO THE ABOVE PROVISIONS SHALL BE DEFERRED PENDING FURTHER GUIDANCE. TAKE NO ACTION TO EXPAND ANTHRAX VACCINATIONS BEYOND THOSE SPECIFICALLY AUTHORIZED BY THIS MESSAGE. IF IN DOUBT, DO NOT VACCINATE.  
O. HEADQUARTERS POC FOR CLARIFICATION IS LCDR CELIA QUIVERS, CNO (N931), AT (703)601-1716 OR DSN 329-1716, E-MAIL: QUIVERS.CELIA@HQ.NAVY.MIL (UNCLASSIFIED) OR QUIVERS.CELIA@CNO.NAVY.SMIL.MIL (CLASSIFIED).  
4. COMMANDER'S RESPONSIBILITY:  
A. COMMANDERS SHALL CONDUCT AVIP EDUCATION (EMPHASIZING THE THREAT AND VACCINE SAFETY AND EFFECTIVENESS) FOR SAILORS, MARINES, MILITARY SEALIFT COMMAND CIVILIAN MARINERS (CIVMARS), AND DON CIVILIAN AND CONTRACTOR PERSONNEL. APPROVED BRIEFING MATERIALS AND EDUCATIONAL PRODUCTS ARE AVAILABLE AT THE DOD WEBSITE [HTTP://WWW.ANTHRAX.MIL/EDUCATION/DEFAULT.ASP](http://www.anthrax.mil/education/default.asp) OR BY CALLING TOLL FREE 1-877-GET-VACC (1-877-438-8222). UNIT COMMANDERS SHOULD BECOME FAMILIAR WITH THE QUESTIONS AND ANSWERS POSTED ON THE WEBSITE

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([HTTP://WWW.ANTHRAX.MIL/RESOURCE/DEFAULT.ASP](http://www.anthrax.mil/resource/default.asp)). PROFESSIONAL QUALITY

TRIFOLD BROCHURES HAVE BEEN DESIGNED ESPECIALLY FOR THIS PURPOSE. UNIT COMMANDERS MAY CONTACT MR. DENNIS MORELAND, NAVY FUNCTIONAL ANALYST, AT (703) 681-1748, DSN 761-1748, OR DENNIS.MORELAND@AMEDD.ARMY.MIL TO COORDINATE REQUIREMENTS AND SHIPMENT OF THE BROCHURES FOR UNIT EDUCATION. THEY MAY ALSO BE VIEWED ONLINE UNDER THE POPULAR RESOURCES SECTION OF THE AVIP WEBSITE ([HTTP://WWW.ANTHRAX.MIL/MEDIA/PDF/BROCHURE.PDF](http://www.anthrax.mil/media/pdf/brochure.pdf)).

B. COMMANDERS WILL MANAGE REFUSAL TO TAKE THE ANTHRAX VACCINE AS THEY WOULD ADDRESS ANY REFUSAL TO OBEY A LAWFUL ORDER.

C. PER REF C, COMMANDERS, COMMANDING OFFICERS, AND OFFICERS-IN-CHARGE (ABOVE THE PAYGRADE O-3) ARE DESIGNATED ADMINISTRATIVE EXEMPTION GRANTING AUTHORITY FOR MILITARY PERSONNEL. HEADS OF ECHELON THREE ACTIVITIES ARE DESIGNATED AS ADMINISTRATIVE EXEMPTION GRANTING AUTHORITY FOR CIVILIAN PERSONNEL.

D. COMMANDERS SHALL GRANT ADMINISTRATIVE EXEMPTIONS FOR PERSONNEL WHO ARE WITHIN 180 DAYS OF AN APPROVED RETIREMENT OR SEPARATION DATE AND WHO HAVE NOT BEEN DIRECTED BY THEIR COMMANDING OFFICER TO RECEIVE THE VACCINE BECAUSE OF OVERRIDING MISSION REQUIREMENTS. SELECTED RESERVE MEMBERS MUST HAVE: (1) APPROVED RETIREMENT ORDERS

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TO BE EFFECTIVE WITHIN 180 DAYS OR (2) APPROVED REASSIGNMENT DATE TO THE NON-PARTICIPATING INDIVIDUAL READY RESERVE; OR (3) EXPIRATION OF ENLISTMENT WITHIN 180 DAYS PRIOR TO CONSIDERATION FOR EXEMPTION FROM THE ANTHRAX SERIES.

E. THE APPLICABLE PERIOD FOR ADMINISTRATIVE EXEMPTION FOR MSC CIVMARS AND CONTRACT MARINERS (ALERT FORCES) AND EMERGENCY ESSENTIAL CIVILIAN AND CONTRACTORS SUBJECT TO THE AVIP BECAUSE OF PERFORMANCE OF ESSENTIAL CONTRACTOR SERVICES IS 180 DAYS PRIOR TO EFFECTIVE DATE OF RETIREMENT, RESIGNATION, SEPARATION, OR REASSIGNMENT OUT OF A POSITION SUBJECT TO THE AVIP. CIVILIAN PERSONNEL AFFECTED BY THIS POLICY WHO ARE MEMBERS OF BARGAINING UNITS WILL BE CONSIDERED FOR EXEMPTION ONCE ALL STATUTORY AND CONTRACTUAL LABOR RELATIONS OBLIGATIONS HAVE BEEN MET.

5. MEDICAL GUIDANCE:

A. MEDICAL PERSONNEL WILL THOROUGHLY UNDERSTAND THE ANTICIPATED SIDE EFFECTS (I.E., INJECTION SITE REDNESS/SWELLING/ITCHING/BURNING) AS WELL AS OTHER POTENTIAL ADVERSE EVENTS AFTER VACCINATION. MEDICAL PERSONNEL SHALL FAMILIARIZE THEMSELVES WITH HOW TO MINIMIZE, TREAT, AND REPORT ADVERSE EVENTS PER REF D. MEDICAL PERSONNEL SHOULD BECOME FAMILIAR WITH RESOURCES AT THE DOD AVIP WEBSITE

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([HTTP://WWW.ANTHRAX.MIL/EDUCATION/CLINICIAN/CLINICIANS.ASP](http://www.anthrax.mil/education/clinician/clinicians.asp)) IN ORDER TO PREPARE TO RESPOND TO QUESTIONS AND CONCERNS. THE RECENT COMPREHENSIVE REPORT ON ANTHRAX VACCINE SAFETY AND EFFECTIVENESS FROM THE NATIONAL ACADEMY OF SCIENCES INSTITUTE OF MEDICINE IS OF PARTICULAR VALUE TO MEDICAL PERSONNEL AND IS AVAILABLE ON-LINE AT [HTTP://WWW.NAP.EDU/HTML/ANTHRAX](http://www.nap.edu/html/anthrax) OR [HTTP://WWW.NAP.EDU/CATALOG/10310.HTML](http://www.nap.edu/catalog/10310.html).

B. ENSURE APPROPRIATE UNIT MEDICAL AND NON-MEDICAL PERSONNEL ARE TRAINED IN THE SHIPBOARD NON-TACTICAL AUTOMATIC DATA PROCESSING PROGRAM (SNAP) AUTOMATED MEDICAL SYSTEM (SAMS) IMMUNIZATION TRACKING SOFTWARE APPLICATION AND HAVE CURRENT PASSWORD ACCESS TO THE

SYSTEM. NAVAL RESERVE MEDICAL PERSONNEL SHOULD HAVE PASSWORD ACCESS AND BE FAMILIAR WITH THE RESERVE AUTOMATED MEDICAL INTERIM SYSTEM (RAMIS) IMMUNIZATION TRACKING. IMMUNIZATION TRACKING REQUIREMENTS REMAIN IN FORCE AND MUST BE MAINTAINED. IN ADDITION TO RECORDING MEMBER DATA, UNIT DATA, VACCINE LOT NUMBER, AND INJECTION SITE/ROUTE/NUMBER IN SAMS/RAMIS, RECORD THIS SAME INFORMATION IN MEMBER'S HEALTH RECORD (SF 601 OR SF 601 OVERPRINT) AND ON YELLOW SHOT CARD (PHS 731). DOCUMENT PROVISION OF PATIENT EDUCATION IN MEMBER'S HEALTH RECORD. INFORMATION FOR IMMUNIZATION TRACKING CAN BE OBTAINED VIA THE WEBSITE AT [HTTPS://IMCENTER.MED.NAVY.MIL/ITS](https://imcenter.med.navy.mil/its).

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- C. PERSONNEL ELIGIBLE FOR VACCINATION UNDER PRIORITIES 1 AND 2 AND WHO ALREADY HAVE RECEIVED AT LEAST ONE DOSE OF AVA WILL SIMPLY BEGIN WITH THE NEXT DOSE IN SERIES PER FDA-APPROVED SCHEDULE. THERE IS NO NEED TO RE-START INDIVIDUALS WITH DOSE NUMBER ONE. DOSES WILL NOT BE GIVEN ON A COMPRESSED OR SHORTENED SCHEDULE, AS THIS DECREASES EFFECTIVENESS. THESE REQUIREMENTS ARE CONSISTENT WITH FDA REGULATIONS AND GUIDANCE FROM CDC ACIP.
- D. UNIT MEMBERS CONSIDERED FOR MEDICAL EXEMPTION CODE "MR" (MEDICAL REACTIVE) SHALL BE REFERRED PER CLINICAL MANAGEMENT OF ADVERSE EVENTS GUIDELINES IN REF D FOR APPROPRIATE SPECIALTY EVALUATION PRIOR TO ASSIGNMENT OF MEDICAL EXEMPTION CODE "MR".
- E. ADDITIONAL DETAILED CLINICAL GUIDANCE IS AVAILABLE IN REF D, INCLUDING DISCUSSION OF DOSAGE SCHEDULE, MEDICAL SCREENING BEFORE IMMUNIZATION (PROVIDES SAMPLE SCREENING QUESTIONNAIRE THAT MAY BE CONSIDERED AND MODIFIED FOR USE), PREGNANCY SCREENING (REF D APPLIES), INJECTION-SITE SELECTION, MEDICAL EXEMPTIONS, AND ADVERSE EVENTS MANAGEMENT.
- F. ENSURE YOUR MEDICAL LOGISTICS SUPPORTING ELEMENT HAS SUFFICIENT REFRIGERATION CAPACITY TO PRESERVE THE INTEGRITY OF THE VACCINE, INCLUDING TEMPERATURE ALARMS AND BACK UP POWER CAPACITY.

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- 6. LOGISTICS CONSIDERATIONS.
  - A. ALL ACTIVE UNIT REQUESTS FOR ANTHRAX VACCINE WILL BE SUBMITTED TO AND VALIDATED BY APPROPRIATE FLEET COMMANDER HEADQUARTERS TO ENSURE COMPLIANCE WITH PARA 3 GUIDANCE PRIOR TO SUBMISSION TO NAVAL MEDICAL LOGISTICS COMMAND (NAVMELOGCOM).
  - B. ALL RESERVE ACTIVITY REQUESTS FOR ANTHRAX VACCINE WILL BE SUBMITTED TO AND VALIDATED BY RESERVE FORCE MEDICAL PRIOR TO SUBMISSION TO NAVMELOGCOM. POC FOR RESERVE REQUESTS IS HMC STANCO AT COM: 504-678-5413; DSN: 678-5413; FAX: 504-678-5485.
  - C. REQUESTS MUST BE PRIORITIZED BY UNIT AND INCLUDE: REQUESTING ACTIVITY; NUMBER OF PERSONNEL ASSIGNED; NUMBER OF PERSONNEL REQUIRING VACCINATION PER PARAS 3B AND 3C ABOVE; NUMBER OF DOSES REQUIRED FOR NEW STARTS; NUMBER OF DOSES REQUIRED FOR SUSTAINMENT; WHETHER WITHIN 45 DAYS OF DEPLOYMENT TO HTA; REQUESTED DELIVERY DATE; AND POC, TO INCLUDE COMMERCIAL AND DSN PHONE NUMBERS AND E-MAIL ADDRESS. REQUESTS MEETING THESE CRITERIA ARE TO BE SUBMITTED TO NAVMELOGCOM THIRTY DAYS BEFORE THE REQUIRED MONTH OF DELIVERY. NAVMELOGCOM WILL FORWARD ALL REQUESTS TO CNO (N931), WHO HAS FINAL VALIDATION AUTHORITY.

D. NAVMEDLOGCOM WILL LIAISON WITH THE U.S. ARMY MEDICAL MATERIEL

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AGENCY (USAMMA) TO COORDINATE DISTRIBUTION OF VACCINE IAW REF O, ANNEX D. ANTHRAX VACCINE WILL BE PROVIDED AT NO COST TO UNITS. ANCILLARY SUPPLIES ARE THE RESPONSIBILITY OF THE RECEIVING ACTIVITY. THE CURRENT CONTRACT INCLUDES DISTRIBUTION TO FIRST DESTINATION. REFER TO THE USAMMA WEBSITE FOR MORE INFORMATION ([HTTP://WWW.ARMYMEDICINE.ARMY.MIL/USAMMA/ANTHRAX/ANTXHOME.HTM](http://www.armymedicine.army.mil/usamma/anthrax/antxhome.htm)).

E. WHEN REQUIRED, ADDITIONAL GUIDANCE WILL BE ISSUED THROUGH MEDICAL LOGISTICS CHANNELS.

7. PUBLIC AFFAIRS GUIDANCE:

A. PER REF P, PUBLIC AFFAIRS POSTURE FOR ALL ASPECTS OF THE AVIP IS ACTIVE. PUBLIC AFFAIRS OFFICERS ARE AUTHORIZED AND ENCOURAGED TO WIDELY DISTRIBUTE INFORMATION CONTAINED IN REFS P AND Q TO BOTH INTERNAL AND EXTERNAL AUDIENCES.

B. COORDINATE COMMUNICATION INITIATIVES VIA THE PUBLIC AFFAIRS CHAIN.

C. OASD(PA) POC IS JIM TURNER, (703) 697-5135, DSN 277-5135, E-MAIL: JAMES.TURNER@OSD.MIL.

8. THIS NAVADMIN WILL REMAIN IN EFFECT UNTIL REF O HAS BEEN REVISED AND PUBLISHED.

9. RELEASED BY ADMIRAL WILLIAM J. FALLON, VCNO.//  
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