THE DEPUTY SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301-1000

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MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS

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ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL, DEPARTMENT OF DEFENSE
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SUBJECT: Temporary Slowing and Future Resumption of Anthrax Vaccine Immunization Program (AVIP)

On May 18, 1998, Secretary Cohen, based on the recommendations of the Chairman and Members of the Joint Chiefs of Staff, directed implementation of the AVIP for the total force to protect against the very real threat of anthrax as a biological weapon. Since then more than 455,000 personnel have received vaccinations. We now face an unexpected delay in the availability of vaccine supplies approved by the Food and Drug Administration (FDA) as safe and effective. We must therefore execute an orderly, temporary slowing of the AVIP until additional FDA-approved vaccine becomes available. The following actions shall be taken:

1. The current scope of the AVIP shall be maintained in the areas of highest threat, Southwest Asia and Korea. Personnel assigned or deployed on the ground in these areas for at least 30 days, including personnel newly assigned for such a period and personnel afloat on contiguous waters who have potential to be committed ashore, shall continue under the AVIP. Vaccinations for these personnel should begin prior to arrival in theater and may commence up to 45 days prior to deployment. All vaccinations will be provided consistent with the FDA-approved vaccination schedule. During this period of slowed program execution, the 30 day policy described above will replace the previously established "one day" policy.

2. Effective immediately, initiation of the vaccine series for personnel other than those described in paragraph 1 above under the AVIP total force program shall be deferred during this period of slowed execution.

3. The Secretary of the Army, as Executive Agent of the AVIP, shall issue instructions to recover from units worldwide, to the extent feasible, unopened vials of vaccine that can be redirected for use as authorized above by units assigned or deployed to the designated high threat areas.

4. With respect to vaccine supplies for which the Executive Agent determines that redirection to the high threat areas is not feasible, units are authorized to use the remaining vaccine on hand to continue the normal six-vaccination series as long as supplies last for personnel who have previously begun the series. DoD policies on medical and administrative exemptions remain in effect. With the exception of

highest risk personnel described in paragraph 1 above and this use of supplies on hand, next scheduled doses for other personnel shall be deferred until additional vaccine is available. At that time personnel for whom vaccinations were deferred will resume vaccinations consistent with guidance from the Center for Disease Control and Prevention Advisory Committee on Immunization Practices and consultation with the FDA.

5. Informational materials provided to personnel during this period of slowed program implementation shall, in addition to addressing benefits, side effects, and other medical information, specifically advise personnel of the current status of the program and its effect on dosage schedules.

6. The Executive Agent, working in conjunction with other elements of the Department of Defense, as appropriate, shall: (a) take all appropriate steps to seek to restore the supply of safe and effective anthrax vaccine for the resumption of the full-scale AVIP not later than January 2001 and for the long-term maintenance of the program; and (b) during the period of limited vaccine supply, establish in coordination with the Assistant Secretary of Defense (Health Affairs) contingency arrangements to assure the availability of vaccine for post-exposure treatment in contexts of both military operations and support for domestic agency emergency response.

The AVIP is a necessary and successful program. It shall be fully resumed as soon as possible. In the meantime, the other pillars of our Force Health Protection Program— protective gear, biological agent detectors and antibiotic treatment—will help protect personnel at risk. Programs to educate and inform personnel about the biological agent threat and the safety and effectiveness of anthrax vaccine will continue during this period of slowed implementation and upon full program resumption.