



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

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MEMORANDUM FOR SEE DISTRIBUTION

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

SUBJECT: Education and Training for Medical Personnel to Prepare for Smallpox Vaccinations

The Air Force smallpox vaccination program implementation plan is in final draft and due to be released by early Jan 03. Military treatment facilities (MTFs) and Guard and Reserve medical units must be prepared to begin vaccinations when directed to do so. Medical commanders must ensure healthcare workers are properly trained to administer smallpox vaccine including recognition and management of adverse reactions.

The attached instructions outline required MTF/medical unit education and training that must be completed prior to implementation of the vaccination program. Initial education and training targets immunization, provider and public health personnel who may see patients with contraindications, concerns or complications of vaccination. Immunization personnel will complete their training by 15 Jan 03. Medical personnel involved in direct patient care will complete their training by 31 Jan 03.

Detailed administrative and clinical implementation policy will be provided in the AF smallpox vaccination program implementation plan. *Do not begin smallpox vaccinations until directed by Air Staff.*

My POCs for this issue are Lt Col Kelly Woodward, DSN 297-4268, e-mail: kelly.woodward@pentagon.af.mil and Maj Anna Likos, DSN 297-4260, email: anna.likos@pentagon.af.mil, AFMOA/SGZP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050.

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Lieutenant General, USAF, MC, CPS
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Attachment:
AFMS Smallpox Vaccination Program Education and Training

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**Air Force Medical Service
Smallpox Vaccination Program Education and Training**

I. Purpose: Provide guidance to MTF and Guard and Reserve medical unit commanders for the education and training of medical personnel in preparation for implementation of the smallpox vaccination program.

II. Introduction: It is anticipated that DoD will reintroduce smallpox vaccinations for selected personnel. Smallpox vaccination involves a unique technique not widely practiced for over 20 years and necessitates specific education for medical personnel. Therefore, MTF and medical unit commanders must ensure their personnel are prepared by completing the required education and training outlined below. This training is required for Active Duty, Guard and Reserve personnel as well as appropriate civilian employees and contractors. Immunization clinic personnel must complete the training by 15 Jan 03. Appropriate providers, nurses and public health officers must complete the required education by 31 Jan 03. AF policy directing implementation of the smallpox vaccination program is forthcoming.

III. Required Education and Training:

A. All educational and training materials are web-based and accessible through the AFMOA Website <https://www.afms.mil/afmoa/> under "About AFMOA", "Hot Topics". If unable to access these materials via the Internet, contact an AFMOA POC for alternate sources.

B. Immunization Personnel: The training outlined below is required for personnel who will be involved in screening and/or administration of smallpox vaccine including, but not limited to, immunization technicians and nurses and physicians who oversee immunization clinics. These individuals must be knowledgeable in screening potential vaccinees for contraindications to vaccination, immunization techniques, care of the vaccination site, recognition and reporting of normal and adverse reactions and logistical considerations of the smallpox vaccination program. All identified personnel will:

1. Complete the web-based module entitled "Smallpox Vaccination Training for Immunization Personnel". Estimated total time to complete the training is less than 1 hour and may be done in incremental segments.
2. Read the package insert (Wyeth-Ayerst Dryvax® Smallpox Vaccine, Dried, Calf-Lymph Type) and letter indicating FDA approval for longer storage after reconstitution of the vaccine. These are available at the AFMOA website.
3. Be competent in the scarification technique. The physician with professional oversight of the immunization clinic is responsible for ensuring that smallpox vaccinators are adequately trained on the scarification technique.
 - a) The scarification technique used for smallpox vaccination is a simple procedure and it is expected that most vaccinators will be able to perform the technique after viewing the video contained in the "Smallpox Vaccination Training for Immunization Personnel" module. Bifurcated

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needles are being sent to each MTF from the MILVAX Agency so that immunization personnel may practice the technique on each other or a model such as an orange, using sterile saline or glycerin to simulate vaccine. Do not use vaccine for this purpose. If needles have not been received by 10 Jan 03, please contact the AFMOA POC.

C. Public health officers and all physicians, nurses, physician assistants, nurse practitioners and dentists involved in direct patient care: These individuals must be knowledgeable about contraindications to vaccination, and the recognition and management of adverse reactions to smallpox vaccine.

1. Complete the training module entitled "Smallpox Vaccination and Adverse Events Training Module for Providers". Continuing Medical Education (CME), Continuing Nursing Education (CNE), Continuing Education Unit (CEU) and Continuing Education Contact Hour (CECH) credits are available for completing this module. Most individuals will be able to complete the module in 1.5 hours.
2. Read the current package insert (Wyeth-Ayerst Dryvax® Smallpox Vaccine, Dried, Calf-Lymph Type) found at the AFMOA website.
3. Color brochures developed by the Centers for Disease Control and Prevention for healthcare providers are being mailed to MTFs' medical units under separate cover. These provide a ready reference to reactions following smallpox vaccination. They are being sent directly from the printer (Logical Images) via UPS with expected shipment date during the week of 16 - 20 Dec 02.

IV. It is recommended that all medical personnel be knowledgeable in the general concepts of smallpox vaccination. The eight minute video/transcript entitled "Smallpox Vaccine", accessible from the AFMOA website, is available for this purpose.

DATE: 23 December 2002

SUBJECT: Identifying Healthcare Workers for Smallpox Vaccinations

PURPOSE: Provide medical commanders preliminary guidance for identifying healthcare workers for smallpox vaccinations (Stage 1b) prior to the release of the AF Smallpox Vaccination Implementation Plan.

BACKGROUND: On 13 December 2002, the President of the United States announced the order for the Department of Defense (DoD) to begin vaccinating military members against smallpox. Air Force (AF) smallpox epidemiological response teams (Stage 1a) have already been established. MTFs and Guard and Reserve Medical Units will establish healthcare worker teams (Stage 1b) to be vaccinated in accordance with DoD guidance. These teams will be the first to respond to and contain a smallpox outbreak or care for the first smallpox patients.

GUIDANCE: At a minimum, each MTF and Guard and Reserve Medical Unit should identify a selected number of vaccinators (those who are expected to vaccinate other personnel and play key roles in early post-outbreak vaccination campaigns). These vaccinator cadres should include a mix of immunization technicians, nurses, and providers.

Where appropriate, medical commanders will identify a group of healthcare workers to serve as members of a Smallpox Medical Team (SMT). (See the DoD Smallpox Response Plan at: <http://www.vaccines.army.mil/pdf/DODSpoxPlan.pdf> and Advisory Committee on Immunization Practices (ACIP) recommendations at: www.bt.cdc.gov/agent/smallpox/vaccination/acip-recs-oct2002.asp.) Members of the SMT should be those personnel who would care for the first few smallpox cases and have face-to-face prolonged contact with confirmed smallpox cases. The SMT size and composition will be consistent with existing patient care capabilities and the installation Medical Contingency Response Plan (MCRP). Most small facilities or squadrons without inpatient care capabilities would not provide inpatient care to smallpox patients and would therefore not need to establish a Smallpox Medical Team. However, some small facilities may have plans to augment local civilian hospital staffs to care for military patients in the event of a smallpox event and would appropriately identify personnel for vaccination. In order to be vaccinated, healthcare workers who are identified as members of the MTF SMT must be active duty military members unless directed otherwise, and have no contraindications to receiving smallpox vaccine. Because SMT capability will be an ongoing requirement, MTFs and Guard and Reserve Medical Units will need to replace team members when vacancies arise due to personnel moves or other factors.

Occupational categories of healthcare workers identified for SMTs may include: Emergency Department staff, including physicians, nurses and technicians; Intensive Care Unit staff, including physicians, nurses and technicians; general medical staff, including internists, pediatricians, obstetricians, and family physicians and nurses; medical house staff; medical subspecialists including infectious disease specialists, dermatologists, ophthalmologists, neurologists, surgeons, and anesthesiologists; respiratory therapists; radiology and laboratory technicians; and housekeeping.