

R 171319Z OCT 00 ZYB

FM BUMED WASHINGTON DC//02//

TO AIG SEVEN SEVEN EIGHT THREE

AIG SIX NINE FOUR SEVEN

INFO RUENAAA/CNO WASHINGTON DC//N931//

RHMFIUU/CNO WASHINGTON DC//N931//

BT

UNCLAS //N06230//

MSGID/GENADMIN/MED-02//

SUBJ/HANDLING PERSONS WITH REACTIONS TO ANTHRAX VACCINE//

REF/A/DOC/ASD(HA) MEMO/06OCT2000//

AMPN/REF A IS ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
MEMO

ON REACTIONS TO THE ANTHRAX VACCINE.//

POC/YUND/CDR/MED-24B/LOC:WASHINGTON DC/TEL:202 762-3495

/TEL:DSN 762-3495/TEL:FAX 762-3490//

RMKS/1. THIS MESSAGE HAS BEEN COORDINATED WITH THE
COMMANDANT OF THE

MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED
TRANSMISSION TO

MARINE CORPS ACTIVITIES.

2. REQUEST WIDEST DISSEMINATION TO SENIOR MEDICAL DEPARTMENT
REPRESENTATIVES, IMMUNIZATION CLINICS, AND PREVENTIVE MEDICINE

PAGE 02 RUENMED1268 UNCLAS

DEPARTMENTS.

3. REF A DISCUSSES RECENT TESTIMONY AT A HOUSE GOVERNMENT
REFORM

COMMITTEE HEARING FROM DOD PERSONNEL WHO HAD REACTIONS, OR POSSIBLE

REACTIONS, TO THE ANTHRAX VACCINE. COMMON THEMES IN THE TESTIMONY

INCLUDED LACK OF EMPATHY/SENSITIVITY BY PROVIDERS, AND RESISTANCE TO

SUBMITTING A VAERS REPORT FOR THE EVENT.

4. IN ALL CASES, THE PRIVILEGE OF PARTICIPATING IN THE MEDICAL CARE OF SERVICE MEMBERS AND THEIR FAMILIES DEMANDS PROFESSIONALISM,

SENSITIVITY, AND EMPATHY TOWARD EACH CARE RECEIVER. IN DEALING WITH

ANTHRAX VACCINATION, THESE ATTRIBUTES ARE EVEN MORE IMPORTANT

BECAUSE OF THE NEGATIVE EMOTIONS WHICH SOME PERSONS HAVE RELATIVE TO

THE VACCINE.

5. BUMED BELIEVES THAT THE PROFESSIONALISM, SENSITIVITY, AND EMPATHY

ARE SHOWN TO OUR PATIENTS IN THE VAST MAJORITY OF SITUATIONS. THE

BUREAU TAKES THIS OPPORTUNITY TO REMIND ALL CARE PROVIDERS OF THE

CRITICAL IMPORTANCE OF ENSURING PROMPT AND COMPASSIONATE CARE TO

PATIENTS WITH POSSIBLE ANTHRAX VACCINE REACTIONS.

6. VAERS-1 SUBMISSIONS. SUBMISSION OF A VACCINE ADVERSE EVENT

REPORTING SYSTEM FORM (VAERS-1) IS REQUIRED IF A VACCINE RECIPIENT

EXPERIENCES LOSS OF DUTY FOR 24 HOURS OR MORE, OR

PAGE 03 RUENMED1268 UNCLAS

HOSPITALIZATION. ADDITIONALLY, A VAERS-1 FORM MUST BE SUBMITTED IF

CONTAMINATION OF A VACCINE LOT IS SUSPECTED.

COMPLETED VAERS-1 FORMS SHOULD BE SUBMITTED TO THE NAVY

ENVIRONMENTAL HEALTH CENTER (NEHC) (ADDRESS SHOWN BELOW) WITH A COPY

TO THE VACCINE ADVERSE REPORTING SYSTEM, AT P.O. BOX 1100,

ROCKVILLE, MD 20849-1100.

7. HOWEVER, A VAERS-1 FORM MAY BE SUBMITTED FOR ANY ADVERSE EVENT

ASSOCIATED (OR SUSPECTED TO BE ASSOCIATED) WITH ANTHRAX VACCINE

ADMINISTRATION. INDEED, IF ANY ANTHRAX VACCINATION ADVERSE EVENT -

EVEN THOUGH MINOR AND NOT REQUIRED TO BE REPORTED - IS SUSPECTED AND

THE VACCINE RECIPIENT DESIRES THE EVENT TO BE REPORTED, THE PROVIDER

SHOULD COMPLETE THE VAERS-1 FORM. EVEN IF THE EVENT IS NOT

EVENTUALLY DETERMINED TO BE CAUSALLY RELATED TO THE VACCINATION, THE

DATA WILL BE USEFUL, AND THE SUBMISSION OF THE FORM WILL CONTRIBUTE

TO THE PATIENT'S SENSE OF HIGH QUALITY, COMPASSIONATE CARE.

8. VAERS REPORTS ARE SUBMITTED BY THE RESPONSIBLE MEDICAL DEPARTMENT

REPRESENTATIVE OR IMMUNIZATION CLINIC WHERE THE VACCINE WAS

ADMINISTERED. HOWEVER, ANYONE, INCLUDING CIVILIAN PROVIDERS, A

VACCINE RECIPIENT, OR FAMILY MEMBER, MAY SUBMIT A VAERS-1 FORM.

INDIVIDUALS WHO DESIRE TO SUBMIT A VAERS-1 REPORT SHOULD RECEIVE ANY

PAGE 04 RUENMED1268 UNCLAS

NECESSARY ASSISTANCE.

9. FURTHER GUIDANCE REGARDING ANTHRAX VACCINE ADMINISTRATION MAY BE

OBTAINED FROM ANY OF THE FOLLOWING NAVY ENVIRONMENTAL AND PREVENTIVE

MEDICINE UNITS: NAVENPVTMEDU TWO NORFOLK VA (757) 444-7671/DSN 564-7671; NAVENPVTMEDU FIVE SAN DIEGO CA (619) 556-7070/DSN 526-7070; NAVENPVTMEDU SIX PEARL HARBOR HI (808) 473-9555/DSN 473-9555; NAVENPVTMEDU SEVEN SIGONELLA IT 011-39-95-564-099/DSN 624-4099.

10. VAERS FORMS MAY BE OBTAINED FROM THE NEHC WEBSITE,

[HTTP://WWW-NEHC.MED.NAVY.MIL](http://WWW-NEHC.MED.NAVY.MIL), OR BY CALLING 1 (800) 822-7967.//

RL

BRMED...ACT	1
CMC WASH DC	0
ACTION HS(*)	(A)
INFO MDT-1(0) POC(0) TFK CK(*)	

TOTAL COPIES REQUIRED 1

BT

#1268

NNNN