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ZNR UUUUU ZYW ZOC ZEO T ALL US ARMY REPS AND ACTIVITIES

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FM DA WASHINGTON DC

TO ALARACT

INFO RUEADWD/DA WASHINGTON DC//DAMO-AOC-CAT//

BT

UNCLAS ALARACT 138/2002

SUBJ:SMALLPOX VACCINATION PROGRAM (SVP)

REF/A/DOC/DEPSECDEF/30 SEP 02/

APMN/DEPSECDEF MEMO, SUBJ: DEPARTMENT OF DEFENSE SMALLPOX RESPONSE PLAN

REF/B/DOC/ASD(HA)/26 NOV 02/

APMN/ASD(HA) MEMO, SUBJ: CLINICAL POLICY FOR THE DOD SMALLPOX VACCINATION PROGRAM (SVP)

REF/C/DOC/USD(P&R)/13 DEC 02/

APMN/USD(P&R) MEMO, SUBJ: POLICY ON ADMINISTRATIVE ISSUES RELATED TO SMALLPOX VACCINATION PROGRAM (SVP)

REF/D/MSG/ASD(PA)/13 DEC 02/

APMN/ASD(PA) MSG, SUBJ: WORLDWIDE PUBLIC AFFAIRS GUIDANCE FOR THE DOD SMALLPOX VACCINATION PROGRAM (SVP)

1. THE PRESIDENT ANNOUNCED THE NATION'S SMALLPOX VACCINATION PLAN,

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INCLUDING DOD'S SVP, ON 13 DEC 02. ALL RELATED DOD POLICIES TO DATE ARE ON THE DOD WEBSITE, WWW.SMALLPOX.ARMY.MIL. THIS MESSAGE PROVIDES EARLY INFORMATION ON THE DOD SVP AND GUIDANCE ON THE IMPLEMENTATION OF THE SVP FOR MILITARY PERSONNEL. GUIDANCE ON IMPLEMENTATION OF THE SVP FOR CIVILIAN AND CONTRACTOR PERSONNEL WILL BE PUBLISHED SEPARATELY. THE ARMY ANTICIPATES PUBLISHING ITS SVP IMPLEMENTATION PLAN FOR MILITARY PERSONNEL WITHIN TWO WEEKS.

2. DOD'S SMALLPOX VACCINATION PROGRAM SUPPORTS THE NATIONAL SMALLPOX PREPAREDNESS PLANS ANNOUNCED BY THE PRESIDENT, BUT IS TAILORED TO THE UNIQUE REQUIREMENTS OF THE ARMED FORCES. SUBJECT TO CERTAIN MEDICAL AND ADMINISTRATIVE EXEMPTIONS, VACCINATIONS WILL BE MANDATORY FOR MILITARY PERSONNEL, EMERGENCY-ESSENTIAL DOD CIVILIANS, AND MISSION-ESSENTIAL DOD CONTRACTORS WHOSE CONTRACTS REQUIRE

SMALLPOX VACCINATIONS.

3. ARMY IMPLEMENTATION INFORMATION FOR MILITARY PERSONNEL.

A. STAGE 1A: SMALLPOX RESPONSE TEAMS-DESIGNATED SPECIAL MISSION UNITS, MEDICAL EPIDEMIOLOGICAL INVESTIGATION TEAMS, AND THE ARMY NATIONAL GUARD CIVIL SUPPORT TEAMS. THESE VACCINATIONS BEGAN 16 DEC 02 TO THE EPIDEMIOLOGICAL INVESTIGATION TEAMS. THE ARMY ANTICIPATES COMPLETING VACCINATIONS TO STAGE 1A O/A 17 JAN 03.

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B. STAGE 1B: SELECTED HEALTHCARE WORKERS. DOD WILL VACCINATE SELECTED HEALTHCARE WORKERS AT MOST INSTALLATIONS, ESPECIALLY THOSE WITH INPATIENT CAPABILITIES. THIS WILL GIVE DOD THE CAPABILITY TO RESPOND TO A SMALLPOX ATTACK IAW THE DOD SMALLPOX RESPONSE PLAN. THE ARMY ANTICIPATES BEGINNING THESE VACCINATIONS IN EARLY JAN 03, AND COMPLETING O/A 31 JAN 03.

C. STAGE 2: AS PERTAINS TO U.S. CENTRAL COMMAND'S MISSION, DESIGNATED FORCES HAVING CERTAIN MISSION-CRITICAL CAPABILITIES WILL BE VACCINATED. THIS INCLUDES CERTAIN FORCES DEPLOYED OR ASSIGNED OVERSEAS, FORCES THAT WOULD BE EXPECTED TO DEPLOY IN A CONTINGENCY, AND FORCES THAT ENABLE SUCH CONTINGENCY FORCES TO DEPLOY. WE ANTICIPATE BEGINNING THESE VACCINATIONS INITIALLY TO TROOPS ALREADY DEPLOYED IN THE CENTCOM AOR, THEN WORLDWIDE TO CERTAIN OTHER DOD FORCES.

4. STAGE 1A PERSONNEL AND OTHER DOD MEDICAL TRAINERS ATTENDED DOD'S 29 OCT-1 NOV 02 SMALLPOX PREPAREDNESS CONFERENCE, WHERE SVP TRAINING BEGAN. WITHIN THE NEXT FEW DAYS, THE SURGEON GENERAL WILL SIGN SMALLPOX PREPAREDNESS TRAINING GUIDANCE TO MEDCOM COMMANDERS TO HELP PREPARE THE ARMY FOR THIS VACCINATION PROGRAM, PARTICULARLY TO THE THOUSANDS OF PERSONNEL IN STAGES 1B AND 2. THE US ARMY MEDICAL

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MATERIEL AGENCY (USAMMA) IS PREPOSITIONING SMALLPOX VACCINE TO DOD INSTALLATIONS WORLDWIDE NOW. USAMMA WILL SHIP SMALLPOX VACCINE USING SIMILAR OVERNIGHT CARRIERS, SHIPPING EQUIPMENT, AND MANAGEMENT PROCESS AS ANTHRAX VACCINE.

5. BECAUSE SMALLPOX IS CONTAGIOUS AND DEADLY, KILLING ABOUT 30% OF THOSE INFECTED, A SMALLPOX ATTACK WOULD SEVERELY DISRUPT MILITARY

MISSIONS. 65% OF THE MILITARY HAVE NEVER RECEIVED SMALLPOX VACCINATION; THE REMAINING 35% DID YEARS AGO, BUT HAVE WANING IMMUNITY AND ARE SUSCEPTIBLE TO INFECTION.

A. SMALLPOX VACCINE PREVENTS SMALLPOX, BUT REQUIRES CAREFUL USE. DOD'S SVP WILL USE FDA-LICENSED WYETH DRYVAX. SMALLPOX VACCINE. SMALLPOX VACCINE IS GIVEN IN ONE DOSE. DRYVAX. IS A LIVE VIRUS VACCINE USING VACCINIA VIRUS, WHICH CROSS-PROTECTS TO THE DANGEROUS SMALLPOX VIRUS, CALLED VARIOLA. EMPHASIZED: THERE IS NO SMALLPOX VIRUS IN THIS VACCINE, SO YOU CANNOT GET SMALLPOX FROM USING THIS VACCINE.

B. A SUCCESSFUL, EXPECTED RESPONSE TO THIS VACCINE IS A PUS-FILLED BLISTER AT THE VACCINATION SITE, WHICH SCABS OVER AND FALLS OFF, LEAVING A PERMANENT SCAR AFTER 2-3 WEEKS. MOST PEOPLE WILL EXPERIENCE MILD REACTIONS, SUCH AS SORE ARM, FEVER, HEADACHE, BODY

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ACHE, AND FATIGUE FROM VACCINATION. THESE SYMPTOMS MAY PEAK THE 8-10TH DAY AFTER VACCINATION. ASSESSMENT OF THE VACCINATION SITE AT DAY 6 TO 8 WILL BE IMPORTANT TO ENSURE THAT EACH VACCINATED PERSON HAS DEVELOPED PROTECTIVE IMMUNITY.

C. VERY RARELY, SMALLPOX VACCINE CAN CAUSE SERIOUS SIDE EFFECTS. IN THE PAST, BETWEEN 14-52 PEOPLE PER MILLION VACCINATED FOR THE FIRST TIME EXPERIENCED POTENTIALLY LIFE-THREATENING REACTIONS. FROM PAST EXPERIENCE, 1 OR 2 PEOPLE PER MILLION WHO RECEIVE SMALLPOX VACCINE MAY DIE AS A RESULT. DOD WILL MINIMIZE SERIOUS SIDE EFFECTS BY CAREFULLY SCREENING AND EXEMPTING PERSONNEL WHO SHOULD NOT GET SMALLPOX VACCINE, EDUCATING THOSE WHO DO ON PROPER VACCINATION SITE CARE, AND MONITORING FOR ADVERSE REACTIONS.

D. BECAUSE LIVE VACCINIA VIRUS IS PRESENT AT THE VACCINATION SITE UNTIL THE SCAB FALLS OFF, VACCINEES WILL BE TAUGHT AND GIVEN WRITTEN INSTRUCTIONS TO PREVENT SPREADING THE VIRUS TO OTHER PARTS OF THEIR OWN BODY OR TRANSFERRING THE VIRUS TO SOMEONE ELSE, INCLUDING THESE THREE KEY POINTS:

- (1) DON'T TOUCH YOUR VACCINATION SITE.
- (2) IF YOU TOUCH THE VACCINATION SITE BY ACCIDENT, WASH YOUR HANDS RIGHT AWAY.

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(3) DON'T LET OTHERS TOUCH YOUR VACCINATION SITE OR MATERIALS THAT TOUCHED IT.

MOST VACCINATION SITES CAN BE LEFT UNBANDAGED, ESPECIALLY WHEN NOT IN CLOSE CONTACT WITH OTHER PEOPLE. WHEN IN CLOSE CONTACT WITH OTHERS, SLEEVES SHOULD BE WORN COVERING THE SITE AND/OR USE OF AN ABSORBENT BANDAGE TO MAKE A TOUCH-RESISTANT BARRIER.

6. THE SVP IS A COMMANDER'S RESPONSIBILITY. PENDING FURTHER ARMY EXECUTION GUIDANCE, COMMANDERS CAN TAKE THE FOLLOWING PROACTIVE STEPS TO BETTER ENSURE THEIR TROOPS' FORCE HEALTH PROTECTION.

A. ENSURE ARMY LEADERS (OFFICERS, NCOS, AND CIVILIAN SUPERVISORS) ARE FAMILIAR WITH THE DOD SVP POLICIES, REFS A, B, AND C.

B. ENSURE ARMY LEADERS BECOME FAMILIAR IMMEDIATELY WITH RESOURCES AT THE DOD WEBSITE [WWW.SMALLPOX.ARMY.MIL](http://WWW.SMALLPOX.ARMY.MIL). AS WITH THE ANTHRAX VACCINE IMMUNIZATION PROGRAM, EXPERIENCE SHOWS THAT EDUCATION IS PIVOTAL TO SUCCESS AND SOLDIER ACCEPTABILITY. THE WEBSITE PROVIDES ARMY LEADERS A MENU OF EDUCATION TOOLS: TOLL-FREE INFORMATION NUMBER, 1 (877) GET-VACC; EMAIL INFORMATION SERVICE, [VACCINES@AMEDD.ARMY.MIL](mailto:VACCINES@AMEDD.ARMY.MIL); INDIVIDUAL AND HEALTHCARE PROVIDER POWERPOINT BRIEFINGS POSTED TO THE WEBSITE; TRIFOLD EDUCATIONAL BROCHURES AND MORE. A GOOD FIRST STEP IS TO REVIEW "QUESTIONS AND

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ANSWERS" POSTED ON THE WEBSITE, AS THESE ARE THE MOST FREQUENTLY ASKED QUESTIONS BY SOLDIERS AND THEIR FAMILIES. THE ARMY SURGEON GENERAL'S OFFICE IS SHIPPING EDUCATIONAL PRODUCTS NOW WORLDWIDE TO INSTALLATION MEDICAL FACILITIES.

C. ENSURE MEDICAL PERSONNEL UNDERSTAND THE POTENTIAL ADVERSE EVENTS AFTER VACCINATION: HOW TO MINIMIZE THEM, RESPOND TO THEM, AND REPORT THEM TO THE FDA'S VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS) AND IAW AR 40-562. MEDICAL PERSONNEL WILL NOT ONLY ADMINISTER THE VACCINE, BUT WILL LIKELY BE OUR "FRONT LINE"-RESPONDING TO TROOPS' QUESTIONS AND CONCERNS. TREAT EACH CONCERN WITH CARE: SOME SYMPTOMS FOLLOWING SMALLPOX VACCINATION MAY OR MAY NOT BE CAUSED BY THE VACCINATION, BUT ALL DESERVE INDIVIDUAL ATTENTION. MEDICAL PERSONNEL SHOULD LIKEWISE BECOME FAMILIAR NOW WITH RESOURCES AT THE DOD WEBSITE, PARTICULARLY THE HEALTHCARE PROVIDERS' POWERPOINT BRIEFING.

D. ENSURE ALL UNIT IMMUNIZATIONS ARE POSTED AND TRACKED IN THE MEDICAL PROTECTION SYSTEM (MEDPROS), THE HQDA STANDARD FOR TRACKING ALL INDIVIDUAL MEDICAL READINESS INDICATORS IN THE ACTIVE AND RESERVE COMPONENTS. LEADERS AT ALL LEVELS CAN TRACK INDIVIDUAL AND UNIT COMPLIANCE USING MEDPROS, A MODERN, EASY TO USE, WEB-BASED TRACKING SYSTEM, ACCESSED FROM THE WEB AT WWW.MODS.ARMY.MIL. USERS

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MAY REQUEST LOGON ID DIRECTLY FROM THE WEB OR BY CALLING THE MODS HELP DESK AT DSN 761-4976 OR 1-888-849-4341 FOR ASSISTANCE.

SUCCESSFUL COMMANDERS WILL ASSIGN DESIGNATED PERSONNEL TO ROUTINELY ACCESS MEDPROS TO KEEP THEIR UNITS CURRENT. IF YOU GET BEHIND ENTERING/UPDATING IMMUNIZATION DATA, NEED MEDPROS TRAINING, OR NEED HELP GETTING STARTED, CONTACT THE MODS HELP DESK FOR ASSISTANCE.

E. ENSURE YOUR MEDICAL LOGISTICS SUPPORTING ELEMENT HAS SUFFICIENT REFRIGERATION CAPACITY TO PRESERVE VACCINE INTEGRITY, INCLUDING TEMPERATURE ALARMS AND BACK UP POWER CAPACITY.

F. DOD ISSUED WORLDWIDE PUBLIC AFFAIRS GUIDANCE FOR THE SVP IN REF D. THESE MESSAGES PROVIDE GUIDANCE AND APPROVED Q AND A FOR ADDRESSING THE MEDIA AND/OR GENERAL PUBLIC.

7. HQDA POCS FOR THIS MESSAGE ARE COL RANDY RANDOLPH, LTC JOHN GRABENSTEIN, MAJ ERIC SONES, OR MR BILL WATSON, 703-681-5101 OR DSN 761-5101, OR EMAIL: AVIP@OTSG.AMEDD.ARMY.MIL.

8. EXPIRATION DATE CANNOT BE DETERMINED.

BT

\*DEDICATED TO \* \$\$\$\*EXCELLENCE IN \* \$\$\$\*COMMUNICATIONS\* \$\$\$

01 DA WASH DC

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ACTION SAMR(\*) OCAR(\*) SAFM(\*) DACH(\*) DACS(\*) (A,6,8)

DAEN-ZC(\*) RETURN TO MRO(\*) SAPA(\*) DAJA(\*) DAMH(\*)

DAMO(2) DAPE(\*) DASG-MAPS(\*) DASG(\*) NGB(\*) SASA(\*)

SAILE MAPS(\*) AAOC(\*) DAMO-AAOC(\*) MARV(\*)

JDNI-PT(\*) CMSDA(\*) CMSDA-C(\*) CMSDA-B(\*)

SCB REVIEW(\*) CMSDA-D(\*) SAAG(\*) JDNI-PT-ANR(\*)

A&R SECTION(\*) SAIS(\*) SAILE(\*) SACW(\*) SARD(\*)

AOC-AHS(1) DAIM(\*) SAGC(\*) DACS-1-SMTP(\*)

DACS-DMZ(\*) SAMR-MAPS(\*) ODCSLOG(\*)

DCSOPS SAT TERMINAL(1) DAMI-ZA(\*)  
INFO SAIG-ZA(\*) AOC CRISIS 1(\*) DAMO-FDW(1)  
8THARMYLNO-SMTP(\*) DALO-ZXA(\*)

03 COE 0  
ACTION (A)  
INFO CEHECIM/COE(\*)

04 DLA FT BLVR 0  
ACTION (A)  
INFO DLATCC(\*)

05 HONDURAS 0  
ACTION (A)  
INFO JTFBTCC/HONDURAS(\*)

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