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P 092315Z JAN 03 ZYB MIN

FM CNO WASHINGTON DC//N09//

TO NAVADMIN

INFO RUEKJCS/CJCS WASHINGTON DC//J4//

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RUEADWD/DA WASHINGTON DC//DACS-ZD//

BT

UNCLAS

NAVADMIN 007/03

MSGID/GENADMIN/CNO WASHINGTON DC/-/JAN//

SUBJ/SMALLPOX VACCINATION PROGRAM (SVP) IMPLEMENTATION GUIDANCE//

REF/A/DOC/DEPSECDEF/30SEP2002//

REF/B/DOC/DEPSECDEF MEMO (S)/12DEC2002/-/NOTAL//

REF/C/DOC/USD(P AND R) MEMO (S)/13DEC2002/-/NOTAL//

REF/D/DOC/ASN(M AND RA)/31DEC2002/-/NOTAL//

REF/E/DOC/ASD(FMP)/26DEC2002/-/NOTAL//

REF/F/DOC/USD(P AND R)/13DEC2002//

REF/G/DOC/ASD(HA)/26NOV2002//

REF/H/MSG/ASD(PA)/131700ZDEC2002//

NARR/REF A IS DEPSECDEF MEMO APPROVING DEPARTMENT OF DEFENSE

SMALLPOX RESPONSE PLAN (SRP). REF B IS DEPSECDEF MEMO AUTHORIZING

STAGE 2 SVP IMPLEMENTATION. REF C IS USD(P AND R) MEMO DIRECTING

SVP IMPLEMENTATION. REF D IS ASN(M AND RA) MEMO DIRECTING

EXECUTION. REF E IS ASD(FMP) APPROVAL TO IMPLEMENT SVP. REF F IS

USD(P AND R) MEMO PROMULGATING SVP ADMINISTRATIVE POLICY. REF G IS

ASD(HA) MEMO PROMULGATING CLINICAL POLICY FOR THE DOD SMALLPOX

VACCINATION PROGRAM. REF H IS ASD(PA) MESSAGE PROVIDING WORLDWIDE

PUBLIC AFFAIRS GUIDANCE FOR THE DOD SVP ISSUED IN THREE PARTS (PART

ONE, 131700Z DEC 02; PART TWO, 132035Z DEC 02; AND PART THREE,

131702Z DEC 02).//

POC/QUIVERS C. A./LCDR/CNO N931D5/LOC:WASHINGTON DC

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RMKS/1. PER REFS A, B AND C, DEPSECDEF HAS AUTHORIZED A SMALLPOX RESPONSE PLAN THAT ALLOWS VACCINATION OF INITIAL MEDICAL RESPONDERS, MEDICAL TREATMENT PERSONNEL, AND STAGE 1A, STAGE 1B AND STAGE 2 FORCES, AND HAS DIRECTED IMMEDIATE IMPLEMENTATION OF THE SMALLPOX VACCINATION PROGRAM (SVP).

2. AS APPROVED BY REFS D AND E, THIS MSG PROVIDES INTERIM NAVY SMALLPOX IMPLEMENTATION GUIDANCE FOR MILITARY AND COMMANDER, MILITARY SEALIFT COMMAND (FEDERAL EMPLOYEE CIVILIAN MARINERS (CIVMARS) AND CONTRACT MARINER (CONMARS)) PERSONNEL. GUIDANCE ON SVP IMPLEMENTATION FOR NAVY CIVILIAN AND CONTRACTOR PERSONNEL WILL BE PUBLISHED SEPARATELY. POLICY MEMOS AND THE 430-PAGE DOD SMALLPOX RESPONSE PLAN MAY BE VIEWED AT WWW.SMALLPOX.ARMY.MIL OR SIPRNET VIA THE N931 HOMEPAGE HTTP:(DOUBLE SLASH)USN.CNO.NAVY.SMIL.MIL/N093.

### 3. BACKGROUND

A. ON 13 DECEMBER 2002, THE PRESIDENT ANNOUNCED COMMENCEMENT OF A NATIONAL SMALLPOX VACCINATION PROGRAM.

B. SMALLPOX IS A VERY SERIOUS DISEASE THAT IS CONTAGIOUS AND SOMETIMES FATAL. SMALLPOX IS CAUSED BY THE VARIOLA VIRUS, WHICH SPREADS BY CONTACT WITH INFECTED PERSONS. SMALLPOX CAN CAUSE: A SEVERE RASH COVERING THE WHOLE BODY THAT CAN LEAVE PERMANENT SCARS; HIGH FEVER; SEVERE HEADACHE OR BODY ACHES; DEATH (IN ABOUT 30

PERCENT OF INFECTED PEOPLE); AND BLINDNESS IN SOME SURVIVORS.

C. NATURAL CASES OF SMALLPOX HAVE BEEN ERADICATED FROM THE EARTH. THE LAST NATURAL CASE OF SMALLPOX WAS RECORDED IN 1977. IN 1980, THE DISEASE WAS DECLARED ERADICATED FOLLOWING WORLDWIDE VACCINATION PROGRAMS. HOWEVER, IN THE AFTERMATH OF THE EVENTS OF SEPTEMBER AND OCTOBER 2001, THE U.S. GOVERNMENT IS TAKING PRECAUTIONS TO COUNTER A POTENTIAL BIOTERRORIST ATTACK THAT USES SMALLPOX AS A WEAPON, WHICH COULD SEVERELY IMPACT MILITARY READINESS.

D. DOD'S SMALLPOX RESPONSE PLAN (REF A) DESCRIBES REQUIRED ACTIONS IN THE EVENT OF A SMALLPOX ATTACK. THIS PROGRAM IS IN CONCERT WITH DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) AND OTHER NATIONAL INITIATIVES, AND IS CONSISTENT WITH CLINICAL GUIDELINES ESTABLISHED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). A MAJOR TENET OF THIS PLAN REQUIRES MEDICAL PERSONNEL TO BE IDENTIFIED AND PREPARED TO RESPOND TO A SMALLPOX ATTACK.

E. THE SMALLPOX VACCINE IS THE BEST WAY TO PREVENT SMALLPOX. IT IS MADE FROM VACCINIA VIRUS, WHICH IS ANOTHER "POX"-TYPE VIRUS RELATED TO SMALLPOX. THE VACCINE HELPS THE BODY DEVELOP IMMUNITY TO SMALLPOX, DOES NOT CONTAIN THE SMALLPOX VIRUS, AND CANNOT SPREAD SMALLPOX. THE VACCINE WAS ADMINISTERED TO SERVICE MEMBERS DURING WORLD WAR I, WORLD WAR II AND UP UNTIL THE 1980'S.

F. THE FOOD AND DRUG ADMINISTRATION (FDA) RECENTLY LICENSED A LIMITED SUPPLY OF THE VACCINE MADE BY WYETH LABORATORIES, CALLED DRYVAX(R). VACCINE USED FOR SERVICE MEMBERS PASSES ALL TESTS REQUIRED BY THE FDA.

#### 4. GUIDANCE

A. SPECIFIC FORCE IMPLEMENTATION GUIDANCE DESIGNATING UNITS AND PERSONNEL FOR VACCINATION WILL BE PROVIDED UNDER CLASSIFIED NAVADMIN 008/03.

B. DETAILED MEDICAL GUIDANCE WILL BE PROVIDED ASAP UNDER SEPCOR.

C. PER REF F, THE FOLLOWING PERSONNEL, WHEN DESIGNATED TO RECEIVE THE VACCINE, ARE SUBJECT TO SVP POLICY:

(1) ACTIVE DUTY AND RESERVE COMPONENT MEMBERS;

(2) CIVILIAN PERSONNEL CLASSIFIED AS EMERGENCY-ESSENTIAL.

(3) OTHER PERSONNEL CATEGORIZED AS ALERT FORCES (I.E., MILITARY SEALIFT COMMAND (MSC) CIVILIAN MARINERS AND CONTRACT MARINERS, INCLUDING THOSE CONTRACT MARINERS WHO ARE DESIGNATED FOR MSC READY RESERVE FORCE SURGE SEALIFT);

(4) OTHER CIVILIAN EMPLOYEES WHO ARE DESIGNATED MEMBERS OF A SMALLPOX RESPONSE TEAM (E.G., EPIDEMIOLOGY RESPONSE TEAM, TREATMENT TEAM, PUBLIC HEALTH TEAM), AND CONTRACTOR PERSONNEL CARRYING OUT MISSION ESSENTIAL DUTIES.

(5) VACCINATION IMPLEMENTATION MAY ALSO INCLUDE OTHER PERSONNEL (AT HIGHER RISK FOR EXPOSURE TO SMALLPOX) AS DETERMINED BY ASD(HA) IN CONSULTATION WITH THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF.

D. VACCINATION IS MANDATORY FOR THESE DESIGNATED PERSONNEL EXCEPT AS PROVIDED UNDER APPLICABLE ADMINISTRATIVE AND MEDICAL POLICIES AS DETAILED IN PARAGRAPH 5 AND REF G. CIVILIAN AND CONTRACTOR PERSONNEL ARE IDENTIFIED IN WRITING AS EMERGENCY-ESSENTIAL OR MISSION-ESSENTIAL IN THEIR POSITION DESCRIPTIONS OR CONTRACTS RESPECTIVELY.

#### 5. COMMANDER/COMMANDING OFFICER/OFFICER IN CHARGE RESPONSIBILITY.

A. BECOME FAMILIAR WITH SVP POLICIES AND RESOURCES BY REVIEWING THE DOD SVP WEBSITE AT WWW.SMALLPOX.ARMY.MIL. PARTICULAR ATTENTION SHOULD BE GIVEN TO THE EDUCATIONAL PRODUCTS AND THE "QUESTIONS AND ANSWERS" POSTED ON THE WEBSITE. AS WITH THE ANTHRAX VACCINE

IMMUNIZATION PROGRAM (AVIP), EXPERIENCE SHOWS THAT EDUCATION IS PIVOTAL TO PROGRAM SUCCESS AND ACCEPTANCE.

B. ENSURE THAT ALL PERSONNEL UNDER YOUR COMMAND ARE PROVIDED AN ORAL BRIEF COVERING TOPICS IN THE MEMBER'S BRIEF AT WWW.SMALLPOX.ARMY.MIL. BRIEFERS SHOULD EMPHASIZE: VACCINATION SITE CARE; FREQUENT HAND WASHING WITH SOAP AND WATER TO PREVENT AUTOINOCULATION AND CROSS-INOCULATION; AND FREQUENT LAUNDERING OF CLOTHING AND PERSONAL LINENS (E.G., TOWELS, SHEETS) IN HOT WATER WITH SOAP AND BLEACH.

C. PROVIDE EVERY MEMBER ELIGIBLE FOR VACCINE THE TRIFOLD BROCHURE, WHICH CAN BE FOUND AT DOD WEBSITE WWW.SMALLPOX.ARMY.MIL. MR. DENNIS MORELAND, NAVY FUNCTIONAL ANALYST, AT (703) 681-1748, DSN 761-1748, OR DENNIS.MORELAND@AMEDD.ARMY.MIL IS AVAILABLE TO COORDINATE REQUIREMENTS AND SHIPMENT OF THE BROCHURES FOR UNIT EDUCATION.

D. ENSURE EACH MEMBER COMPLETES THE INITIAL SMALLPOX VACCINE IMMUNIZATION NOTE TO DETERMINE VACCINE ELIGIBILITY (THIS FORM WILL BE AVAILABLE FROM UNIT MEDICAL PERSONNEL, AS WELL AS AT WWW.SMALLPOX.ARMY.MIL BY CLICKING ON "RESOURCE CENTER," THEN "FORMS," THEN "2-PAGE FORMAT, STANDARD FORMAT" UNDER THE "MEDICAL NOTE FOR SCREENING FOR CONTRAINDICATIONS" HEADER). EMPHASIZE THE IMPORTANCE OF HOUSEHOLD CONTACT INFORMATION IN DETERMINING VACCINE ELIGIBILITY. MEMBERS MUST HAVE ACCESS TO HEALTHCARE PROVIDERS TO ANSWER ANY QUESTIONS OR CONCERNS. SOME CONTRAINDICATIONS TO SMALLPOX VACCINE ARE: IMMUNOSUPPRESSION; ECZEMA OR OTHER DERMATOLOGICAL (SKIN) CONDITIONS; PREGNANCY; BREASTFEEDING; AND KNOWN ALLERGIES TO ANY COMPONENT OF THE VACCINE INCLUDING DIHYDROSTREPTOMYCIN SULFATE, NEOMYCIN SULFATE, CHLORTETRACYCLINE HYDROCHLORIDE, OR POLYMYXIN B SULFATE.

E. EMPHASIZE PRE-VACCINATION SCREENING AS CRITICAL TO ADDRESS TEMPORARY OR PERMANENT CONTRAINDICATIONS IN SERVICE MEMBERS AND LIVING QUARTERS/HOUSEHOLD CONTACTS. CHILDREN LESS THAN ONE YEAR OLD IN THE HOUSEHOLD IS A TEMPORARY BAR TO VACCINATION. IF HOUSEHOLD CONTACTS HAVE CONTRAINDICATIONS, SERVICE MEMBER MUST BE ALTERNATELY HOUSED DURING THE 21 DAYS FOLLOWING SMALLPOX VACCINATION. IN SUCH CASES, VACCINATION MAY NEED TO BE DEFERRED UNTIL MEMBERS DEPLOY.

F. MINIMIZE PHYSICAL CONTACT BETWEEN VACCINE-EXEMPT PERSONNEL AND PERSONNEL WITH ACTIVE VACCINATION SITES (TIME PERIOD UP TO 21 DAYS POST VACCINATION), ESPECIALLY IN BERTHING SPACES, HEADS, WORK SPACES, MESS FACILITIES, AND RECREATIONAL AREAS. VACCINIA VIRUS TRANSMISSION CAN OCCUR FROM CONTACT WITH POTENTIALLY INFECTIOUS MATERIALS (E.G., CLOTHING, TOWELS, LINEN) FROM RECENTLY VACCINATED PEOPLE. VACCINE RECIPIENTS WILL NOT SHARE OR ALTERNATE USE OF COMMON SLEEPING SPACE (E.G., COT, BUNK, BERTH) WITH PEOPLE WHO HAVE A CONTRAINDICATION TO VACCINATION. PAY SPECIAL ATTENTION TO COMMONLY SHARED EQUIPMENT (E.G., TREADMILLS, BIKES, WEIGHTS, BLOOD PRESSURE CUFFS, FLIGHT GEAR).

G. STAGGER VACCINATION OF PERSONNEL AS REQUIRED TO MINIMIZE IMPACT OF EXPECTED MILD REACTIONS (E.G., SORE ARM, FEVER, HEADACHE, BODYACHE, AND FATIGUE) WHICH MAY PEAK 8-10 DAYS FOLLOWING VACCINATION. SOME INDIVIDUALS MAY BE SIQ FOR 1-2 DAYS AS A RESULT. A FEASIBLE APPROACH MAY BE TO VACCINATE GROUPS AT 7-10 DAY INTERVALS TO DIMINISH IMPACT ON MISSION READINESS.

H. DEFER BLOOD DONATIONS FOR 21 DAYS AFTER VACCINATION OR UNTIL AFTER THE VACCINATION SITE SCAB SEPARATES NATURALLY, WHICHEVER IS LATER. OTHERWISE, DEFER FOR 60 DAYS AFTER VACCINATION.

I. ENSURE VACCINE RECIPIENTS HAVE VACCINATION "TAKE" READING PERFORMED BY QUALIFIED MEDICAL PERSONNEL 6-8 DAYS AFTER VACCINATION

TO VALIDATE AN EFFECTIVE RESPONSE TO THE SMALLPOX VACCINE.

J. REPORT NUMBER OF SMALLPOX VACCINATIONS WEEKLY VIA SHIPBOARD NON-TACTICAL AUTOMATIC DATA PROCESSING (SNAP) SYSTEM AUTOMATED MEDICAL SYSTEM (SAMS) AND RESERVE AUTOMATED MEDICAL INTERIM SYSTEM (RAMIS) TRANSMISSION TO NAVAL MEDICAL INFORMATION MANAGEMENT CENTER (NMIMC). INFORMATION FOR IMMUNIZATION TRACKING SYSTEMS CAN BE OBTAINED VIA THE WEBSITE AT [HTTPS://IMCENTER.MED.NAVY.MIL/ITS](https://imcenter.med.navy.mil/its).

K. PER REF F, SUBMIT WEEKLY SMALLPOX VACCINATION STATUS REPORT TO SUPPORT ASD(HA), JOINT STAFF AND MILITARY VACCINE AGENCY IMPLEMENTATION MONITORING REQUIREMENT. AS APPROPRIATE, COMMANDERS MAY COLLECT, CONSOLIDATE AND SUBMIT SUBORDINATE UNIT SMALLPOX WEEKLY REPORTS. REPORTS SHALL BE PROVIDED FOR THE DURATION OF THE PERIOD A UNIT IS DESIGNATED FOR VACCINATION, AND SHALL INCLUDE THE FOLLOWING INFORMATION:

- (1) NUMBER REQUIRING VACCINATION;
- (2) NUMBER VACCINATED;
- (3) NUMBER OF VACCINATION "TAKES";
- (4) NUMBER ADMINISTRATIVELY EXEMPTED;
- (5) NUMBER MEDICALLY EXEMPTED; AND,
- (6) NUMBER OF REFUSALS

E-MAIL REPORTS TO POC AT: [QUIVERS.CELIA@CNO.NAVY.SMIL.MIL](mailto:QUIVERS.CELIA@CNO.NAVY.SMIL.MIL). REPORT IS DUE COB EVERY FRIDAY, BEGINNING 17 JANUARY.

L. MANAGE IMMUNIZATION REFUSALS AS YOU WOULD ADDRESS ANY REFUSAL TO OBEY A LAWFUL ORDER (SEE PARA 8).

M. GRANT ADMINISTRATIVE EXEMPTIONS TO PERSONNEL WHO ARE WITHIN 30 DAYS OF AN APPROVED RETIREMENT OR SEPARATION DATE AND WHO MEET THE BELOW-LISTED CRITERIA. PER REF E COMMANDERS, COMMANDING OFFICERS AND OFFICERS-IN-CHARGE ABOVE THE PAYGRADE O-3 ARE DESIGNATED AS THE ADMINISTRATIVE EXEMPTION GRANTING AUTHORITY FOR MILITARY PERSONNEL.

- (1) NOT CURRENTLY ASSIGNED OR DEPLOYED IN A DESIGNATED MISSION-CRITICAL AREA;
- (2) NOT SCHEDULED TO PERFORM SUCH DUTY (INCLUDING TEMPORARY DUTY); AND,
- (3) NOT BEEN DIRECTED BY COMMANDING OFFICER TO RECEIVE THE VACCINE BECAUSE OF OVERRIDING MISSION REQUIREMENTS.

N. GRANT ADMINISTRATIVE EXEMPTION TO ELIGIBLE RESERVE COMPONENT MEMBERS MEETING THE FOLLOWING CRITERIA:

- (1) APPROVED RETIREMENT ORDERS TO BE EFFECTIVE WITHIN 30 DAYS; AND,
- (2) REASSIGNMENT DATE TO THE NON-PARTICIPATING INDIVIDUAL READY RESERVE OR EXPIRATION OF ENLISTMENT WITHIN 30 DAYS. PERSONNEL SEPARATING FROM ACTIVE DUTY BUT CONTINUING SERVICE WITH THE SELECTED RESERVE ARE NOT EXEMPT.

O. REFER CIVILIAN PERSONNEL TO HEADS OF ECHELON THREE ACTIVITIES AS DESIGNATED ADMINISTRATIVE EXEMPTION GRANTING AUTHORITY. THE APPLICABLE PERIOD FOR ADMINISTRATION EXEMPTION FOR MSC CIVMARS AND CONTRACT MARINERS (ALERT FORCES) AND EMERGENCY ESSENTIAL CIVILIAN AND CONTRACTORS SUBJECT TO THE SVP BECAUSE OF PERFORMANCE OF ESSENTIAL CONTRACTOR SERVICES IS 30 DAYS PRIOR TO EFFECTIVE DATE OF RETIREMENT, RESIGNATION, SEPARATION, OR REASSIGNMENT OUT OF A POSITION SUBJECT TO THE SVP.

P. ACTIVELY MANAGE NON-IMMUNIZED PERSONNEL. PER REF F, ELIGIBILITY FOR SMALLPOX VACCINATION, INCLUDING INSTANCES WHERE A SERVICE MEMBER IS ADMINISTRATIVELY OR MEDICALLY EXEMPT, WILL NOT IN ITSELF BE A FACTOR IN DETERMINING THE SERVICE MEMBER'S DEPLOYABILITY. SERVICE MEMBERS MAY BE DEPLOYED REGARDLESS OF THEIR SMALLPOX IMMUNIZATION

STATUS. UPON DETERMINING TO DEPLOY A NON-IMMUNE/NON-VACCINATED INDIVIDUAL, COUNSEL THE INDIVIDUAL THAT, SHOULD AN OUTBREAK OF SMALLPOX OCCUR REQUIRING ACTIVATION OF THE DOD SMALLPOX RESPONSE PLAN, IT IS DOD'S INTENT TO PROVIDE SMALLPOX VACCINE TO DEPLOYED UN-IMMUNIZED INDIVIDUALS IN A TIMELY MANNER.

Q. RETAIN A ROSTER OF MEDICALLY AND ADMINISTRATIVELY VACCINE-INELIGIBLE MEMBERS. THIS ROSTER WILL BE MAINTAINED BY THE COGNIZANT MEDICAL DEPARTMENT REPRESENTATIVE AND SUBMITTED TO THE UNIT COMMANDER.

#### 6. LOGISTICS GUIDANCE

A. UNIT MEDICAL LOGISTICS SUPPORTING ELEMENT MUST HAVE SUFFICIENT REFRIGERATION CAPACITY TO PRESERVE VACCINE INTEGRITY WITHIN FDA LABEL TEMPERATURE RANGE OF 2-8 DEGREES CENTIGRADE/36-46 DEGREES FAHRENHEIT. DO NOT PUT VACCINE IN DIRECT CONTACT WITH ICE. DO NOT FREEZE. SUPPORT INCLUDES TWICE DAILY MONITORING OF TEMPERATURE AND BACK-UP POWER SUPPLY. IDEALLY, A 24 X 7 ALARM SYSTEM SHOULD NOTIFY APPROPRIATE MEDICAL PERSONNEL IF TEMPERATURE RANGE IS BREACHED. RECONSTITUTED SMALLPOX VACCINE (DRYVAX(R)) MAY BE USED FOR 60 DAYS IF STORED AT ABOVE TEMPERATURES WHEN NOT IN ACTUAL USE.

B. ALL REQUESTS FOR SMALLPOX VACCINE WILL BE SUBMITTED TO AND VALIDATED BY APPROPRIATE FLEET COMMANDER HEADQUARTERS PRIOR TO SUBMISSION TO NAVAL MEDICAL LOGISTICS COMMAND (NAVMEDLOGCOM). NAVMEDLOGCOM WILL COORDINATE FINAL VALIDATION WITH CNO (N931) FOR ALL REQUESTS. CNO (N931) WILL WORK WITH NAVMEDLOGCOM TO PUSH SMALLPOX VACCINE TO MEDICAL TREATMENT FACILITIES.

C. NAVMEDLOGCOM WILL LIAISON WITH THE U.S. ARMY MEDICAL MATERIEL AGENCY (USAMMA) TO COORDINATE DISTRIBUTION OF VACCINE FROM THE NATIONAL PHARMACEUTICAL STOCKPILE. SMALLPOX 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 AT [WWW.USAMMA.ARMY.MIL/SMALLPOX/INDEX.HTM](http://WWW.USAMMA.ARMY.MIL/SMALLPOX/INDEX.HTM).

#### 7. RESERVE COMPONENT GUIDANCE

A. RESERVE ACTIVITIES WILL NOT ADMINISTER SMALLPOX VACCINES. RESERVISTS ELIGIBLE FOR SMALLPOX VACCINATION WILL BE IDENTIFIED UNDER SEPCOR. RESERVISTS WILL RECEIVE SMALLPOX VACCINATION UPON MOBILIZATION.

B. ADDITIONAL GUIDANCE WILL BE ISSUED THROUGH NAVAL RESERVE CHANNELS.

#### 8. LEGAL GUIDANCE

A. SJAS SHOULD BE FAMILIAR WITH THE DOD SMALLPOX RESPONSE PLAN, TO INCLUDE ANNEXES B, C, E, H, AND ALL APPLICABLE REFS.

B. ALL SVP LEGAL ISSUES, INCLUDING POTENTIAL CHALLENGES ARISING FROM REFUSALS OR OTHERWISE, SHALL BE COORDINATED WITH THE NAVY JUDGE ADVOCATE GENERAL'S OFFICE - GENERAL LITIGATION (OJAG CODE 14), (202) 685-5447/5397/5449; DSN 325-XXXX AND MILITARY JUSTICE (OJAG CODE 20), (202) 685-7060. COORDINATE ALL ISSUES CONCERNING POTENTIAL CIVIL LITIGATION WITH OJAG GENERAL LITIGATION (OJAG CODE 14). ALL SVP LEGAL ISSUES AND POTENTIAL LITIGATION RELATING TO MSC CIVMARS AND CONMARS SHALL BE COORDINATED WITH MSC OFFICE OF COUNSEL (202) 685-5160 AND OJAG CODE 14.

C. IMPLEMENTATION OF SVP REQUIRES STATUTORY AND CONTRACTUAL LABOR RELATIONS RESPONSIBILITIES BE MET FOR NAVY CIVILIAN AND CONTRACTOR PERSONNEL SUBJECT TO THIS POLICY.

#### 9. PUBLIC AFFAIRS GUIDANCE (PAG):

A. REF H PROVIDES GUIDANCE AND APPROVED Q AND A FOR ADDRESSING THE

MEDIA AND/OR GENERAL PUBLIC.

B. COORDINATE COMMUNICATION INITIATIVES VIA THE PUBLIC AFFAIRS CHAIN.

C. OASD(PA) POC IS JIM TURNER, (703) 697-5135, DSN 312-277-5135, E-MAIL: JAMES.TURNER@OSD.MIL.

D. IMAGES/PHOTOGRAPHS OF INDIVIDUALS RECEIVING THE VACCINE ARE AUTHORIZED ONLY IF ACCOMPLISHED IN A MANNER THAT PROTECTS THE IDENTITY OF THE VACCINEES AND SPECIFIC UNITS BEING VACCINATED.

10. THIS NAVADMIN WILL REMAIN IN EFFECT UNTIL FURTHER NOTICE.

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

BT