



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

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PERSONNEL AND
READINESS

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL, DEPARTMENT OF DEFENSE
INSPECTOR GENERAL, DEPARTMENT OF DEFENSE
DIRECTORS OF DEFENSE AGENCIES
COMMANDANT OF THE US COAST GUARD

SUBJECT: Policy on Administrative Issues Related to the Anthrax Vaccine Immunization Program (AVIP)

REFERENCE: Secretary of Defense Memorandum, "Reintroduction of the Anthrax Vaccine Immunization Program," June 28, 2002.

This memorandum provides policy guidance on administrative issues involving anthrax vaccinations.

Applicability and Scope

The scope of the AVIP policy includes personnel assigned to or deployed for more than 15 consecutive days in higher threat areas. Commanders will submit requests for exceptions (for example, persons rotating into higher threat areas repeatedly for more than 15 cumulative days in a 12-month period) to the Combatant Commander with responsibility for the designated higher threat area. Based upon subsequent recommendation of the Combatant Commander, exceptions will be determined by the ASD(HA), in consultation with the Chairman of the Joint Chiefs of Staff. Personnel who will rotate out of assignment or re-deploy from higher threat areas in 90 days or less from the date of this memorandum will not be required to start vaccination at this time.

In addition to military personnel, the following personnel categories are subject to this policy:

- DoD civilian personnel classified as emergency-essential under DoD Directive 1404.10, "Emergency-Essential (E-E) DoD U.S. Citizen Civilian Employees," April 10, 1999
- Contractor personnel carrying out mission essential services as described in DoDI 3020.37, "Continuation of Essential DoD Contractor Services During Crisis," November 6, 1990;
- Other personnel categorized as alert forces, as defined in the joint regulation on Immunizations and Chemoprophylaxis (Air Force Joint Instruction 48-110, Army Regulation 40-562, BUMEDINST 6230.15, CG COMDTINST M6230.4E).



The Secretaries of the Military Departments, Commandant of the Coast Guard, and Combatant Commanders may also identify and recommend other cohorts of personnel for vaccination against anthrax through the Executive Agent to the ASD(HA), if they deem their occupations may place them at higher risk for exposure to anthrax, and their performance is essential for certain mission critical capabilities.

Component Plans

Each Service and Defense Agency shall develop operational plans to administer the vaccinations to personnel initiating and resuming the series. In addition, the Services and affected Defense Agencies shall develop detailed educational plans to inform personnel about the vaccine and the overall program through multiple information outlets. The education plans shall include information about benefits, side effects, and other medical information to be provided before anthrax vaccination. For personnel for whom the dosing schedule was interrupted, the educational materials shall include information on the interruption and the deferred dosing schedule. The education plans shall include provider education and in-service training materials to describe lessons learned. The plans shall designate communications tools, including Internet websites, for disseminating lessons learned from early portions of the program. Resumption shall commence only after the Assistant Secretary of Defense for Force Management Policy, or his designee has approved the component plans.

The plans shall incorporate healthcare access guidance for all active, reserve, emergency-essential civilian and contractor personnel affected by this policy. Guidance shall include information on access to care for personnel: 1) located near or on a military installation, 2) in a remote location, or 3) in a travel duty or leave status.

Resumption Phasing

Threat and risk shall determine resumption priority. Service members and designated civilian personnel in the higher threat areas shall receive priority because they are at higher risk. Those individuals that have had their doses deferred shall resume the series when directed by the USD (P&R). The phasing policy should proceed as quickly as practicable, consistent with logistical constraints and management process considerations.

Record-Keeping

Each Component is responsible for implementation of a comprehensive immunization tracking system that incorporates member data, unit data, and vaccine lot information. Each Service shall monitor documentation of immunization data. Each Service shall perform annual audits of the immunization tracking system, including both the Active and Reserve personnel. Such audits shall be subject to review by the DoD Inspector General.

Reserve Component Personnel

Reserve Component (RC) personnel shall be in a duty status when receiving a DoD-directed immunization. Unit commanders must ensure all personnel to be immunized are in a duty status and they receive notification of the immunization requirement. Services will emphasize this policy in all appropriate communications.

Reserve Component members who incur or aggravate any injury, illness, or disease while performing active duty for less than 30 days, or on inactive duty training are entitled to medical care appropriate for the treatment of the injury, illness or disease. An adverse reaction from a DoD-directed immunization is a line of duty condition. Therefore, when a member of the RC presents for treatment at a Military Treatment Facility (MTF), expressing a belief that the condition for which treatment is sought is related to receiving an immunization during a period of duty, the member must be examined and provided necessary medical care.

When treatment has been rendered or the individual's emergent condition is stabilized, a Line of Duty and/or Notice of Eligibility will be determined as soon as possible. For injuries, illness or disease unrelated to duty, RC members should seek medical attention from their personal healthcare providers.

Administrative Exemptions

This section provides criteria for administrative exemptions for selected military and non-military personnel (U.S. service members, DoD emergency-essential (E-E) civilian employees, other designated civilian personnel and comparable contractor personnel). It does not apply to medical exemptions.

Administrative exemption is applicable to retiring and separating personnel (without Reserve Component (RC) obligations and who do not plan to immediately re-enlist) and civilian employees and contractor personnel leaving a position subject to the AVIP with 180 days or less of service or employment remaining. This administrative exemption does not apply to personnel whom the commander determines shall receive the vaccine because of overriding mission requirements.

The Service Secretaries shall designate exemption authority for Service members, E- E and other designated civilian employees and comparable contractor and other personnel. Directors of Defense Agencies shall designate exemption authority for affected personnel within their organizations. Commanders shall exempt from the AVIP those personnel separating within 180 days (as described further below) who meet all of 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. Personnel who meet these criteria should immediately identify themselves to their supervisors and commanders.

With respect to calculation of the 180-day period, the following specifications apply. For retiring or separating military personnel the applicable period is 180 days prior to their approved date of retirement or separation. RC members must have approved retirement orders to be effective within 180 days, reassignment date to the Non-Participating IRR/NARS, or expirations of enlistment within 180 days prior to consideration for exemption from the series. Those personnel who are separating from active duty but continuing service with the Selected Reserve must continue the entire series regardless of the mobility status. For E-E and other designated civilian and comparable employees and contractor personnel subject to the AVIP because of performance of essential contractor services, the applicable period is 180 days prior to the effective date of retirement, resignation, separation or reassignment out of a position subject to the AVIP.

The policy is effective no later than 60 days from the date of this memorandum for Service members and civilian personnel who are not members of a bargaining unit. Civilian personnel affected by this policy who are members of bargaining units will be considered for exemption consistent with applicable personnel management procedures.

Granting administrative exemptions is a personnel function, usually controlled by an individual's unit. Use the following exemption codes for electronic tracking of administrative exemptions. These codes may also be available in Service automated immunization tracking systems.

Administrative Exemption Codes:

Code	Meaning	Explanation or Example	Duration
AD	Administrative, Deceased	Service member is deceased	Indefinite
AL	Administrative, Emergency Leave	Service member is on emergency leave	Max 1 month
AM	Administrative, Missing	Missing in action, prisoner of war	Indefinite
AP	Administrative, PCS	Permanent change of station	Max 3 months
AR	Administrative, Refusal	UCMJ Actions	Until resolution
AS	Administrative, Separation	Discharge, separation, retirement	Indefinite
AT	Administrative, Temporary	AWOL, legal action pending	Max 3 months

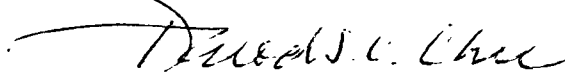
Management Responsibility

The Secretary of the Army shall continue to function as Executive Agent, managing and administering the overall program and acting as focal point for the submission of information from the Services relating to vaccine-associated adverse events and projected vaccine program requirements. In addition, the Executive Agent shall monitor the Services' and affected Defense Agencies' implementation of the Anthrax Vaccine Immunization Program and execute the Army's implementation plan.

The Secretaries of the Navy and the Air Force are responsible for AVIP execution within their respective Military Departments. The Directors of each Defense Agency are responsible for the execution of the AVIP within each of their respective agencies.

The senior military official from each of the Services previously assigned to direct and implement their respective anthrax vaccine implementation plan shall continue in this role. As such, they will implement, monitor, evaluate and document the AVIP in their respective departments, conform to standards established on medical protocols and informational materials,

advise the Executive Agent of any special, operationally necessary implementation requirements of their respective Services, and establish procedures for coordinating and reporting required information to the Executive Agent. Defense Agency AVIP officials responsible for their AVIP execution shall conform to the same standards.



David S. C. Chu

cc:

Chief of Staff of the Army

Chief of Naval Operations

Commandant of the Marine Corps

Chief of Staff of the Air Force

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force