ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP) UPDATE

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MSGID/GENADMIN/CMC WASHINGTON DC HS//
SUBJ/ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP) UPDATE//
REF/A/MSG/CMC/152055ZMAR2007//
REF/B/DOC/ASD(HA)/31JUL2009//
REF/C/MSG/BUMED/051505ZNOV2009//
REF/D/DOC/USD(PR)/17AUG2005//
REF/E/DOC/DEPSECDEF/12OCT2006//
REF/F/DOC/USD(PR)/06DEC2006//
REF/G/DOC/SECNAV/121410ZOCT2007//
REF/H/MSG/CMC/051110ZNOV2010//
REF/I/DOC/DODD 6205.3/26NOV1993//
REF/J/DOC/SECNAVINST 6230.4/28APR1998//
REF/K/DOC/BUMEDINST 6230.15A/29SEP2006//
NARR/REF (A) IS MARADMIN 190/07, RESUMPTION OF THE MANDATORY ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP). REF (B) IS ASD(HA) MEMO, CLINICAL POLICY FOR THE ADMINISTRATION OF THE ANTHRAX VACCINE ADSORBED. REF (C) IS BUMED MESSAGE, CLINICAL POLICY FOR THE ADMINISTRATION OF THE ANTHRAX VACCINE ADSORBED (AVA) UPDATE. REF (D) IS USD(PR) MEMO, EXCEPTION TO ANTHRAX VACCINATION OF FORWARD DEPLOYED NAVAL FORCES (FDNF) AND III MARINE EXPEDITIONARY FORCE (III MEF) IN THE RESUMPTION OF THE ANTHRAX VACCINATION PROGRAM (AVIP) UNDER THE EMERGENCY USE AUTHORIZATION (EUA). REF (E) IS DSD MEMO, ANTHRAX VACCINE IMMUNIZATION PROGRAM. REF (F) IS USD (PR) MEMO, IMPLEMENTATION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP). REF (G) IS ALNAV 072/07, CHANGE IN POLICY FOR PRE-DEPLOYMENT ADMINISTRATION OF ANTHRAX AND SMALLPOX VACCINES. REF (H) IS MARADMIN 631/10, REQR TO TRACK AND IMPROVE INDIV MED READINESS FOR ACTIVE COMPONENT (AC) AND RESERVE COMPONENT (RC). REF (I) IS DODD 6205.3, DOD IMMUNIZATION PROGRAM FOR BIOLOGICAL WARFARE DEFENSE. REF (J) IS SECNAVINST 6230.4, DEPARTMENT OF THE NAVY (DON) ANTHRAX VACCINATION IMPLEMENTATION PROGRAM (AVIP). REF (K) IS BUMEDINST 6230.15A, IMMUNIZATION AND CHEMOPROPHYLAXIS.//
GENTEXT/REMARKS/1. THIS MARADMIN UPDATES GUIDANCE REGARDING THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP).
2. BACKGROUND. ON 31 JUL 2009, ASD(HA) UPDATED AND CONSOLIDATED THE CLINICAL POLICY FOR THE ADMINISTRATION OF THE ANTHRAX VACCINE, REF

(B). BUMED FURTHER DEFINED THE CLINICAL POLICY FOR THE ADMINISTRATION OF THE ANTHRAX VACCINE ADSORBED (AVA) ON 5 NOV 2009, REF (C). BUMEDS UPDATE HIGHLIGHTED THE FOOD AND DRUG ADMINISTRATION (FDA) CHANGE FROM A SIX-SHOT SERIES TO A FIVE-SHOT SERIES WITH ANNUAL BOOSTERS, AND THE CHANGE FROM SUBCUTANEOUS TO INTRAMUSCULAR (IM) ADMINISTRATION. AVA DOSING SHOULD BE ADMINISTERED VIA 0.5CC IM DOSES AT DAY 0, 4 WEEKS, 6 MONTHS, 12 MONTHS, AND 18 MONTHS, WITH A REQUIREMENT FOR ANNUAL BOOSTERS.

3. CMC INTENT. CONTINUE TO IMPLEMENT THE MANDATORY AND VOLUNTARY AVIP IN ORDER TO PROTECT PERSONNEL AND PRESERVE COMBAT EFFECTIVENESS IN THE EVENT OF AN ANTHRAX ATTACK PER REFS (B) THROUGH (K). WHILE THE THREAT OF AN ANTHRAX ATTACK CANNOT BE QUANTIFIED, THE EARLY VACCINATION OF OUR FORCES REMAINS THE MOST EFFECTIVE FORCE PROTECTION MEASURE.

4. EXECUTION

A. THE MARINE CORPS WILL CONTINUE MANDATORY ANTHRAX VACCINATIONS FOR PERSONNEL CONSIDERED AT RISK FOR ANTHRAX EXPOSURE. THE INTENT OF THIS AUTHORIZATION IS TO PRESERVE THE EFFECTIVENESS OF THE COMMAND, AS WELL AS PROTECT INDIVIDUALS AGAINST WEAPONIZED ANTHRAX. COMMANDERS WILL MANAGE IMMUNIZATION REFUSALS AS THEY WOULD ADDRESS ANY REFUSAL TO OBEY A LAWFUL ORDER.

B. APPLICABILITY AND SCOPE

(1) MANDATORY AVIP. PER CURRENT DEPARTMENT OF DEFENSE (DOD) POLICY, AVA IS MANDATORY FOR UNIFORMED PERSONNEL, EMERGENCY-ESSENTIAL AND EQUIVALENT CIVILIAN PERSONNEL, AND CONTRACTORS DEPLOYED TO U.S. CENTRAL COMMAND (USCENTCOM), JOINT TASK FORCE HORN OF AFRICA AREA OF RESPONSIBILITY (ERITREA, ETHIOPIA, KENYA, SEYCHELLES, SOMALIA, SUDAN AND SOUTHERN SUDAN) WHICH WAS PREVIOUSLY IN USCENTCOM, OR ON THE KOREAN PENINSULA FOR 15 OR MORE CONSECUTIVE DAYS. PER REF (D), ALL III MEF PERSONNEL REQUIRE ANTHRAX VACCINATION AS WELL. AVA IS ALSO MANDATORY FOR CHEMICAL BIOLOGICAL INCIDENT RESPONSE FORCE (CBIRF) PERSONNEL. REF (G) AUTHORIZES VACCINATIONS TO BEGIN 120 DAYS BEFORE DEPLOYMENT. COMMANDERS WILL SUBMIT REQUESTS FOR EXCEPTION TO POLICY THROUGH MARFOR/MEF AND HQMC, TO DIRECTOR, JOINT STAFF FOR APPROVAL AND COORDINATION WITH GAINING COMBATANT COMMAND, CJCS, AND OSD.

(2) VOLUNTARY AVIP. UNIFORMED ACTIVE DUTY, SELECTED RESERVES, AND U.S. GOVERNMENT CIVILIAN PERSONNEL WHO PREVIOUSLY RECEIVED AT LEAST ONE DOSE OF AVA AND ARE NO LONGER IN THE MANDATORY AVIP PROGRAM MAY CONTINUE THE SERIES ON A VOLUNTARY BASIS.

(3) AVA RESUMPTION. PERSONNEL RESUMING ANTHRAX VACCINATIONS WILL CONTINUE THE DOSING SERIES WHERE THEY LEFT OFF. PERSONNEL WILL NOT NEED TO REPEAT ANY DOSES ALREADY RECEIVED IN THE SERIES. THIS IS CONSISTENT WITH GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) AND THE FDA. CONTINUING VOLUNTARY ANNUAL ANTHRAX VACCINE

BOOSTERS BEYOND THE FIVE-DOSE SERIES IS CONSISTENT WITH THE FDA LICENSED DOSE SCHEDULE AND IS PERMITTED FOR PERSONNEL WITHOUT A CURRENT DUTY ASSIGNMENT ASSOCIATED WITH THE HEIGHTENED RISK OF EXPOSURE.
C. EDUCATION REQUIREMENTS FOR DESIGNATED RECIPIENTS. COMMANDERS WILL ENSURE THAT SERVICE MEMBERS ARE CONTINUALLY EDUCATED CONCERNING THE INTENT AND RATIONALE FOR BOTH ROUTINE AND THEATER-SPECIFIC OR THREAT-SPECIFIC MILITARY IMMUNIZATION STANDARDS IAW WITH REFS (B) THROUGH (K). PERSONNEL WILL BE EDUCATED USING THE 15 JAN 2009 OR LATER VERSION OF THE DOD TRIFOLD BROCHURE FOUND ON THE MILVAX SITE AT WWW.VACCINES.MIL. THESE TRIFOLD BROCHURES ARE ALSO SHIPPED WITH AVA IMMUNIZATION ORDERS.
D. PRE-VACCINATION SCREENING AND ADMINISTRATION OF ANTHRAX VACCINATION WILL BE CONDUCTED IAW WITH REF (C). COMMANDS WILL MEDICALLY SCREEN PATIENTS PRIOR TO IMMUNIZATIONS TO ENSURE THERE ARE NO CONTRAINDICATIONS FOR RECEIVING THE VACCINE AND TO IDENTIFY IF VACCINATION IS MANDATORY OR VOLUNTARY. IT IS DOD, NAVY AND MARINE CORPS POLICY (REF (K)) TO SCREEN FEMALES OF CHILDBEARING AGE FOR PREGNANCY AND DEFER ROUTINE ANTHRAX VACCINATION UNTIL AFTER PREGNANCY. AT A MINIMUM, WOMEN OF CHILDBEARING AGE ARE TO BE QUESTIONED/SCREENED FOR PREGNANCY BEFORE RECEIVING IMMUNIZATIONS. WOMEN WHO ARE UNCERTAIN OF PREGNANCY STATUS SHALL BE MEDICALLY EVALUATED FOR PREGNANCY BEFORE IMMUNIZATION. PROVIDE AN AVIP INFORMATION TRIFOLD AND VACCINE INFORMATION SHEET TO EACH VACCINEE PRIOR TO VACCINATION.
E. COMMANDS ISSUING ORDERS FOR PERMANENT CHANGE OF STATION DEPLOYMENT, AND FOR TEMPORARY DUTY OR ANNUAL TRAINING LASTING MORE THAN 15 CONSECUTIVE DAYS TO LOCATIONS COVERED BY THE MANDATORY AVIP PROGRAM, WILL INCLUDE IN THE ORDERS THE REQUIREMENT TO START OR RESUME ANTHRAX VACCINATIONS AT THE LOSING INSTALLATION NOT EARLIER THAN 120 DAYS PRIOR TO ARRIVAL IN MANDATORY AVIP LOCATION. THE GOAL IS TO ACHIEVE AT LEAST THE FIRST TWO DOSES OF THE FIVE-DOSE SERIES OR THE FIRST DOSE OF THE RESUMPTION SERIES PRIOR TO ARRIVAL AT AVIP LOCATION, BUT MAY ARRIVE REQUIRING AVA IF MISSION REQUIREMENTS MAKE UNAVOIDABLE AND PLAN FOR VACCINATION HAS BEEN DEVELOPED.
F. RESERVE COMPONENT (RC) PERSONNEL. RC PERSONNEL SHALL BE IN A DUTY STATUS WHEN RECEIVING ANY DOD-DIRECTED IMMUNIZATION. UNIT COMMANDERS MUST ENSURE PERSONNEL RECEIVING ANTHRAX VACCINATION ARE ELIGIBLE AND ARE IN A DUTY STATUS. AN ADVERSE REACTION TO A DOD-DIRECTED IMMUNIZATION IS A LINE OF DUTY (LOD) CONDITION. RC MEMBERS WHO INCUR OR AGGRAVATE ANY INJURY, ILLNESS, OR DISEASE WHILE ON ACTIVE DUTY STATUS FOR LESS THAN 30 DAYS, OR ON INACTIVE DUTY TRAINING ARE ENTITLED TO MEDICAL CARE APPROPRIATE FOR THE TREATMENT OF THE INJURY, ILLNESS, OR DISEASE. WHEN A RC MEMBER PRESENTS FOR TREATMENT AT A MILITARY TREATMENT FACILITY EXPRESSING

A BELIEF THAT THE CONDITION FOR WHICH TREATMENT IS SOUGHT IS RELATED TO RECEIVING AN IMMUNIZATION DURING A PERIOD OF DUTY, THE MEMBER MUST BE EXAMINED AND PROVIDED NECESSARY MEDICAL CARE. SUBMIT REPORTS TO THE VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS) WHEN TREATMENT HAS BEEN RENDERED OR THE INDIVIDUAL'S EMERGENT CONDITION IS STABILIZED. LINE OF DUTY (LOD) BENEFITS WILL BE REQUESTED USING THE MARINE CORPS MEDICAL ENTITLEMENTS DATABASE SYSTEM (MCMEDS) AS SOON AS POSSIBLE.

5. ADMINISTRATION AND LOGISTICS. COMMANDERS WILL FOLLOW GUIDANCE PROVIDED IN REFS (B) THROUGH (K) TO PROPERLY IDENTIFY AND EDUCATE PERSONNEL TO BE VACCINATED AND DOCUMENT AND TRACK IMMUNIZATIONS IN THE MEDICAL READINESS REPORTING SYSTEM (MRRS). ENSURE APPROPRIATE MEDICAL EVALUATION IF PERSONNEL EXPERIENCE AN ADVERSE REACTION FOLLOWING ANY VACCINATION.

A. THE ANTHRAX VACCINATION PROGRAM REMAINS A LEADERS RESPONSIBILITY TO ENSURE THEIR SERVICE MEMBERS, DOD CIVILIANS, AND CONTRACTORS HEALTH FORCE PROTECTION. EXPERIENCE SHOWS THAT COMMANDER SUPPORT AND EDUCATION OF PERSONNEL IS PIVOTAL TO AVIP SUCCESS AND SERVICE MEMBER ACCEPTANCE. COMMANDERS SHOULD REVIEW THE "EDUCATION TOOL KIT" POSTED ON THE WEBSITE WWW.ANTHRAX.MIL FOR FURTHER INFORMATION.

B. RECORDING IMMUNIZATIONS. ALL IMMUNIZATIONS WILL BE IMMEDIATELY ENTERED INTO AN APPROVED IMMUNIZATION TRACKING SYSTEM THAT TRANSMITS DATA TO DEERS AND THE MEMBER'S HEALTH RECORD. MRRS, REF (H), IS CURRENTLY THE AUTHORITATIVE SOURCE OF INDIVIDUAL MEDICAL READINESS REPORTING IN THE MARINE CORPS. ALL REFUSALS SHALL BE DOCUMENTED IN THE MEDICAL RECORD.

C. LOGISTICS. VACCINES ARE DIRECTLY REQUISITIONED IAW UNITED STATES ARMY MEDICAL MATERIEL AGENCY (USAMMA) POLICIES. LOCAL MEDICAL LOGISTICS SUPPORTING ELEMENTS MUST HAVE SUFFICIENT REFRIGERATION CAPACITY TO PRESERVE VACCINE INTEGRITY, INCLUDING TEMPERATURE ALARMS AND BACK-UP POWER CAPACITY. ANTHRAX VACCINE IS TEMPERATURE SENSITIVE. THE VACCINE MUST BE STORED WITHIN THE APPROPRIATE TEMPERATURE RANGE (2-8 DEGREES CELSIUS) THROUGHOUT THE ENTIRE VACCINATION PROCESS. IT SHOULD BE REMOVED JUST PRIOR TO ADMINISTERING THE SHOT. USAMMA IS RESPONSIBLE FOR COORDINATING THE DISTRIBUTION OF ANTHRAX VACCINE WITHIN DOD. USAMMA DISTRIBUTION OPERATIONS CENTER COMM 301-619-7235/4318/4320/4128/7913, DSN 343-XXXX, FAX 301-619-4468, WEBSITE WWW.USAMMA.ARMY.MIL/PRODUCTS.CFM AND THEN CLICK ON VACCINES/TEMPERATURE SENSITIVE PRODUCTS FOR ADDITIONAL INFORMATION.

D. VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS). VAERS REPORTS SHOULD BE SUBMITTED BY PROVIDERS IN CASES OF ADVERSE, UNUSUAL OR SEVERE REACTION TO THE ANTHRAX VACCINATION, ANY REACTION RESULTING IN HOSPITALIZATION OR TIME LOST FROM DUTY (MORE THAN 24 HOURS), OR CONTAMINATED LOTS. ALSO, BY ANY PATIENT WHO BELIEVES THAT THEY

HAVE HAD AN UNUSUAL OR SEVERE REACTION. VAERS REPORTS CAN BE SUBMITTED DIRECTLY TO THE WWW.VAERS.HHS.GOV SITE. SUBMISSION OF A VAERS REPORT IS NOT AN INDICTMENT AGAINST A VACCINE, IT SIMPLY FACILITATES REVIEW OF TEMPORARILY ASSOCIATED SYMPTOMS AND ADDS TO THE SAFETY DATABASE FOR EACH VACCINE.
E. VACCINE HEALTHCARE CENTER (VHC) NETWORK. THE VHC NETWORK IS A TEAM OF CLINICAL VACCINE EXPERTS WHO ASSIST PATIENTS AND HEALTHCARE PROVIDERS WITH TREATMENT OF HEALTH PROBLEMS BEFORE AND AFTER VACCINATIONS, ASSIST WITH MEDICAL EXEMPTIONS, AND TEACH SERVICE MEMBERS AND THEIR FAMILIES ABOUT VACCINES. THE VHC CAN ALSO ASSIST WITH FILING VAERS REPORTS AND DOCUMENT EXEMPTIONS. THE VHC NETWORK CAN BE CONTACTED AT NUMBERS LISTED ON THEIR WEBSITE WWW.VHCINFO.ORG OR 1-866-210-6469.
F. POCS FOR THIS MESSAGE ARE:
(1) HQMC (PPO), CWO4 M. R. IMPASTATO, SERVICE POC (703) 692-4382.
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(3) HQMC (IL), HMC (FMF) E. RUBIC, MEDICAL LOGISTICS CHIEF (571) 256-7121 (DSN 260).
6. COMMAND AND SIGNAL. THIS MARADMIN IS EFFECTIVE IMMEDIATELY UPON RELEASE, APPLIES TO THE MARINE CORPS TOTAL FORCE, AND ITS EXPIRATION CANNOT BE DETERMINED.
7. RELEASE AUTHORIZED BY RDML M. H. ANDERSON, DIRECTOR OF HEALTH SERVICES.//