

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

JUL 2 8 2004

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
COMMANDANT OF THE COAST GUARD
COMMANDERS OF THE COMBATANT COMMANDS
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF
DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF
DEFENSE

SUBJECT: Resumption of Anthrax Vaccinations for Personnel Previously Deferred

DIRECTORS OF THE DEFENSE AGENCIES

By memorandum of June 28, 2004, the Deputy Secretary of Defense directed the Military Services to amend their anthrax vaccination programs in several ways, including resuming the 1998-2000 policy for anthrax vaccination of personnel assigned to Korea. This was made possible by the resolution of the unexpected anthrax vaccine shortage experienced in 2000-2001. This resolution also now makes possible resumption of the anthrax vaccination series for personnel whose series was interrupted because of the shortage.

Therefore, the Military Departments are also directed to resume anthrax vaccinations for military personnel vaccinated between March 1998 and the slowdowns of 2000 and 2001 who have not already resumed the series. This applies to active duty personnel and members of the Selected Reserves, regardless of their current geographic location. Resume vaccinations for all previously interrupted military personnel no later than December 31, 2004, unless medically or administratively exempted.

As stated at the time of the slowdowns, personnel whose anthrax vaccination series was interrupted do not need to repeat any doses already received in the series nor receive extra doses. Rather, they will resume the vaccination schedule at the point where they left off. Previous doses of anthrax vaccine count. Deferred personnel will not begin the series over again. This procedure is consistent with established practices of medicine, guidance from the Centers for Disease Control & Prevention's (CDC) Advisory Committee on Immunization Practices, established CDC policy for other multiple-dose vaccines for which shortages interrupted dosing schedules, and consultation with the Food & Drug Administration. For example, if a member received dose #3 in November

2000 and no subsequent doses, that person will resume the anthrax vaccination series with dose #4 and then receive dose #5 six months later, followed by subsequent doses at appropriate intervals.

Once anthrax vaccinations have begun, military personnel will adhere to Department of Defense (DoD) policy and complete the 6-dose vaccination series, followed by booster doses, regardless of geographic location. Administrative and medical exemption policies continue to apply.

Monthly anthrax vaccination reports from the Services show under-reporting of vaccinations electronically in the Defense Eligibility Enrollment Reporting System, reflecting inadequate currency with the vaccination schedule. It is imperative that we administer this vital vaccination program in a manner that provides optimal immunity to individual Service members. I ask the Secretaries of the Military Departments to aggressively implement additional procedures to improve the appropriate delivery and centralized recording of anthrax vaccinations.

Units and installations should develop routine procedures to assess Service members and designated DoD civilians for their need for subsequent doses of anthrax vaccine, unless medically or administratively exempt, at the following opportunities:

- during in- and out-processing to an installation, unit, or training schools.
- · when screening for influenza or other immunizations.
- based on electronic immunization tracking-system shots-due reports.
- · during deployment readiness processing in preparation for overseas movement.
- upon redeployment from combat zone.
- · during birth-month personnel and medical records audits.
- during periodic physical examinations.
- · during other routine or periodic encounters.

As we extend protection against anthrax to more personnel during an extraordinary period of operational deployments, we must ensure we document the degree of protection afforded. Staying up-to-date with the anthrax vaccination series provides an important layer of protection to personnel at higher risk of this deadly infection.

William Winkenwerder, Jr., MD

Willial iherender .