



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

MCCG

23 DEC 2002

MEMORANDUM FOR COMMANDERS, US ARMY MEDICAL COMMAND MAJOR  
SUBORDINATE COMMANDS

SUBJECT: Preparing to Defend Against Smallpox

1. REFERENCES.

- a. DoD Smallpox Response Plan, 29 Sep 02.
- b. Memorandum, Deputy Secretary of Defense, 30 Sep 02, subject: Department of Defense Smallpox Response Plan.
- c. Memorandum, Assistant Secretary of Defense (Health Affairs), 26 Nov 02, subject: Clinical Policy for the DoD Smallpox Vaccination Program (SVP).
- d. Memorandum, Under Secretary of Defense (Personnel and Readiness), 13 Dec 02, subject: Policy on Administrative Issues Related to Smallpox Vaccination Program (SVP).

2. SITUATION.

- a. The President announced the Nation's smallpox vaccination plan, including the Department of Defense's (DoD) Smallpox Vaccination Program (SVP), on 13 Dec 02. All related DoD policies to date are on the DoD website, [www.smallpox.army.mil](http://www.smallpox.army.mil). In support of the President's national smallpox preparedness initiative, DoD has tailored an SVP to the unique requirements of the Armed Forces.
- b. The Army anticipates issuing an ALARACT message providing initial guidance on SVP implementation for military personnel within days. Guidance on SVP implementation for civilian and contractor personnel will be published separately. The Army anticipates publishing its SVP Implementation Plan for military personnel within two weeks.

3. MISSION. The U.S. Army Medical Command (MEDCOM) prepares to implement the DoD Smallpox Response Plan and organizes and trains to implement the SVP to protect selected military, emergency-essential DoD civilian, and mission-essential DoD contractor personnel at occupational risk and to maintain certain mission critical capabilities.

4. CONCEPT OF OPERATIONS.

a. The Army will execute the SVP in the following stages:

(1) Stage 1a: Smallpox Response Teams. In this stage, the vaccine will be given to designated special mission units, epidemiological investigation teams in accordance with (IAW) Ref a, and the Army National Guard Civil Support Teams. These teams and their members have already been identified. Vaccinations of the epidemiological investigation teams began 16 Dec 02. Vaccinations of all MEDCOM Stage 1a personnel will be completed NLT 17 Jan 03.

(2) Stage 1b: This stage includes the vaccination of selected DoD healthcare workers at most installations, especially those with inpatient capabilities. This will give DoD the capability to respond to a smallpox attack IAW Ref a. These vaccinations may begin as soon as MEDCOM Regional Medical Commands and their subordinate Medical Treatment Facilities are trained IAW this memo, are prepared to educate vaccinees, and have the vaccine and equipment to administer the vaccine. Stage 1b vaccinations will be completed NLT 31 Jan 03. Further guidance for vaccination of healthcare workers during Stage 1b is in paragraph 4.b.

(3) Stage 2: Vaccinations will be given to other designated forces having critical mission capabilities, including those forces essential to accomplishing the U.S. Central Command's mission. We anticipate beginning these vaccinations initially to soldiers already deployed in the CENTCOM AOR, then worldwide to other forces. The Army will publish further classified guidance on Stage 2 vaccinations.

b. Tasks to Subordinate Units.

(1) Commanders, Regional Medical Commands (RMC).

(a) Direct smallpox training within your command with an intensity sufficient to support delivery, per installation, of hundreds of vaccinations per week NLT 3 Jan 03 (supporting Stage 1b implementation) and thousands of vaccinations per week NLT 15 Jan 03 (supporting full Stage 2 implementation). Additionally, installations must be prepared to deliver vaccinations to potentially tens of thousands exposed immediately following a post-smallpox attack situation. Therefore, direct training to support delivery of tens of thousands of vaccinations per week per installation NLT 1 Feb 03.

(b) Direct Stage 1b implementation within your command to be completed NLT 31 Jan 03. Report the number of Stage 1b personnel identified by subordinate MTFs for vaccination in your Operations Daily SITREP to MEDCOM Headquarters NLT 6 Jan 03. Report per cent of Stage 1b personnel vaccinated within your command weekly in your Operations Daily SITREP to MEDCOM Headquarters, each Monday, beginning 13 Jan 03, until 100 per cent completed. Report format: # personnel identified for Stage 1b vaccination//# vaccinated/% vaccinated.

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(c) The DoD Smallpox Response Plan calls for each installation to develop a local smallpox response plan, including major contributions from the installation's MTF Commander. The Regional Medical Commands will collect installation smallpox response plans as they are developed, and furnish a copy to the Director of Healthcare Operations, Office of The Surgeon General, ATTN: DASG-HCA. RMCs will report in their Operational SITREP the first Monday of each month, beginning 13 Jan 03, installations that do not yet have a plan.

(d) Form and prepare for deployment, NLT 13 Jan 03, a mobile smallpox vaccination training team to train others to meet the requirements per this memorandum. These teams may potentially be deployed OCONUS temporarily to support Combatant Commanders' SVP implementation. Vaccination of team members is not required, but recommended.

(2) Commander, North Atlantic Regional Medical Command will form and prepare for deployment, NLT 30 Dec 02, a mobile smallpox vaccination training team to train others to meet the requirements per this memorandum. This team may potentially be deployed OCONUS temporarily to support Combatant Commanders' SVP implementation. Vaccination of team members is not required, but recommended.

(3) Commanders, Installation Medical Treatment Facilities (MTF).

(a) MTF Commanders will identify sufficient staff for Stage 1b vaccination to ensure medical capabilities prescribed in paragraph 4.c. MTFs will be prepared to medically screen and vaccinate healthcare workers NLT the week of 6 Jan 03.

(b) Installation MTF Commanders will form a Smallpox Public Health Team for vaccination in Stage 1b. The MTF Commander should identify and vaccinate preventive-medicine and public-health personnel who would trace contacts of smallpox cases in an outbreak, and immunization-clinic staff who would vaccinate thousands of people immediately after recognition of a smallpox attack.

(4) Commander, U.S. Army Center for Health Promotion and Preventive Medicine. Direct Stage 1a implementation within your command to be completed NLT 17 Jan 03. Report per cent of Stage 1a personnel vaccinated within your command weekly in your Operations Daily SITREP to MEDCOM Headquarters, each Monday, beginning 30 Dec 02, until 100 per cent completed. Report format: # personnel identified for Stage 1a vaccination//# vaccinated/% vaccinated.

(5) Director, Healthcare Operations, OTSG/MEDCOM.

(a) Consolidate MEDCOM reports required in paragraph 4.b. to satisfy external reporting requirements of the DoD SVP.

(b) Direct shipping of smallpox vaccine and availability of education and training materials to support implementation of staged vaccinations by MEDCOM commanders, meeting timelines in paragraph 4.b.

c. Vaccination of Healthcare Workers, Stage 1b. We must emphasize protection of healthcare workers in our hospitals and large clinics who would first care for smallpox patients and contain a smallpox outbreak. Personnel likely to have face-to-face contact while caring for the first contagious smallpox patients will receive the highest priority for initial vaccination efforts. We will also vaccinate those who would first assist with local epidemiologic investigations or delivering vaccinations to potentially infectious people following a smallpox attack.

(1) Medical Care in Hospitals. MTFs will identify members to form a Smallpox Health Care Team, to provide round-the-clock patient care for five smallpox patients for up to 7 days. Specifically, the pre-designated Stage 1b staff should include all those with potential contact with the smallpox patient, laboratory specimens, and materials that have been in contact with a smallpox patient. Personnel should include the following: professional, ancillary, and administrative support personnel who provide care in the emergency department and medical intensive care units; infectious-disease and infection-control staff; respiratory therapists; and radiology technicians. Laboratory workers who would process smallpox specimens within the Laboratory Response Network should also receive pre-outbreak smallpox vaccinations. We estimate total number of personnel vaccinated per MTF for this purpose to be approximately 100 personnel.

(2) Medical Care in Ambulatory Clinics.

(a) Some large Army installations do not provide inpatient services on-post. These MTFs should coordinate with local civilian hospitals that provide inpatient care for their beneficiary populations to ensure the best local smallpox-response capability. MTF Commanders at these installations should prepare plans to observe small numbers of possible smallpox-infected persons showing fever, but no rash, in temporary holding facilities, "X-Type" facilities, defined in the DoD Smallpox Response Plan. Ambulatory clinics with more than 50 healthcare workers on staff, who could provide round-the-clock observation for a small number of these uncertain-status people for a few days, will identify and vaccinate pre-designated staff to provide observation-holding capability.

(b) Clinics with fewer than 50 healthcare workers are not required to provide the capability described in paragraph 4.c.(2)(a), i.e. round-the-clock observation-holding. However, these smaller clinics must identify and vaccinate enough staff to support outpatient vaccinations of forces in the SVP, including mass immunization post-smallpox attack.

(3) MTF Commanders will develop lists of healthcare workers for Stage 1b vaccination from these categories, based on their staff mix, typical workload and clientele, and proximity to other supporting healthcare facilities.

(4) Designated military personnel, emergency-essential civilians, and mission-essential contractors identified for Stage 1b vaccination will be required to be vaccinated against smallpox with FDA-licensed vaccine, unless medically or administratively exempted. Other civilian employees and other civilian contract personnel identified for Stage 1b vaccination should be offered and encouraged to receive FDA-licensed smallpox vaccine, unless medically contraindicated.

d. Training. As the Department of Defense (DoD) prepares its defenses against smallpox, we must ensure that our healthcare providers are prepared to recognize a case of clinical smallpox, respond according to the DoD Smallpox Response Plan, vaccinate groups of healthcare teams and others before an outbreak, and be prepared to vaccinate thousands to tens of thousands quickly after an outbreak. Providers in our healthcare system must be ready to explain the characteristics of smallpox vaccine to our soldiers, patients, family members, and other beneficiaries.

(1) Regional Medical Command Commanders will direct their subordinate MTFs to assure training of physicians, nurses, and other healthcare workers on these topics. Numerous smallpox educational resources are available at [www.smallpox.army.mil](http://www.smallpox.army.mil).

(2) Specifically, MTFs will take advantage of the 24 hours of digital lectures recorded and available for training at the DoD website, [www.smallpox.army.mil](http://www.smallpox.army.mil). These lectures are grouped in four modules: core module, epidemiologic-investigation module, advanced vaccination module, and investigational new drugs. Each presentation within modules can be viewed individually.

(3) The web-based training further defines training standards for three categories of MEDCOM healthcare providers who will implement the SVP locally. Within this training tool, participants register and specify their levels of expertise. They will then view a menu of videotaped presentations. Required training and optional training for each provider level will be displayed. MTFs may use this web-based tool for their personnel to train on-line, or download the presentations and perform classroom-style training. Ensure training of your personnel is documented.

(4) We have defined three categories of healthcare providers involved in local SVP implementation:

(a) Medical Director. Serves as the subject-matter expert for the installation commander, working for the MTF Commander. The Medical Director is responsible to the MTF Commander for local execution of the SVP, training of Clinical Consultants and Vaccination Supervisors, and training verification and training documentation of all personnel.

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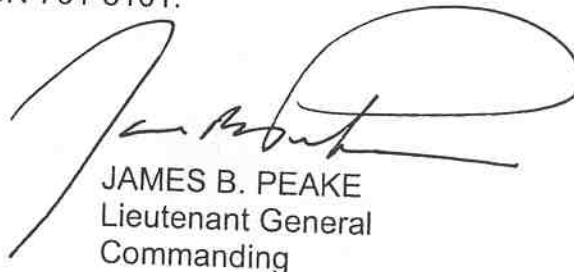
(b) Clinical Consultants and Vaccination Supervisors.

1 Clinical consultants will typically be physicians, physician assistants or nurse practitioners who provide clinical services. Clinical consultants will review screening forms before vaccination and either authorize vaccination, grant exemption from vaccination, or refer vaccine candidates for further evaluation. Clinical consultants may provide classroom education of vaccinees before vaccination.

2 Vaccination supervisors will typically be registered nurses or physician assistants. Vaccination supervisors train and document training of vaccinators and provide direct on-site supervision of vaccinations and vaccination-clinic operations. This may include providing classroom education of vaccinees before vaccination. Vaccination supervisors ensure all vaccinees complete the pre-smallpox vaccination screening form.

(c) Vaccinators. Vaccinators administer vaccinations, provide post-vaccination instructions, and assist vaccinees in obtaining additional information.

7. My points of contact for these actions are COL Randy Randolph or LTC John Grabenstein, (703) 681-5101, DSN 761-5101.



JAMES B. PEAKE  
Lieutenant General  
Commanding