



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

09 FEB 2004

MEMORANDUM FOR SEE DISTRIBUTION


FROM: HQ USAF/SGO
110 Luke Avenue, Room 400
Bolling AFB, DC 20032-7050

SUBJECT: Learning from Adverse Events After Vaccination

The Assistant Secretary of Defense (Health Affairs) memo, Learning from Adverse Events After Vaccination, 26 Nov 03 (attached), provides information for clinicians regarding adverse events following vaccination. Please share this information with all MTF providers.

We must continue to ensure the safety of our vaccination programs for our members and beneficiaries. Providers will continue to report significant vaccine adverse events to the Air Force Institute for Operational Health (AFIOH) as well as to the Vaccine Adverse Event Reporting System (VAERS), as stated in the Assistant Secretary of Defense (Health Affairs) memo.

My POC for this issue is Major Mylene Huynh, AFMSA/SGPP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050, DSN 297-4260, e-mail: mylene.huynh@pentagon.af.mil.


JOSEPH E. KELLEY
Major General, USAF, MC, CFS
Assistant Surgeon General, Health Care Operations
Office of the Surgeon General

Attachment:
ASD(HA) Memo, 26 Nov 03

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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

NOV 26 2003

HEALTH AFFAIRS

MEMORANDUM FOR SURGEON GENERAL, US ARMY
SURGEON GENERAL, US NAVY
SURGEON GENERAL, US AIR FORCE

SUBJECT: Learning from Adverse Events After Vaccination

The U.S. Army lost a valuable soldier in April 2003, a month after receiving five vaccinations during mobilization. Two independent panels of medical experts evaluated her case and concluded that vaccination may have triggered the lupus-like illness that ultimately led to her death, but that the evidence was not conclusive. Each panel said that it was unable scientifically to identify a specific vaccination as the possible trigger. Additional information about the case is available at www.vaccines.mil/panelreport.asp.

It is important for us to learn from this rare and tragic case. While it appears no screening procedure could have averted the illness, we must remain alert to granting medical exemptions from vaccination whenever clinically appropriate. In addition, continued education regarding all possible adverse effects from vaccination will further strengthen our current monitoring program. Please relay information about this case to your military clinicians and the civilian clinicians who partner with us. Here are some key points to convey to your clinical staffs:

- Remind vaccinees to seek medical care if they experience medical problems. Troops can take advantage of the DoD Vaccine Clinical Call Center at 866-210-6469.
- Remind clinicians to take a vaccination history during patient assessments. Be particularly alert in post-vaccination cases of fever, chest symptoms (e.g., dyspnea, chest pain), or clinical findings such as pleural or pericardial inflammation.
- In conditions not responding to antibiotics, consider the possibility of autoimmune disease and appropriate treatments for such conditions.
- Seek specialty consultation as clinically appropriate. Consider the unique consultation resources within the Vaccine Healthcare Center (VHC) Network. There are four centers nationwide to assist with individual patient care issues. (www.vhcinfo.org, 202-782-0411 (DSN: 662); askVHC@na.amedd.army.mil).
- Continue to report adverse events after vaccination to the Vaccine Adverse Events Reporting System (VAERS, www.vaers.org).

DoD remains committed to bringing the best science to bear in monitoring adverse events after vaccination. As part of this effort, I have asked the Armed Forces Epidemiological Board to review the long-standing tradition of administering simultaneous vaccinations. However, at this point, we know of no evidence to warrant a change in immunization practices common in both military and civilian clinics.

I am impressed with the quality care your healthcare staffs provide in so many diverse and challenging settings. Your commitment to excellence, one patient at a time, is most evident. We must remain vigilant in evaluating and reporting adverse events after vaccination. I am sure our providers will excel in this regard too.

A handwritten signature in black ink that reads "William Winkenwerder, Jr." The signature is written in a cursive style with a large, prominent initial "W".

William Winkenwerder, Jr., M.D.