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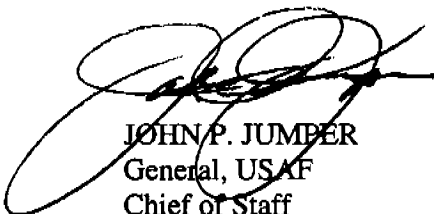
FROM: HQ USAF/CC
1670 Air Force Pentagon
Washington DC 20330-1670

SUBJECT: Air Force Implementation of the Smallpox Vaccination Program

The Smallpox Vaccination Program (SVP) is our Commanders' Force Protection Program against a deadly biological warfare agent. Successful implementation requires commanders to plan in advance for the operational, education, administration, logistics, and medical issues unique to each installation/wing. The SVP is being reintroduced IAW the DEPSECDEF policies of 30 Sep 02 and 12 Dec 02, and detailed in the Under Secretary of Defense for Personnel and Readiness memo of 13 Dec 02. I have attached the Air Force Smallpox Vaccination Implementation Plan, which provides Air Force-specific guidance for introduction of the SVP at each installation.

Wing implementation actions include establishing a base-level SVP development team and developing a local implementation plan that achieves the objectives outlined in the Air Force Smallpox Vaccination Implementation Plan. Education of commanders, individuals and families is imperative to ensure the success of this program. Educational objectives outlined in the plan must be accomplished before vaccinations begin. Installations are to implement the Air Force plan immediately. Only Stage 1a, Stage 1b, and Stage 2 personnel, as defined in the attached plan, are authorized vaccinations at this time. When the program further expands to include Stage 3, Air Staff will provide specific implementation guidance.

This plan and all supporting documentation will be available on the Commanders' Chemical-Biological Resource website: <http://chembio.xo.hq.af.mil/bio-smallpox.shtml>. My points of contact for this issue are Brig Gen Robert Smolen, HQ USAF/XON, at DSN 225-5833, e-mail: robert.smolen@pentagon.af.mil, and Col Deneice Van Hook, HQ USAF/SGZP, at DSN 297-4286, e-mail: deneice.vanhook@pentagon.af.mil.



JOHN P. JUMPER
General, USAF
Chief of Staff

Attachment:
Air Force Smallpox Vaccination Implementation Plan - January 2003

Air Force Smallpox Vaccination Implementation Plan January 2003

INTRODUCTION

1. Purpose

This document directs and provides guidance for the implementation of the Air Force Smallpox Vaccination Program (SVP).

2. Key Messages

The Smallpox Vaccination Program is a Commander's Force Protection program against a deadly biological warfare agent. Commanders, individual members, civilian personnel (i.e., specified Air Force employees and contractor personnel), and their families must be knowledgeable about the smallpox vaccination program to ensure the success of the program and the adequate protection of our forces. The key messages of the smallpox vaccination program include:

- a. The health and safety of our people, especially those at great risk, are our top concerns.
- b. As we continue in the global war on terrorism, new threats such as smallpox require a new measure of force protection.
- c. Smallpox is contagious, deadly, and would disrupt missions, mission readiness and capability.
- d. The smallpox vaccine is effective, but requires careful use.

3. Background

- a. Smallpox is a contagious disease caused by the variola virus with a fatality rate of about 30%. Historically, the smallpox (vaccinia) vaccine protected more than 95% of healthy people who received it.
- b. The smallpox vaccine was instrumental in eradicating smallpox disease, and in 1980 the World Health Assembly declared smallpox disease eradicated. However, DoD continued to vaccinate new military recruits not previously vaccinated against smallpox until 1990. With the current threat of the intentional release of smallpox as a biological weapon, resumption of the smallpox vaccination program is required to protect identified military personnel against smallpox disease.

4. Priority Groups for Vaccination

The smallpox vaccination program will be conducted in a staged approach for specific teams and will be expanded to incorporate other groups as directives dictate. Initially, members of the Smallpox Epidemiological Response Teams, Smallpox Medical Teams, vaccinator cadres, and other specified personnel will be vaccinated. Only those individuals without contraindications to vaccination will be vaccinated during the pre-outbreak vaccination program. However, in a smallpox outbreak (one confirmed case), even those with contraindications to vaccination should be re-evaluated and strongly considered for vaccination if exposed to smallpox. The stages include the following teams/personnel:

a. **Stage 1a: Smallpox Epidemiological Response (SER) Teams.** These teams are currently located at the Air Force Institute for Environment, Safety, and Occupational Health Risk Analysis (AFIERA), Brooks AFB. All SER team members must be screened and vaccinated against smallpox. The SER team leaders will ensure that all SER team members receive smallpox vaccinations upon selection.

b. **Stage 1b:**

1. **Vaccinator Cadres.** At a minimum, each Medical Treatment Facility (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. In order to be vaccinated, healthcare workers who are identified as members of the MTF vaccinator cadre must be military personnel unless otherwise directed, and have **no** contraindications to receiving smallpox vaccine.
2. **Smallpox Medical Teams (SMT).** Where appropriate, medical commanders will identify a group of healthcare workers to serve as members of a SMT (see the DoD Smallpox Response Plan at: <http://www.vaccines.army.mil/pdf/DODSpoxPlan.pdf>). Members of the SMT should be those personnel who would care for the first few smallpox cases and consequently 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 military personnel unless otherwise directed, 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 sub-specialists including infectious disease specialists, dermatologists, ophthalmologists, neurologists, surgeons, and anesthesiologists; public health and bio-environmental engineering officers and technicians; respiratory therapists; radiology and laboratory technicians. In addition, Aero-evacuation crews, Critical Care in the Air Transport Teams, and Aeromedical Staging Facility personnel will be included in Stage 1b vaccinations.

3. **Stage 2.** Designated forces and personnel that constitute certain mission-critical capabilities.
4. **Stage 3.** Other U.S. forces and personnel will be vaccinated, depending on circumstances.

ROLES AND RESPONSIBILITIES

Successful implementation requires commanders and supervisors to plan in advance for the operational, education, administration, logistics, and medical issues unique to each installation/wing. General responsibilities of the key organizations are enumerated below:

1. Air Staff

- a. XO is OPR and SG is OCR for the Air Force smallpox vaccination program.
- b. Develop AF level policy and provide program oversight and guidance.
- c. Coordinate with other agencies (MILVAX Agency, other Services, etc.).
- d. Review and coordinate requests from MAJCOMs for exceptions to policy.
- e. Validate MAJCOM vaccine requirements.

2. MAJCOMs

- a. Develop vaccination schedule that will mitigate operational degradation due to potential adverse side effects; this responsibility may be delegated to wing level as appropriate.
- b. Coordinate requests for exceptions to policy with installation/wing and Air Staff.
- c. Consult with installation/wing on smallpox issues that require command support.
- d. Coordinate between installation/wing and Air Staff on vaccine requirements.
- e. Develop policy specific to unique functions within Commands.

3. Commanders

- a. Officially and personally introduce the smallpox vaccination program via Commanders' Call (wing/squadron) before vaccinations begin.
- b. Maintain oversight and ownership of the installation/wing smallpox vaccination program.
- c. Establish base implementation team.
- d. Develop and implement a base plan consistent with DoD and AF guidance.
- e. Ensure all personnel requiring the vaccine are appropriately educated.
- f. Ensure compliance with program; grant administrative exemptions as appropriate.
- g. Submit requests for exception to policy to MAJCOM for coordination.
- h. Notify the servicing civilian personnel office to determine which civilian employees are designated as "emergency essential" employees under DoD Directive (DoDD) 1404.10, "Emergency-Essential DoD U.S. Citizen Civilian Employees" and evaluate other civilian personnel to determine who may be designated as members of a smallpox response team (e.g., smallpox epidemiological team, treatment team, public health team, or other first responders) as described in the 13 Dec 02 Under Secretary of Defense for Personnel & Readiness (USD P&R) memorandum, subject: "Policy on Administrative Issues Related to Smallpox Vaccination Policy".
- i. Ensure appropriate labor obligations are satisfied prior to program implementation for bargaining unit members.

- j. Notify the cognizant contracting officer(s) to identify which services performed by contractors are considered "mission essential" as described in DoD Instruction (DoDI) 3020.37, "Continuation of Essential DoD Contractor Services During Crisis."
- k. Develop contingency plans to ensure performance of essential services (e.g., by military personnel) if contractors are unable or unwilling to provide inoculated employees.
- l. Identify other personnel categorized as "alert forces", as defined in the joint regulation on Immunizations and Chemoprophylaxis, AFJI 48-110.

4. Installation/Wing Deployment Officers (IDO)

- a. Administer the installation/wing's deployment process IAW AFI 10-403.
- b. IDO will be responsible for giving the Public Health Office numbers (for ordering vaccine) and names of people in Stage 2 who will require smallpox vaccinations.

5. Public Affairs

- a. Provide support and facilitate **proactive** community education.
- b. Coordinate responses to media inquiries.
- c. Utilize DoD communication plans and key messages.
- d. Communicate accurate, credible information to internal audiences.

6. Chaplain

Provide consultive support to base personnel on issues related to the smallpox vaccination program.

7. Legal

- a. Educate base personnel as needed on relevant legal issues.
- b. Answer queries on legal issues related to the smallpox vaccination program.
- c. Will provide legal support to commanders as needed.

8. Contracting Officers

- a. Review and modify contracts as needed to ensure contractors are put on notice if their employees will be subject to smallpox vaccination, either because they perform essential services or fall into one of the groups identified for vaccination. Elevate the issue if the contract cuts across several agencies or military departments or if there will be a cost differential.
- b. Negotiate contract terms and conditions (e.g., contractor identification of affected employees, costs, availability of vaccine, who administers inoculations, post-inoculation medical coverage, increased insurance, liability issues, etc.) with individual contractors if their employees will be subject to smallpox vaccination. Be prepared to negotiate partial termination for convenience or downscope if the contractor does not agree to the inoculation program; it could be seen as a cardinal change, impossibility or other obstacle to contract performance.

9. Individuals

- a. Obtain education on contraindications to smallpox vaccination, self-identify if any contraindications are recognized, and receive smallpox vaccine.
- b. Report for vaccinations as directed.
- c. Obtain information on proper management and care of vaccination site and expected reactions.
- d. Self-identify if no response to vaccination, and seek appropriate medical care for concerns or adverse reactions.

10. Medical Commanders

- a. Manage logistical requirements of the vaccine.
- b. Ensure development of appropriate risk communication plans.
- c. Educate all appropriate medical personnel on the clinical aspects of the vaccine, including screening for contraindications and treatment of adverse reactions.
- d. Ensure appropriate education of personnel who will be receiving the vaccine.
- e. Assist line commanders in providing smallpox vaccine education to members, their families, and the community as needed.
- f. Administer the vaccine.
- g. Document and track vaccine administration via the Air Force Complete Immunization Tracking Application (AFCITA).
- h. Provide status reports to squadron commanders and higher HQ as directed.
- i. Ensure a process is in place for access to healthcare for active duty, Air Reserve Components (ARC), and civilian personnel (specified Air Force civilian employees and contractor personnel) who may have an adverse reaction to the vaccine.
- j. Initiate and follow-up on medical exemptions when appropriate.

WING IMPLEMENTATION ACTIONS

1. Each installation/wing will establish a base-level smallpox vaccination program development team:
 - a. Recommended membership includes representatives from operational line units, public affairs, human relations, civilian personnel, wing intelligence, chaplain, medical, legal, wing leadership and the Installation/Wing Deployment Officer.
 - b. Team chairperson should be a senior line officer.
 - c. Team should review existing policy and guidance and ensure all members are fully educated on all aspects of the smallpox vaccination program.
 - d. Team should provide recommendations and expertise to the local command structure for the implementation and maintenance of the smallpox vaccination program.
2. Develop and implement a base smallpox vaccine implementation plan IAW existing policy that achieves the following objectives: (Specific Higher HQ guidance, where applicable, is provided in the attached Annexes)

- a. Operational Plan (Annex A), Commanders will:
 1. Identify and vaccinate personnel requiring pre-outbreak vaccination consistent with current AF policies (Annex A 1-2).
 2. Maintain full operational capability while implementing vaccinations (Annex A 3-4).
 3. Ensure that groups of personnel are identified that may warrant inclusion in the smallpox vaccination program by exception to policy (e.g., airlift crews and JTF-Civil Support).
- b. Education Plan (Annex B) Installation/Wing and Medical Commanders will:
 1. Identify key spokespersons for the installation/wing and ensure attainment of good risk communication skills (Annex B 2).
 2. Ensure commanders, first sergeants and other key leaders are educated on all components/key messages of the smallpox vaccination program before the initiation (Annex B 3).
 3. Educate all appropriate medical personnel on smallpox disease, the vaccine, contraindications to vaccination, recognizing and managing adverse reactions after smallpox vaccination, and care of the vaccination site (Annexes B 4, D 2, 7, 13, 15, and HQ USAF/SG 18 Dec 02 memo: "Education and Training for Medical Personnel to Prepare for Smallpox Vaccinations").
 4. Prior to vaccination, educate personnel about the smallpox vaccine, and provide an opportunity to address their concerns and questions (Annex B 5).
 5. Ensure all personnel identified for smallpox vaccinations are provided information on expected reactions and adverse events, and how to access healthcare for medical concerns (Annex B 5).
 6. Provide ongoing education to the base population, including family members, about smallpox vaccination and an avenue to address their concerns and questions (Annex B 7).
- c. Administrative Issues (Annex C), Commanders will:
 1. Ensure personnel are appropriately identified for vaccinations (Annex C 1).
 2. Coordinate actions with Chief of Aeromedical Services, the Unit Deployment Manager (UDM), designated medical squadron personnel and others, as required, to administer screening questionnaires and smallpox vaccinations for identified deployers at least 30 days prior to deployment, if possible.
 3. Develop local procedures to manage administrative exemptions, religious waivers, and vaccine refusals (Annex C 4-6).
- d. Medical Issues (Annex D), Medical Commanders will:
 1. Develop local procedures to administer smallpox vaccine as approved by the Food and Drug Administration (FDA), and IAW Centers for Disease Control and Prevention (CDC) guidance, Advisory Committee on Immunization Practices (ACIP) recommendations, DoD, and Air Force vaccination policies (Annex D 1-7).
 2. Develop local procedures that address the unique aspects of prescreening, documenting and tracking the smallpox vaccine (Annex D 2, 14 and 20).
 3. Develop local procedures to address adherence to standard precautions during vaccine administration (Annex D 3).

4. Identify facilities where smallpox vaccinations can be effectively delivered (Annex D 10).
5. Provide unit commanders with reports of the number of smallpox vaccine recipients (Annex D 11).
6. Develop local procedures to report and manage smallpox vaccine adverse reactions and medical exemptions (Annex C 4, Annex D 15-16).
7. Develop local procedures for addressing healthcare access issues for medical concerns (Annex D 16).
8. Coordinate vaccination schedules with blood-donor collection schedules to reduce the impact on availability of military blood supply (Annex D 18).

ANNEXES

ANNEX A: Operational Plan

ANNEX B: Education Plan

ANNEX C: Administrative Issues

ANNEX D: Medical Issues

ANNEX A – Operational Plan

The Operational Plan outlines the required components for pre-outbreak smallpox vaccination plans for each Air Force Installation/wing.

1. Medical commanders have the primary responsibility for identifying specific personnel for Stages 1a and 1b for smallpox vaccination (active duty personnel only unless otherwise directed).
2. Commanders will identify military personnel, emergency-essential (EE) civilian employees, employees of mission essential contractors, and other civilian personnel for vaccination stages (other than Stages 1a and 1b) as directed by HQ. When identifying civilian personnel refer to the following directives for guidance:
 - a. Memorandum from Under Secretary of Defense for Personnel & Readiness, “Policy on Administrative Issues Related to Smallpox Vaccination Policy,” 13 Dec 02.
 - b. Civilian personnel classified as EE under DoD Directive 1404.10, “Emergency-Essential (EE) DoD U.S. Citizen Civilian Employees,” 10 April 92.
 - c. Contractor personnel carrying out mission essential services as described in DoDI 3020.37, “Continuation of Essential DoD Contractor Services During Crisis,” 6 Nov 90.
 - d. Personnel categorized as “alert forces”, as defined in the joint regulation on Immunizations and Chemoprophylaxis, AFJI 48-110.
 - e. Other civilian personnel who may be designated as members of a smallpox response team (e.g., smallpox epidemiological team, treatment team, public health team, or other first responders) as described in the memo at “a” above.
3. Commanders need to consider staggering immunizations within occupational categories critical for maintaining operational capability. It is expected that up to 30 percent of individuals will have reactions to the vaccine that may result in loss of one or more duty days, most occurring in the second week after vaccination. Though all potential recipients of the vaccine are not known at this time, it is expected that mass vaccination of certain occupational groups could impact mission capabilities.
 - a. At a minimum, once directed to vaccinate, healthcare professionals, aircrews, Personnel Reliability Program (PRP) personnel, and other first responders (e.g., security, fire, decontamination crews) will be vaccinated on a staggered schedule.
 - b. Aircrews. Considerations will be made to address concerns about vaccinating aircrews. Ideally, aircrews should be vaccinated 30+ days before a contingency or deployment. If time constraints exist, every effort should be made to vaccinate not less than 15 days prior to deployment to get beyond the period when most duty limiting side effects occur.
 - c. ARC commanders may exercise discretion not to employ staggered immunization schedules when they may be impractical for achieving vaccination goals during the limited time of Unit Training Assemblies.

4. Commanders must be aware of the following issues that may affect personnel identified for vaccinations:
 - a. Screening for smallpox vaccinations requires personnel to self-identify contraindications for vaccination for themselves and their household contacts prior to being vaccinated. Commanders must allow for personnel to have adequate time to review the medical conditions of their household contacts to identify any contraindications for vaccination.
 - b. Personnel identified for vaccination who have contact with a person at home who has a contraindication to the vaccine shall be exempted from vaccination until deployment. If there is an overriding operational requirement to vaccinate prior to deployment, alternate housing will be arranged. Costs incurred for alternate housing will be the responsibility of the installation/wing.
 - c. Smallpox vaccine is shipped in 100-dose vials that must be used within 60 days of opening. Currently DoD has roughly one million doses, which is an adequate supply for near term potential deployers. The adequacy of the stockpile is heavily dependent on judicious use of the vaccine. As such, vaccinations will be scheduled to utilize as many doses from the vial as possible. Small clinics, ANG, and AFR units will coordinate with host units and/or MTFs on a regional basis to maximize utilization of vaccine.
 - d. ARC Commanders may consider delaying vaccination until deployment for personnel whose civilian employer will not allow them to work in the immediate post-vaccination period.
5. Commanders will provide the number of personnel projected to deploy to areas designated as smallpox high threat areas, as directed, to the Public Health Office so they can provide Medical Logistics with vaccine requirements.
6. Commanders will receive confidential reports on the status of their personnel for smallpox vaccinations from the installation/wing Chief of Aeromedical Services.
7. Commanders should determine whether or not to deploy personnel who cannot receive required smallpox vaccine due to personal medical contraindications. The decision to deploy personnel who cannot be vaccinated against smallpox should be based on theater or NAF policies or where allowed, local commander consideration such as risks to the individual and the mission.

ANNEX B – Education Plan

The Education Plan outlines the required components for educating and training personnel about smallpox vaccinations, contraindications and reactions.

1. Education is the KEY to a successful smallpox vaccination program. The scope of information to be provided includes: the potential threat, the disease and its impact on personnel to effectively carry out the Air Force mission, vaccine benefits and risks, revaccination, and other pertinent medical information. Smallpox briefings and additional smallpox vaccination information can be found on the MILVAX Agency website: <http://www.vaccines.army.mil>. If more detailed assistance is needed, contact your MAJCOM medical POC.

Key messages. Key messages to include in the smallpox vaccination program:

- a. The health and safety of our people, especially those at great risk, are our top concerns.
 - b. As we continue in the global war on terrorism, new threats such as smallpox require a new measure for force protection.
 - c. Smallpox is contagious, deadly and would disrupt missions, mission readiness and capability.
 - d. The smallpox vaccine is effective, but requires careful use.
2. Smallpox vaccine spokespersons. A list of questions and answers (Q&As) regarding smallpox vaccinations will be provided to all base Public Affairs Offices and covers the following topic areas: policy and management, threat, effectiveness and safety of vaccine, vaccine reactions, vaccine production, procurement, and inventory, and military discipline. Q&As can also be found on the MILVAX Agency website at: <http://www.vaccines.army.mil>.
 3. Education for Commanders. Commanders must be knowledgeable and fully educated on the smallpox vaccination program prior to administration of vaccine.
 4. Education for medical personnel
 - a. Medical personnel are the primary source of information on the disease, the vaccine and contraindications, and vaccine side effects. They order, store, administer the vaccine, and document the vaccinations in the appropriate records. For individuals who experience an adverse event associated with the vaccine, medical personnel provide the appropriate treatment and referral, if necessary, for diagnosis and treatment. All medical personnel should have a general knowledge about smallpox vaccine.
 - b. The AF/SG mandated education plan for specific healthcare personnel provides a general knowledge about smallpox vaccine and the treatment of adverse reactions, and should be completed by all MTF or Reserve Medical Unit providers, nurses, immunization personnel, and public health staff (18 Dec 02 HQ USAF/SG memo: "Education and Training for Medical Personnel to Prepare for Smallpox Vaccinations").

- c. Each MTF should have an identified group of healthcare providers to act as “smallpox experts.” These healthcare providers should possess the knowledge necessary to educate individuals contemplating smallpox vaccine refusal or have concerns about the risks of vaccination. They should have an in-depth understanding of the smallpox disease, smallpox (vaccinia) vaccine efficacy and safety, expected reactions, and potential adverse reactions. While it is not necessary for these individuals to be physicians, each MTF should have individuals who can credibly answer questions on health, safety, and vaccine reactions, and who can relate to the individual being educated. For instance, it would be very appropriate for a flight surgeon to be the expert available to educate aircrew, while it may be more appropriate for an obstetrician or family practitioner to talk about reproductive concerns.

5. Education for individuals

- a. All individuals must receive education about the vaccine and contraindications before being given the smallpox vaccination. Individuals who receive vaccinations will be provided information on expected reactions and adverse events, and how to access healthcare for medical concerns.
- b. The Smallpox Vaccine Trifold provides the minimum required information and can be downloaded from the MILVAX website at: <http://www.vaccines.army.mil>.

6. Mass Briefings

- a. Education on smallpox may also be provided using a Commander’s Call format. Prepared briefings are available on the MILVAX Agency Website at: <http://www.vaccines.army.mil>. Commanders should present the briefing with the assistance of medical and Public Affairs (PA) personnel. A question and answer period with knowledgeable line and medical personnel is essential to give the audience a chance to voice concerns or ask questions.
- b. Commander’s Call format mass briefings can be used for line commanders to introduce the smallpox vaccination program and to brief personnel on the threat, the operational consequences of the threat, and the benefits of vaccination. Information on the medical issues and details can be conducted by medical personnel in smaller settings.
- c. Given the potential emotional nature of smallpox disease and the vaccination program, we strongly recommend the briefer set ground rules for the briefing, including the question and answer period. A few recommended ground rules are:
 1. Question and answer period should commence immediately following the presentation.
 2. Answer one question at a time – if the briefer cannot answer the question, defer to one of the experts in attendance.
 3. Questions must be of general audience benefit – individual medical problems and concerns should be addressed privately.
 4. Unprofessional behavior by audience members is not acceptable – don’t let the Q&A session become an emotional event.

7. Public Affairs

- a. PA professionals can use a variety of products/tools to communicate accurate, credible information – base newspapers, commander's access channel, commander's calls, and interviews with local media. Utilize their services to provide general information to base personnel. Refer to OSD/PA and SAF/PA smallpox specific guidance for developing installation level PA program. The following target audiences should be considered for smallpox vaccination program education:
 1. Internal: AF leadership, active duty, ARC, family members, medical personnel, specified Air Force civilian employees and contractor personnel.
 2. News media.
 3. Local communities (to include medical professionals and government officials).
 4. General public.
- b. PA personnel can provide strategies to:
 1. Gain confidence and minimize confusion and misinformation.
 2. Ensure AF personnel receive accurate information from their leadership rather than from external sources.
 3. Tailor communication to address local concerns.
 4. Develop a communication plan (to include tactics).

ANNEX C – Administrative Issues

This annex outlines the administrative issues that need to be considered when implementing the smallpox vaccine implementation plan.

1. Administrative Issues. Commanders are responsible for ensuring personnel are appropriately identified for smallpox vaccinations. It is critically important for commanders to be aware of the duty and deployment status of their personnel. Individuals who are unable to receive the smallpox vaccine before deploying may still be qualified for duty in areas that are identified as a higher threat for smallpox since vaccination can be given up to four days after exposure. The decision to deploy personnel who cannot be pre-vaccinated against smallpox should be based on theater or NAF policies or, where allowed, local commander consideration of factors such as risks to the individual and the mission.
 - a. ARC personnel must be in a duty status when receiving or administering any DoD-directed vaccine. This information must be clearly communicated to all ARC personnel. A Reserve Component member who incurs or aggravates an injury, illness, or disease while performing inactive duty or active duty for less than 31 days is entitled to medical care appropriate for the treatment of the injury, illness, or disease. An adverse reaction from a DoD-directed immunization is a line of duty condition. Therefore, when a member of the Reserve Component presents for treatment at a military treatment facility (MTF), 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. For civilian health services outside an MTF related to evaluation and treatment for a vaccination-related condition, the member should contact their unit commander and/or call the Military Medical Support Office (MMSO) toll free (1-888-MHS-MMSO).
 - b. EE civilian employees and alert forces' civilian personnel as defined in AFJI 48-110 must be designated as such by their position description and have accepted the conditions of their job prior to receiving any DoD-directed vaccine.
 - c. Prior to receiving any DoD-directed vaccine, contract personnel must be designated by their employer (the contractor) as mission-essential employees or as deployable to areas where the theater commander requires inoculation for entry. Required vaccines, including costs, follow-up health care and liability issues, must be addressed in their contract(s). Each installation must individually determine which contractors (companies) they deem as performing mission-essential services or subject to deployment to areas where the theater commander requires inoculation for entry, and must inform the cognizant contracting officer (and provide adequate funding and instructions) to ensure appropriate terms are included in the contract before requiring contractor employees to be inoculated. If contractor employees voluntarily seek inoculation, inform the contracting officer immediately to negotiate terms (and permission) with the contractor.
 - d. Other civilian personnel who may be designated as members of a smallpox response team (e.g., smallpox epidemiological team, treatment team, public health team, or other first responders) as described in the 13 Dec 02 USD P&R memorandum, subject: "Administrative Issues Related to Smallpox Vaccination," may also be vaccinated.

However, vaccination shall not be mandatory unless the Air Force has established such a requirement consistent with applicable civilian personnel management procedures.

- e. Air Force civilian employees affected by this policy who are members of bargaining units will be considered for exemption consistent with applicable agreements.
2. Documentation. Vaccinations will be documented in the AFCITA. See Annex D.
 3. Administrative exemptions:
 - a. Granting administrative exemptions is a personnel function, usually the responsibility of the individual’s unit commander, except for religious accommodation waivers, described further in paragraph 5, below.
 - b. Official documentation (i.e., from the SQ Commander) including the administrative code and duration (specific date, temporary, indefinite) of exemption will be presented to the immunization clinic. Validated administrative exemptions will then be entered into AFCITA by the immunization clinic staff.
 4. Administrative exemption codes. Administrative exemption codes (see table below) are used to code individuals who are unable to receive the vaccine. Medical exemption codes are shown in Annex D.

Table: AF Administrative Exemption Codes

| Code | Meaning | Explanation or Example | Duration |
|-------------|----------------------------|-----------------------------------|------------------|
| AD | Administrative, Deceased | Service Member is deceased | Indefinite |
| AM | Administrative, Missing | Missing in action, POW | Indefinite |
| AP | Administrative, PCS | Permanent change of station | Max 3 months |
| AR | Administrative, Refusal | UCMJ actions | Until Resolution |
| AS | Administrative, Separation | Discharge, separation, retirement | Indefinite |
| AT | Administrative, Temporary | AWOL, legal action pending | Max 3 months |

5. Religious waivers. The process for religious waivers is found in AFJI 48-110, “Immunizations and Chemoprophylaxis,” which can be found at: <http://www.e-publishing.af.mil/pubfiles/af/48/afji48-110/afji48-110.pdf>. Medical personnel should provide education to the individual on the medical implications of not being vaccinated and document their counseling in the individual's medical record. Religious waivers are granted by Major Command Surgeons only.

6. Refusal management

- a. Military members. The member’s commander exercises his or her discretion in handling refusal cases. However, requiring a military member to take the smallpox vaccine constitutes a lawful order. If an individual indicates he or she is going to refuse the smallpox vaccination the following approach should be followed:
 1. Determine why the individual is reluctant.
 2. Provide the member with appropriate education (i.e., medical personnel should address vaccine concerns and intelligence personnel should address threat concerns).

3. After the commander consults JA, send the member to the Area Defense Counsel if individual is still reluctant after additional education for an explanation of consequences for refusing required vaccinations.
 4. After appropriate counseling, if the member still refuses the vaccine, consult with the servicing staff judge advocate for guidance.
- b. EE Civilians and Alert Forces' civilian personnel. EE civilian employees and Alert Forces' civilian personnel who refuse the DoD-directed vaccination and therefore, cannot perform their EE or Alert Forces' duties are subject to provisions in AFI 36-507, Mobilization of the Civilian Work Force.
1. Provisions may include assigning an alternate to the EE or Alert Forces' duties, reassignment of the employee, or adverse action including termination of employment. Such employees should be counseled by their supervisors in consultation with the servicing Civilian Personnel Flight (CPF), regarding possible ramifications of refusing the vaccination.
 2. Recommend and provide medical education or intelligence/threat information if their concerns are in those areas.
- c. Contractors performing mission essential services. Contractors with employees who refuse the DoD-directed vaccination are subject to provisions of their contract. Recommend and provide medical or intelligence information to the contractor or the employees of the contractor if their concerns are in those areas. Contact SAF/AQCX for further guidance at 703-588-7011.
- d. Other civilian personnel who may be designated as members of a smallpox response team (e.g., smallpox epidemiological team, treatment team, public health team, or other first responders) as described in the 13 Dec 02 USD P&R memo, subject: "Administrative Issues Related to Smallpox Vaccination," may also be vaccinated, however, vaccination shall not be mandatory unless the Air Force has established such a requirement consistent with applicable civilian personnel management procedures.

ANNEX D – Medical Issues

This annex outlines the medical issues that need to be considered when implementing the smallpox vaccine implementation plan.

1. MTF and Guard and Reserve medical unit commanders are responsible for notifying local city, county, and state public health departments (or their equivalents in other than US locations) before vaccinations begin, to inform them that smallpox vaccinations will begin in the near future. Inform them of a rough estimate of number of vaccinations to be carried out, but do not inform them of details such as unit names or duties. It is appropriate to provide them information about staff training procedures, service member education, and efforts to prevent autoinoculation and contact transfer of vaccinia virus to others.
2. Pre-vaccination education and screening. EVERY individual will be educated about the smallpox vaccine, receive the most current color version of the Smallpox Vaccine Trifold brochure (available under “Educational Products” at: <http://www.vaccines.army.mil>) and be screened for contraindications prior to being vaccinated. Patients should have their questions answered before receiving smallpox vaccine and should be given the option of seeing a provider if they believe it is warranted. Do not administer smallpox vaccine, in a non-emergency situation, to anyone with one or more contraindications. *In an emergency situation (i.e., smallpox outbreak or attack), there are no absolute contraindications to smallpox vaccination. In an outbreak situation, the risk of serious vaccination complications must be weighed against the risks of a potential fatal smallpox infection.*
 - a. Pre-vaccination screening. Immunization Technicians will screen all individuals prior to vaccination for contraindications to receiving the vaccine. Use the most current DoD screening questionnaire located under “Forms” at: <http://www.vaccines.army.mil>. File the screening form in the individual’s medical record. Document contraindications in the medical record. If an individual answers “yes” to any question about contraindications to vaccination, do not administer the vaccine. Have the screening form reviewed by a healthcare provider for disposition and then enter the appropriate medical exemption in AFCITA. If an individual answers “unsure” to any question on the screening questionnaire or has concerns he or she would like to discuss with a provider, a privileged healthcare provider must evaluate him or her and determine a disposition.
 - b. Some smallpox vaccine characteristics warrant unique screening considerations:
 1. Unique to smallpox vaccine is the need to screen for contraindications in both the individual and his or her household contacts. Contraindications in either the individual or his or her household contacts preclude non-emergency vaccination. Before vaccination, ensure personnel have adequate time to review the medical conditions of their household contacts.
 2. Certain dermatological conditions such as eczema and atopic dermatitis, or a history thereof, increase the risk of complications from smallpox vaccination and are therefore contraindications. Refer to the smallpox vaccine package insert for the complete list of contraindications.
 3. Pregnancy screening. Smallpox vaccine is generally deferred during pregnancy. All appropriate efforts will be taken to avoid unintended vaccination during pregnancy.

- Also, women should be advised to avoid becoming pregnant for four weeks after vaccination. Vaccination clinics and providers will display a prominent written sign directing women to alert the technician or provider if they think they might be pregnant. All females of childbearing age will be asked about the possibility of pregnancy prior to receiving the vaccine. If a woman has any questions or concerns regarding pregnancy, she should consult a healthcare provider before receiving the vaccine.
4. HIV screening. Infection with human immunodeficiency virus (HIV) is a contraindication to smallpox vaccination. Service members will be up to date with Service HIV screening policies before smallpox vaccinations. DoD civilian employees and contractors identified for smallpox vaccination who have concerns about their HIV status should be tested for HIV before smallpox vaccinations.
 5. Smallpox vaccination is not recommended for nursing mothers in non-emergency situations.
3. Vaccine administration. Personnel administering the smallpox vaccine must themselves have been vaccinated prior to or at the same time they administer the vaccine to others.
 - a. Vaccine Dosing
 1. The smallpox vaccine is a one-dose vaccine with repeat vaccination every ten years.
 2. The Dryvax® vaccine must be given in accordance with the vaccine package insert (<http://www.vaccines.army.mil>), as approved by the FDA. Smallpox vaccinations consist of 3 punctures (jabs) with a bifurcated needle for a primary (first) vaccination or 15 punctures (jabs) for revaccination, as described in the manufacturer’s vaccine package insert. When in doubt, give 15 punctures. Evidence of prior smallpox vaccination includes medical documentation or a characteristic Jennerian scar. Presumptive evidence includes entry into U.S. military service before 1984, or birth in the United States before 1970 (roughly in descending order of reliability). People vaccinated with smallpox vaccine in the past ten years do not require revaccination, except specific laboratory workers involved with orthopox virus research, who may require more frequent vaccination.
 - b. Vaccination site selection. The preferred site for vaccination is the skin over the insertion of the nondominant deltoid muscle. Do not vaccinate near the site of an active skin lesion or rash. Avoid tattooed skin or areas where evaluation of the vaccination site could be impaired.
 - c. Standard precautions. People administering vaccines will follow standard precautions to minimize the risk of spreading diseases. Vaccinators’ hands should be washed with soap and water or cleansed with an alcohol-based waterless antiseptic solution after each patient contact. Glove use is recommended when administering smallpox vaccine. Because of the risk of inadvertent exposure to vaccine virus, persons administering the vaccine should be vaccinated. Healthcare providers or vaccinators who themselves have a contraindication to vaccination should not handle or administer the vaccine. Bifurcated needles should be discarded in labeled, puncture-proof containers to prevent inadvertent needle-stick injury or reuse. For additional information, see the CDC recommendations for “Guideline for Hand Hygiene in Health-Care Settings.”

4. Vaccination evaluation. Assessment of vaccine take (vaccination site reaction indicating an immune response) is required for all healthcare workers and members of smallpox response teams (Stages 1a and 1b). To assess vaccine take, medical personnel trained in vaccination evaluation will inspect the vaccination site at six to eight days after vaccine administration. A visible reaction to the vaccine is normal and expected. Reactions will be categorized as “Major Reaction” or “Equivocal” IAW with the World Health Organization criteria. Stage 2 personnel will not be required to return for an assessment of take; rather, all Stage 2 personnel receiving smallpox vaccine will be instructed to return for evaluation if vaccination site response at six to eight days after vaccination does not look like the normal reaction shown in the trifold brochure. In the event personnel are vaccinated immediately before deployment, they will be instructed to notify their in-theater medical personnel if the response is equivocal. Air Reserve Components should develop a local procedure with contact information for vaccinated individuals to report an equivocal response.
 - a. Primary revaccination. Personnel who do not manifest a characteristic reaction 6 to 8 days after their primary smallpox vaccination should receive a single revaccination, preferably using vaccine from another vial when possible, with 15 punctures (jabs) at a different site than where they were vaccinated the first time. Those who do not react after two vaccinations and have never had a prior smallpox vaccination should be referred for immunologic evaluation. Revaccination should not be repeated more than once in the short term.
 - b. Revaccination of individuals with a history of vaccination. Lack of a local reaction to smallpox vaccine may be due to current immunity from prior smallpox vaccinations. Therefore, people who were previously vaccinated and do not respond with a visible skin reaction after two attempts are considered to have adequate immunity and will be due for routine revaccination ten years after their most recent vaccination.
5. Timing and spacing of other vaccinations. Live and inactivated vaccines can be given simultaneously or at any interval. Live-virus vaccines should either be given simultaneously or separated by 28 days or more. Due to the potential to confuse attribution of lesions that may occur in vaccine recipients, do not administer smallpox and varicella (chickenpox) vaccines at the same time; rather, separate them by 28 days. Do not administer other vaccines near the smallpox vaccination site when given at the same time.
6. Quality assurance. MTF commanders will provide standardized materials to train smallpox vaccinators (see AF/SG memo, Education and Training for Medical Personnel to Prepare for Smallpox Vaccinations, dated 18 Dec 02). MTF commanders will assess the quality of vaccination technique of vaccinators by evaluating the vaccination take rates among the first cohort of people (~25-50 persons) vaccinated by each vaccinator. Each vaccinator should demonstrate vaccination take rates of > 95% in primary vaccinees.
7. Care of the vaccination site. Apply the following precautions and appropriate care to prevent the spread of live vaccinia virus from the vaccination site.
 - a. In general, since airing will speed healing of the vaccination site, it is acceptable to leave the vaccination site unbandaged (when not in close contact with other persons) but covered with clothing.

- b. Vaccinia infection of the eye is a potentially serious complication of vaccination and can lead to altered vision. Therefore, all vaccinees need to be very careful to not inoculate the vaccinia virus into their eye. Vaccinees should be advised to avoid touching or scratching the vaccination site and to wash their hands. These measures decrease the chance of inadvertently getting vaccinia virus on their hands and possibly into their eyes. Additionally, individuals should take extra care to wash their hands before handling their contact lenses. Personnel may wish to consider discontinuing contact lens wear for 30 days after vaccination.
8. Contact precautions. Vaccinees should observe the following precautions and appropriate care to prevent the spread of live vaccinia virus from the vaccination site to others.
- a. When in contact with other persons, wearing clothing with sleeves covering the vaccination site and/or using a loose, porous bandage (e.g., standard Band-Aid®, gauze with adhesive/tape around the edges) can reduce the chance for contact transfer until the vaccination scab falls off. Frequent hand washing will further reduce the chance for transfer to contacts.
 - b. Healthcare workers. The Advisory Committee on Immunization Practices has concluded recently that vaccinated healthcare workers can continue to work in direct patient care as long as the vaccination site is well covered until the scab falls off and thorough hand-hygiene is maintained. Cover the site with gauze or similar absorbent material to absorb exudates and a semi-permeable dressing (e.g., Opsite®, Tegaderm®) to provide a barrier to vaccinia virus. Wear clothing with sleeves that cover the vaccination site. In other than direct patient care settings, workers should not apply these types of dressings but should follow general directions in paragraphs 7, 8a and 8c-e.
 - c. Dressings should be changed daily or according to type of bandaging and amount of exudates.
 - d. In medical settings, dispose of used bandages/gauze and vaccination scab as biohazardous waste. In other settings, dispose of these items in sealed plastic bags (e.g., Zip-loc® bag) in regular trash receptacles.
 - e. Clothing, towels, sheets, or other cloth materials that have had contact with the site can be washed with routine laundering in hot water with detergent or bleach.
9. Aircrew. Due to potential reactions up to 21 days following smallpox vaccination, Flight Medicine should follow the guidance below for vaccination of aircrew and other special duty personnel:
- a. Vaccination timing. Ideally, personnel in the above categories should be vaccinated at least 30 days prior to deployment in support of contingency operations. Otherwise, every effort should be made to vaccinate not less than 15 days prior to deployment to get beyond the period when most duty limiting side effects occur.
 - b. Duties Not to Include Flying (DNIF) periods. Aircrew members are to be further educated by a flight surgeon on unique flying and mission considerations prior to receiving the vaccination. There is no required period of DNIF with this vaccine. Due to the variety and timing of reactions to smallpox vaccination, Flight Medicine is to work with Wings and Squadrons to de-conflict vaccination and flying schedules in order to

- minimize mission disruption. Personnel experiencing adverse reactions are to remove themselves from the flying program and report immediately to their Flight Surgeon.
- c. Crew composition. Flight Medicine is to work with Wing and Squadron operations sections to consider a mixture of vaccinated and non-vaccinated multi-crew aircraft crews. Further, those aircrew members that fly together on a regular basis should not be vaccinated at the same time to maintain mission capability.
 - d. Equipment considerations. To minimize the risk of auto-inoculation of the eyes, special operations personnel wearing life support equipment, personal protective equipment (laser, smoke, or chemical eye protective equipment), Night Vision Goggles (NVGs) or spectacles on their head or face must take special care to follow good hand washing and wound care before using these equipment items.
10. Identify facilities where smallpox vaccinations can be effectively delivered. Ideally, the smallpox vaccination area should not be in proximity to areas where potential immuno-suppressed patients (e.g., oncology, HIV clinics) or patients with eczema or atopic dermatitis (e.g., dermatology clinic) are seen.
11. Tracking and recording vaccinations.
- a. All individuals belonging to a group requiring smallpox vaccination (Stages 1a, 1b and 2, and future stages, as policy dictates) will be identified in the AFCITA. MTFs must have the most recent version of AFCITA (2.1.555 or later). Along with the standard information annotated for all immunizations tracked in AFCITA, the following smallpox-specific information is to be recorded for each individual identified as requiring smallpox vaccination:
 1. Vaccination group (Stage 1a, 1b, 2, or vaccinia researcher).
 2. Vaccination as primary (first time) or revaccination.
 3. Number of punctures (jabs) administered.
 4. If applicable, administrative or medical exemption (and expiration date if temporary).
 5. Vaccination take (major or equivocal); applies only to personnel in Stages 1a and 1b.
 - b. Installation Chief of Aeromedical Services or other designated personnel will provide squadron commanders confidential reports on the status of their personnel for smallpox vaccinations.
12. Medical exemptions. Medical exemptions may be temporary or permanent and may be based on pre-existing conditions or result from vaccine adverse reactions. When identified, medical exemptions will be entered in AFCITA by the immunization technician.
- a. Immunization personnel may enter temporary exemptions for individuals with contraindications identified on the vaccination screening form after a healthcare provider has reviewed the form. Personnel with self-limiting contraindications, depending on diagnosis, may be granted temporary exemptions with a specified expiration date, as determined by their healthcare provider. Personnel whose only contraindication is based on medical conditions in household contacts will have indefinite temporary exemptions since they could be vaccinated when separated from their household during deployment

or other situations. Personnel who are unsure how to answer questions on the screening questionnaire should be referred to a healthcare provider for evaluation and disposition.

- b. Initial temporary medical exemptions from vaccination for reasons other than those identified by routine screening may be granted by any privileged military healthcare provider or based on the examination of a civilian provider. Temporary exemptions are by definition self-limiting. Every effort should be made to keep temporary exemptions limited to the shortest time needed for conditions in members or household to resolve or to complete evaluations of unexplained conditions or potential adverse reactions to a vaccine.
- c. Permanent medical exemptions for smallpox vaccinations are granted for medical conditions in the individual such as history of or active eczema or atopic dermatitis, malignancy (i.e., suspected tumor, diagnosed cancer), HIV and other chronic immune deficiencies, severe reactions to smallpox vaccine components (polymyxin, streptomycin, tetracycline, neomycin), and other situations referenced in the Clinical Guidelines (see Annex D, Section 13). See AFJI 48-110 for guidance on evaluation of personnel with suspected allergy to DoD directed vaccines. See AFI 48-123 for physical standards policies for evaluating personnel who cannot receive DoD-directed vaccines. Personnel on flying status who are undergoing MEB for permanent exemption also require evaluation for flying waiver.
- d. DoD health experts have developed clinical guidelines to assist providers in determining medical exemptions (See Annex D, paragraph 13c).

Table: AF Medical Exemption Codes

| Code | Meaning | Explanation or Example | Duration |
|------|--------------------|--|--------------------------------------|
| MI | Medical, Immune | Evidence of immunity. For smallpox, only used to document previous infection. | Indefinite |
| MR | Medical, Reactive | Severe adverse reaction after immunization (e.g., anaphylaxis). Exemption can be revoked if an alternate form of prophylaxis is available. | Indefinite |
| MT | Medical, Temporary | Pregnancy, hospitalization, temporary immune suppression, or convalescent leave. | Specified period (12 months maximum) |
| | | Contraindication to smallpox vaccination in household contact. | Indefinite |
| MP | Medical, Permanent | Eczema, Atopic Dermatitis, HIV infection, permanent immune suppression. Can be revoked if condition changes. | Indefinite |
| MD | Medical, Declined | Declination of optional vaccines, religious waivers. | Indefinite |
| MS | Medical, Supply | Exempt due to lack of vaccine supply. | Indefinite |

13. Adverse reactions

- a. General information. Medical personnel must be prepared to manage perceived or actual adverse reactions after vaccination: how to recognize, minimize them, respond to them, and report. Guidance on reporting adverse events is in Annex D, Section 15 and current guidance. Treat each concern with care: some symptoms or reactions following smallpox vaccination may or may not be caused by the vaccination, but all deserve individual attention. The DoD follow-up questionnaire is provided at: <http://www.vaccines.army.mil>. This form may be used for patients presenting with a complaint they believe is related to the vaccine. If this or a similar questionnaire is used, file in patient's medical record.
- b. If a patient returns to the immunization clinic after receiving a vaccination and has a reaction that is anything more than the expected mild, local reaction, they should be referred to a provider for evaluation.
- c. Clinical management of vaccine reactions. All clinic providers should become familiar with the guidance in the "Clinical Guidelines for Managing Adverse Events After Vaccination" (August 2002 or most recent version) for evaluation of individuals who have an adverse event following vaccination. These clinical guidelines can be downloaded from <http://www.anthrax.osd.mil/media/pdf/cpguidelines.pdf>. They include information on adverse events, treatment guidelines, reporting through the FDA's Vaccine Adverse Event Reporting System (VAERS), medical and administrative exemptions, references, sample questionnaires, and charts on managing adverse events after vaccination. Ensure widest dissemination of these guidelines by presenting them at an MTF Professional Staff meeting and other locally available forums.

- d. Personnel on flying status who are seen for vaccine reactions must be referred to the Flight Medicine Clinic for duty disposition.
 - e. This Air Force specific requirement supercedes the criteria in the clinical guidelines: Individuals who are restricted from taking the vaccine due to HIV or other chronic immune deficiencies may not require a consult from an allergist/immunologist if the MEB process for their primary health problem already exempts them from smallpox vaccination.
14. Use of Vaccinia Immune Globulin (VIG). VIG is available under investigational new drug (IND) protocol to treat progressive vaccinia, eczema vaccinatum, severe generalized vaccinia, and ocular vaccinia confined to the eyelids and conjunctiva (VIG is not indicated for vaccinia keratitis). Patients with severe adverse reactions to vaccinia may require specialized treatment from infectious diseases, dermatology or allergy/immunology services. Contact the appropriate military consultant for assistance. Support for evaluating and treating patients requiring VIG is available through the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) at 1-888-USA-RIID (1-888-872-7443). Additionally, after duty hours, call the USAMRIID Security Desk at 301-619-2257, or page the USAMRIID staff duty officer at 301-631-4393.
15. Reporting vaccine adverse events. It is critically important that significant adverse reactions to vaccines be reported through VAERS. If an adverse reaction to a vaccine is confirmed, military medical personnel will make a determination as to whether a temporary or permanent exemption is appropriate for the member following the guidelines in the medical exemptions section of this Annex. VAERS reporting requirements are as follows:
- a. At a minimum, a VAERS report must be completed if a hospitalization, life-threatening event (e.g., anaphylaxis), or loss of duty time greater than 24 hours occurs as a result of a vaccination or from those events suspected to have resulted from contamination of a vaccine vial.
 - b. VAERS forms may also be filled out for any other reaction at the patient's request or if the provider feels it is appropriate.
 - c. Mail the original report to the FDA at the following address: VAERS, PO Box 1100, Rockville, MD 20849-1100 or it may be sent electronically using the following website: <http://www.vaers.org>. Send a copy of the report to the Air Force Epidemiology Services Branch, AFIERA/RSRH, 180 Kennedy Circle, Bldg 180, Brooks AFB, TX 78235-5116. DSN: 240-3471, DSN (Fax): 240-6841. Place a copy in the individual's medical record.
16. Healthcare Access Guidelines. At the time of vaccination, service members, specified Air Force civilian employees and contractor personnel will be provided general information on expected adverse reactions, location of the nearest MTF, the toll free 24-hour information line to the CDC (888-246-2675), and the toll free telephone number of the MMSO, (888-647-6676), the latter in the event medical treatment is required from non-military treatment facilities. Contact numbers can also be found in the DoD smallpox vaccine trifold. Whenever service members, civilian employees, and contractor personnel present to an MTF expressing a belief that the condition for which the treatment is sought is related to an immunization received during a period of duty, they must be examined and provided

necessary medical care. Care may be provided by a civilian medical facility in the following circumstances: an individual believes the situation to be an emergency and the civilian hospital is the nearest facility; an individual is on leave status, TDY or in a non-duty status (ARC personnel) and there are no MTFs within 50 miles. Pre-approval may still be required depending on the specific circumstances.

- a. ARC Personnel. In response to an adverse reaction resulting from a DoD-directed immunization, a line of duty investigation (informal or formal as appropriate) will be immediately initiated by the ARC member's supporting ARC medical unit and processed through appropriate local ARC channels. ARC member's are authorized medical treatment for adverse reactions to the Smallpox vaccination as indicated below:
 1. In a Duty Status. ARC members should seek a medical evaluation at a DoD or civilian treatment facility, as appropriate. If they are performing duty outside the catchment area of an MTF (a 50 mile radius), they should notify the unit's medical representative and inform them of the need to be evaluated for a possible vaccine reaction. The unit medical representative will initiate the Line of Duty (LOD), notify MMSO, and get pre-authorization for the care.
 2. An LOD is not required before seeking initial civilian medical care. However, the LOD is required by the MMSO in order to authorize the care and to process the claim of payment. Additionally, the LOD is required for any follow-up medical care after the initial visit, and before any follow-up care is received.
 3. If emergency medical care is required, the individual must ensure that the unit medical representative is notified of the emergency visit as soon as possible. The representative will then contact the MMSO at 1-888-647-6676 and provide the necessary information to authorize and process the claim for payment.
 4. Not In a Duty Status. ARC members must obtain an LOD to receive routine care at an MTF or from a civilian provider. If emergency care is needed, they should obtain the care then contact the unit medical representative as soon as possible. Always coordinate with the unit medical representative or the MMSO for authorizing the care and processing the claim.
- b. Civilian employees. Civilian employees who are required to take the vaccine must also be provided with options for receiving medical care in the event they believe their medical complaint is related to the DoD-administered vaccine. The following steps should be taken if they believe they have suffered an adverse reaction to a DoD administered vaccine and they would like to seek immediate medical attention:
 1. Civilian employees should contact their supervisor or CPF and specify that they believe they have suffered a reaction to a DoD-administered vaccine and would like to seek immediate medical attention. Additionally, they should notify the DoD medical facility that administered the vaccine of this event.
 2. The CPF will provide them with a Federal Employees' Compensation Act (FECA) claim form. The installation/wing or agency Injury Compensation Program Administrator (ICPA) will explain the options under the FECA and, if requested, arrange for a medical examination and/or treatment authorization form (CA-16) to be issued. Initially, individuals may select a physician of their own choice or request treatment at the nearest MTF, if available.

3. Upon receiving authorization for medical care, civilian employees should proceed to the treating facility without delay. They should request that the treating physician provide the CPF and the MTF with a copy of the initial medical report. The original medical report should be forwarded to the Department of Labor's Office of Workers' Compensation Programs.
 4. Encourage individuals to maintain contact with their supervisor and the CPF throughout the period of treatment regarding their ability to return to duty. The ICPA at the installation/wing or agency can assist with return-to-duty efforts, as well as subsequent queries regarding FECA benefits.
 - c. Employees of DoD contractors performing mission-essential services. DoD contractor personnel who are required to take the vaccine must also be provided with options for receiving medical care in the event they believe their medical complaint is related to the DoD-administered vaccine.
 1. They should contact their supervisor and make the situation known. Concurrently, they should notify the DoD medical facility that administered the vaccine of the suspected adverse event. If they need to obtain immediate medical care, they should consult their company's compensation carrier.
 2. They should request the treating medical facility provide a copy of any medical report related to the suspected vaccine adverse event.
 - d. In the event a civilian has a vaccinia-related adverse reaction due to transmission of virus from recently vaccinated DoD personnel, consideration will be given, on a case-by-case basis, to giving the affected individual Air Force Secretarial Designee status for purposes of providing evaluation and treatment for the adverse reaction.
17. Medical logistics and vaccine distribution. The U.S. Army Medical Materiel Agency (USAMMA) is responsible for coordinating the distribution of smallpox vaccine within DoD. USAMMA will issue Medical Materiel Quality Control (MMQC) messages regarding the vaccine distribution process for the smallpox vaccine as changes occur. The Air Force Medical Logistics Office (AFMLO) is the AF distribution point of contact for this program. The Air Force POC can be contacted at DSN 343-6852 or Commercial 301-619-6852. Base level medical logistics personnel will:
- a. Order smallpox vaccine on-line using the Air Force Smallpox Vaccine Request Form once the website is available. (Availability of the website will be announced via MMQC message from USAMMA).
 - b. Coordinate with local Public Health Office to order enough vaccine to meet requirements IAW an approved distribution plan. AFMLO will coordinate with AFMOA/SGZP to validate requests against any current approved distribution plan.
 - c. Immediately upon receipt of vaccine shipments, medical logistics will follow the instructions enclosed in the package for receipt confirmation with USAMMA and for cold chain management reporting.
 - d. Smallpox vaccine is heat and cold sensitive. The vaccine must be kept at the appropriate storage temperature range throughout the entire vaccination process. It should be removed just prior to reconstituting and administering the vaccine. The vaccine package

insert provides additional guidance on handling, storage, transportation, and administration of smallpox vaccine.

18. Blood Donor Deferral

- a. Coordinate vaccination schedules with local military donor center collections schedules to reduce the impact on availability of the military blood supply and readiness. Individuals who receive the vaccination and have no complications will be deferred from donating blood until the scab spontaneously separates (14 to 21 days after vaccination). In cases where a scab is otherwise removed, the donor may be deferred for two months after vaccination. Individuals with vaccine complications will be deferred until 14 days after all vaccine complications have completely resolved.
- b. Individuals may donate blood for the specific purpose to provide immunoglobulin for the production of VIG.