

MARADMIN 008/03

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Date signed: 01/08/2003 **MARADMIN Number:** 008/03

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FM CMC WASHINGTON DC (n)

TO ML MARADMIN (n)

MARADMIN

BT

UNCLAS

MARADMIN 008/03

MSGID/GENADMIN/CMC WASHINGTON DC PPO//

SUBJ/AUTHORIZATION TO BEGIN SMALLPOX VACCINATION PROGRAM (SVP)//

REF/A/DOC/DEPSECDEF MEMO/-/30SEP02/-//

REF/B/DOC/DEPSECDEF MEMO/-/12DEC02/-//

REF/C/DOC/USECDEF PR MEMO/-/13DEC02/-//

REF/D/DOC/ASDHA MEMO/-/26NOV02/-//

REF/E/DOC/USECDEF PR MEMO/-/13DEC02/-//

REF/F/DOC/USECDEF PR MEMO/-/26DEC02/-//

REF/G/DOC/ASNMRM MEMO/-/31DEC02/-//

REF/H/MSG/HQMC PPO POC/181344ZOCT2002/-//

REF/I/MSG/SECDEF OASD-PA/131700ZDEC2002/-//

REF/J/DOC/TITLE 10 US CODE SECTION 1107/-/2002/-//

REF/K/DOC/21 CODE OF FED REGS 50.23/-/1999/-//

REF/L/DOC/EO 13139/-/30SEP99/-//

REF/M/DOC/DODD 6200.2/-/1AUG00/-//

NARR/REF A IS DEPSECDEF MEMO, DEPARTMENT OF DEFENSE SMALLPOX RESPONSE PLAN. REF B IS DEPSECDEF CLASSIFIED MEMO, AUTHORIZATION FOR SVP STAGE 2. REF C IS USECDEF PR CLASSIFIED MEMO, DEPARTMENT OF DEFENSE SMALLPOX VACCINATION PROGRAM. REF D IS ASDHA MEMO, CLINICAL EXECUTION GUIDANCE FOR SMALLPOX. REF E IS USECDEF PR MEMO, POLICY ON ADMINISTRATIVE ISSUES RELATED TO SMALLPOX VACCINATION PROGRAM. REF F IS USECDEF PR MEMO, APPROVAL OF SMALLPOX IMPLEMENTATION PLAN. REF G IS ASNMRM MEMO, APPROVAL OF SMALLPOX IMPLEMENTATION PLAN. REF H IS HQMC PPO POC PRIORITY MSG, WEEKLY REPORTING REQ FOR ANTHRAX IMMUNIZATIONS AND FUTURE BIOLOGICAL WARFARE. REF I IS SECDEF OASD-PA ROUTINE MSG, PART 1, PUBLIC AFFAIRS GUIDANCE (PAG) ON THE SMALLPOX VACCINATION PROGRAM. PART 2 IS 131701Z DEC 02 AND PART 3 IS 131702Z DEC 02. REF J IS THE FEDERAL LAW ON NOTICE REQUIREMENTS FOR USE OF AN INVESTIGATIONAL NEW DRUG. REF K IS A FEDERAL REGULATION ON INFORMED CONSENT REQUIREMENTS AND PRESIDENTIAL WAIVER FOR ADMINISTRATION OF INVESTIGATIONAL NEW DRUGS. REF L IS AN EXECUTIVE ORDER ON IMPROVING HEALTH PROTECTION OF MILITARY PERSONNEL PARTICIPATING IN PARTICULAR MILITARY OPERATIONS. REF M IS A DOD DIRECTIVE ON THE USE OF INVESTIGATIONAL NEW DRUGS FOR FORCE HEALTH PROTECTION.//

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RMKS/1. READ THIS MESSAGE IN ITS ENTIRETY. THIS MESSAGE
CONSTITUTES AUTH TO BEGIN SMALLPOX VACCINATIONS FOR DESIGNATED USMC
ACTIVE DUTY AND RESERVE PERSONNEL (UPON ACTIVATION) PER PARA. 1A AND
ADVISES COMMANDERS ON THE ADMINISTRATIVE AND CLINICAL GUIDELINES
RELATED TO THE DOD SVP. GUIDANCE FOR VACCINATION OF AUTH
EMERGENCY-ESSENTIAL AND MISSION-ESSENTIAL CIVILIAN AND CONTRACTOR
PERSONNEL WILL BE ADDRESSED IN FUTURE CORRESPONDENCE.

A. DEPSECDEF HAS DIRECTED A SMALLPOX RESPONSE PLAN THAT INCLUDES
VACCINATION OF INITIAL MEDICAL RESPONDERS AND MEDICAL TREATMENT
PERSONNEL (REF A) (CBIRF AND SELECT USMC MEDICAL BN PERSONNEL).
DEPSECDEF HAS ALSO DIRECTED VACCINATION OF SELECT FORCES IN STAGE 2
(REF B) (ALL FORCES ASHORE AND AFLOAT IN THE CENTCOM AOR AND CENTCOM
CONTINGENCY DEPLOYERS). MARINE FORCES OPCON TO COMUSMARCENT WILL BE
SUPPORTED THROUGH COMUSCENTCOM COMPONENT PLANS. THE TIMELINE FOR
EXECUTING THE STAGES IS PUBLISHED IN REF C. USECDEF PR AND ASDHA
HAVE PUBLISHED SVP ADMINISTRATIVE AND CLINICAL EXECUTION POLICIES
(REFS D AND E). THESE POLICIES ESTABLISH ADMINISTRATIVE AND MEDICAL
EXEMPTIONS, AS WELL AS PROCEDURES AND APPROVAL AUTHORITY FOR
REQUESTS FOR EXCEPTIONS TO POLICY.

B. THE DEPARTMENT OF THE NAVY (DON) SVP IMPLEMENTATION PLAN HAS
BEEN COORDINATED WITH OPNAV N931 AND ASDHA, AND HAS BEEN APPROVED BY
USECDEF PR AND SECNAV FOR EXECUTION (REFS F AND G). A SECNAVINST IS
UNDER DEVELOPMENT THAT WILL SERVE AS THE DON SMALLPOX EXECUTION
GUIDANCE. UNTIL IT IS PUBLISHED, UTILIZE THIS MSG AS USMC INTERIM
SMALLPOX EXECUTION GUIDANCE. POLICY MEMOS AND THE 430-PAGE DOD
RESPONSE PLAN MAY BE VIEWED AT EITHER WWW.VACCINES.ARMY.MIL OR
WWW.HQMC.USMC.SMIL.MIL/PLN/PLN_HOME/HTM. REF H IS FOR WEEKLY
REPORTING.

C. CMC INTENT: IMPLEMENT THE DOD SVP AS SOON AS POSSIBLE IOT

PROTECT MARINE CORPS PERSONNEL AND PRESERVE COMBAT EFFECTIVENESS IN THE EVENT OF A SMALLPOX ATTACK. WHILE THE THREAT OF A SMALLPOX ATTACK CANNOT BE QUANTIFIED, THE EARLY VACCINATION OF OUR FORCES REMAINS THE MOST EFFECTIVE COUNTERMEASURE. COMPREHENSIVE UNIT EDUCATION IS THE CORNERSTONE OF A SAFE AND SUCCESSFUL SMALLPOX IMPLEMENTATION PROGRAM. TO THE MAXIMUM EXTENT POSSIBLE, ENSURE MARINE UNITS ARE VACCINATED FOR SMALLPOX PRIOR TO ARRIVAL IN CENTCOM AOR. AS WITH ANY VACCINE, SOME INDIVIDUALS RECEIVING SMALLPOX VACCINE WILL EXPERIENCE SIDE EFFECTS OR ADVERSE EVENTS MOST OFTEN ON DAY EIGHT OR NINE AFTER VACCINATION. THIS ILLNESS MAY INTERFERE WITH WORK. ADDITIONALLY, THE GREATEST CHANCE OF SPREADING THE VIRUS TO ANOTHER AREA OF THE BODY OR TO ANOTHER PERSON BY INADVERTENT CONTACT IS WITHIN 21 DAYS AFTER VACCINATION. THEREFORE, ALL DUE CONSIDERATION SHOULD BE GIVEN TO ADMINISTERING VACCINE IMMUNIZATION AT LEAST 21 DAYS PRIOR TO DEPLOYMENT/TRANSIT WHEN POSSIBLE DUE TO THE INCREASED CHANCE FOR A VACCINE ADVERSE EVENT AS WELL AS LIMITED AVAILABILITY OF CLINICAL SUPPORT PERSONNEL OR ACCESS TO APPROPRIATE MEDICAL FACILITIES WHILE ENROUTE.

2. BACKGROUND:

A. SMALLPOX IS A CONTAGIOUS, SOMETIMES-FATAL INFECTION PREVENTED BY VACCINATION WITH LIVE VACCINIA VIRUS. HISTORICALLY, SMALLPOX KILLED 30 PERCENT OF THOSE INFECTED. SURVIVORS OF SMALLPOX CAN BE SEVERELY SCARRED, ESPECIALLY ON THE FACE. ON RARE OCCASIONS, IT CAN ALSO CAUSE BLINDNESS.

B. THE DOD SMALLPOX RESPONSE PLAN DESCRIBES REQUIRED ACTIONS IN THE EVENT OF A SMALLPOX ATTACK. IT IS IN CONCERT WITH DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) AND OTHER NATIONAL INITIATIVES, AND IS CONSISTENT WITH CLINICAL GUIDELINES ESTABLISHED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). A MAJOR TENET OF THE DOD SMALLPOX RESPONSE PLAN REQUIRES THE IDENTIFICATION AND PREPARATION OF MEDICAL PERSONNEL TO RESPOND TO A SMALLPOX ATTACK.

C. THE DOD SVP SUPPORTS THE RESPONSE PLAN BY INCLUDING PRE-EXPOSURE (PREVENTIVE) SMALLPOX IMMUNIZATION OF SELECTED MEDICAL PERSONNEL, AND EXPANDS PREVENTIVE SMALLPOX IMMUNIZATION TO OTHER DOD PERSONNEL.

3. SCOPE:

A. SMALLPOX PREPAREDNESS OF MARINE CORPS FORCES IS DIVIDED INTO THREE STAGES USING MISSION, PRESERVATION OF OPERATIONAL CAPABILITY, AND OCCUPATIONAL RESPONSIBILITIES AS PLANNING FACTORS. SPECIFIC INFORMATION IS CLASSIFIED.

B. GO TO THE HQMC/PPO/PLN SIPR WEBSITE, WWW.HQMC.USMC.SMIL.MIL/PLN/PLN_HOME.HTM, TO VIEW ALL APPLICABLE REFERENCES, ALL SMALLPOX STAGES AND THE SCOPE OF EACH STAGE, ASSOCIATED TIMELINES FOR EXECUTING EACH STAGE, AND THE UNITS/PERSONNEL COVERED BY EACH STAGE FOR SMALLPOX VACCINATIONS.

4. EXECUTION:

A. PER REFS A AND B, VACCINATION IS MANDATORY FOR DESIGNATED PERSONNEL, EXCEPT AS PROVIDED UNDER APPLICABLE MEDICAL AND

ADMINISTRATIVE EXEMPTION POLICIES CONTAINED IN REFS D AND E. THE MARINE CORPS WILL BEGIN IMPLEMENTATION OF THIS SVP USING ONLY EXISTING FDA-LICENSED VACCINE. IN THE EVENT THE FDA AND DOD AUTHORIZE USE OF AN UNLICENSED VACCINE THROUGH THE INVESTIGATIONAL NEW DRUG (IND) PROVISIONS OF THE FOOD DRUG AND COSMETIC ACT, THE REQUIREMENTS IN REFS J THROUGH M WILL BE FOLLOWED. COMMANDERS WILL ADDRESS VACCINATION REFUSALS AS THEY WOULD ADDRESS ANY REFUSAL TO OBEY A LAWFUL ORDER, ENSURING THAT PERSONNEL HAVE RECEIVED APPROPRIATE EDUCATION AND ADMINISTRATIVE/MEDICAL SCREENINGS.

B. PRE-VACCINATION:

- (1) DETERMINE DOSE REQUIREMENTS AND OBTAIN SMALLPOX VACCINE PER LOGISTICAL GUIDANCE IN PARA 7.
- (2) ENSURE HIV SCREENING OF ALL PERSONNEL IS CURRENT. HIV SCREENING MUST BE PROVIDED UPON REQUEST OF THE MEMBER AT SVP PRE-VACCINATION SCREENING; SVP VACCINATION WILL BE WITHHELD UNTIL HIV RESULTS ARE KNOWN.
- (3) TRAIN SUPPORTING MEDICAL STAFFS WITH EMPHASIS ON SCREENING PROCEDURES AND THE PROCESS OF VACCINATION.
- (4) ESTABLISH POLICIES AND PROCEDURES TO PREVENT VACCINATING PREGNANT WOMEN.
- (5) ESTABLISH A VACCINATION SCHEDULE WHICH WILL ALLOW THE RECIPIENT OF THE VACCINE TO RETURN 6-8 DAYS AFTER INOCULATION FOR OBSERVATION (TO ENSURE "TAKE" OF THE VACCINE). THIS POST-VACCINATION MEDICAL VISIT IS MANDATORY.
- (6) INITIATE A ROBUST LOCAL PUBLIC AFFAIRS PLAN PER PARA 9. LOCAL AND STATE HEALTH OFFICIALS MUST BE INFORMED OF SMALLPOX IMMUNIZATION SCHEDULES BEFORE INITIATION OF LOCAL PLANS.
- (7) COORDINATE WITH ALL TRAINING OFFICERS TO ENSURE THE UNIT TRAINING SCHEDULE, 3-4 WEEKS AFTER VACCINATIONS, IS CONSISTENT WITH GUIDANCE IN POST-VACCINATION PHASE (PARA 4.D.).
- (8) OBTAIN EDUCATIONAL MATERIALS FOR UNIT TRAINING, TO INCLUDE SMALLPOX TRI-FOLDS FOR DISTRIBUTION, AND IMPLEMENT EDUCATIONAL TRAINING FOR ALL VACCINEES PRIOR TO VACCINATION. EDUCATIONAL MATERIALS MAY BE VIEWED AND DOWNLOADED FROM WWW.VACCINES.ARMY.MIL OR WWW.HQMC.USMC.SMIL.MIL/PLN/PLN_HOME/HTM. PROFESSIONAL QUALITY TRI-FOLD BROCHURES MAY BE OBTAINED BY CONTACTING MR. HERMAN HARRIS AT (703) 681-4262, DSN 761-4262, OR HERMAN.HARRIS@AMEDD.ARMY.MIL.
- (9) COORDINATE WITH MEDICAL TREATMENT FACILITIES (MTF) FOR TRAINING, SCREENING QUESTIONNAIRES, VACCINE RECEIPT AND DISTRIBUTION DATES, INDIVIDUAL MEDICAL CONSULTATIONS, REPORT TRACKING IN SHIPBOARD NON-TACTICAL ADP PROGRAM (SNAP) AUTOMATED MEDICAL SYSTEM (SAMS) AND DEERS, AND PROCESSES/PROCEDURES FOR TREATING POSSIBLE SMALLPOX VACCINE ADVERSE EVENTS. ALL ADVERSE EVENTS WILL BE TRACKED THROUGH THE VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS).
- (10) ENSURE INFECTION CONTROL MEASURES AND SUPPLIES ARE ADEQUATE, INCLUDING BANDAGES LARGE ENOUGH TO COVER VACCINATION SCAB.
- (11) UNITS CONDUCTING SMALLPOX IMMUNIZATIONS SHALL DEVELOP POLICIES

AND PROCEDURES WITH SUPPORTING MTFs TO ASSURE TIMELY IDENTIFICATION AND TREATMENT OF SMALLPOX VACCINE ADVERSE EVENTS, INCLUDING TREATMENT WITH VACCINIA IMMUNE GLOBULIN (VIG) AND/OR CIDOFOVIR, BOTH OF WHICH ARE INVESTIGATIONAL NEW DRUGS (IND). THE DIAGNOSIS OF A PROBABLE SMALLPOX VACCINE ADVERSE EVENT FOR WHICH VIG OR CIDOFOVIR IS INDICATED WILL BE MADE BY AN APPROPRIATELY QUALIFIED PROVIDER (E.G., INFECTIOUS-DISEASE, DERMATOLOGY, ALLERGY-IMMUNOLOGY PHYSICIAN). THIS ATTENDING PHYSICIAN MAY REQUEST USE OF VIG OR CIDOFOVIR FOR A NAMED PATIENT BY TELEPHONING USAMRIID AT 1-888-USA-RIID OR 301-619-2257. ALTERNATELY, PAGE THE UASMRIID STAFF DUTY OFFICER AT 301-631-4393 OR THE USAMRMC STAFF DUTY OFFICER AT 301-619-6092. HEALTHCARE PROVIDERS FROM CIVILIAN INSTITUTIONS SHOULD CONTACT THE CDC DRUG SERVICE FOR VIG AT 404-639-3670. USAMRIID WILL COORDINATE WITH SPECIALIZED TREATMENT TEAMS, WHICH WILL TRAVEL TO THE MTF CARING FOR THE DIAGNOSED PATIENT. THESE TEAMS WILL BE RESPONSIBLE FOR THE TREATMENT OF PATIENTS WITH THE INDICATED MEDICATIONS. IND-SPECIFIC PROCEDURES WILL BE FOLLOWED CAREFULLY. ADDITIONAL INFORMATION ON VIG AND CIDOFOVIR MAY BE OBTAINED FROM THE DOD SMALLPOX RESPONSE PLAN, ANNEXES E, H, AND I, LOCATED AT EITHER WEBSITE LISTED IN PARA 4.B.(8). PER REF D, VIG IS AVAILABLE ONLY UNDER IND PROTOCOL. REFS J THROUGH M MUST BE FOLLOWED WHEN ADMINISTERING IND.

C. VACCINATION:

- (1) CONDUCT PRE-VACCINATION SCREENING USING SF 600 OVERPRINT FORMS DOWNLOADED FROM EITHER WWW.VACCINES.ARMY.MIL OR WWW.HQMC.USMC.SMIL.MIL/PLN/SMALLPOX.HTM.
- (2) REFER THOSE WITH POTENTIAL PERSONAL OR FAMILY CONTRAINDICATIONS (SUCH AS IMMUNE DEFICIENCIES, CERTAIN SKIN CONDITIONS, ASSOCIATED DRUG ALLERGIES, ETC.) TO APPROPRIATELY TRAINED HEALTH CARE PROVIDERS FOR FURTHER SCREENING AND DISPOSITION. PERSONNEL RESIDING IN THE SAME HOUSEHOLD WITH WOMEN WHO ARE PREGNANT AND/OR WITH CHILDREN LESS THAN 1 YEAR OF AGE WILL NOT BE VACCINATED UNTIL DEPLOYED OR A 21-DAY ISOLATION PERIOD CAN BE ASSURED.
- (3) VACCINATE THOSE WITH NO PERSONAL OR FAMILY CONTRAINDICATIONS. THOSE ADMINISTERING THE SMALLPOX VACCINE MUST THEMSELVES BE VACCINATED. SUCH VACCINATION CAN IMMEDIATELY PRECEDE THEIR INOCULATION OF OTHERS.
- (4) COMMANDERS MAY VACCINATE THOSE WITH FAMILY CONTRAINDICATIONS ONCE A RELIABLE MEANS IS ESTABLISHED TO SEGREGATE THOSE WITH FAMILY CONTRAINDICATIONS FROM THEIR FAMILIES FOR AT LEAST 21 DAYS (OR UNTIL VACCINATION SCAB FALLS OFF).
- (5) PROVIDE BANDAGES TO HELP PROTECT THE VACCINATION SITE (BANDAGES ARE CHANGED AT LEAST DAILY) WHILE REDUCING THE RISK FROM AUTOINOCULATION (VACCINEE SPREADS TO OTHER SITES ON OWN BODY), CROSS-INOCULATION (VACCINEE SPREADS TO OTHERS WHO MAY NOT BE VACCINATED), AND SECONDARY BACTERIAL INFECTION (CELLULITIS). PAST EXPERIENCE INDICATES KEEPING THE VACCINATION SITE DRY AND EXPOSED TO

AS MUCH AIR AS POSSIBLE, WITHIN THE CONSTRAINTS ABOVE, WILL SPEED HEALING AND PREVENT INFECTION.

(6) COUNSEL VACCINATED FEMALES ABOUT AVOIDING PREGNANCY FOR 4 WEEKS FOLLOWING VACCINATION.

(7) FULLY DOCUMENT ALL VACCINATIONS IN HEALTH RECORDS.

(8) REPORT VACCINATIONS ON SAMS, ENSURING DATA IS TRANSMITTED TO DEERS, AND REPORT WEEKLY STATUS OF SVP EXECUTION PER REF H.

D. POST-VACCINATION:

(1) ASSESS AND DOCUMENT VACCINATIONS PER REF D, AND REPORT VACCINATIONS PER REF H.

(2) ENSURE VACCINEES RETURN FOR TAKE ASSESSMENT AND DOCUMENTATION 6-8 DAYS AFTER INOCULATION. THIS ASSESSMENT IS MANDATORY. INSUFFICIENT TAKE MAY REQUIRE RE-VACCINATION.

(3) ENCOURAGE AND ENFORCE FREQUENT HAND WASHING AND OTHER APPROPRIATE MEASURES FOR PREVENTION OF AUTOINOCULATION AND CROSS-INOCULATION. SPECIFIC GUIDANCE IS PROVIDED IN REF D (PAGES 5-6), CARE OF VACCINATION SITE.

(4) DO NOT SHARE TOWELS, BEDDING, OR PERSONAL HYGIENE ITEMS. ENCOURAGE AND ENFORCE FREQUENT LAUNDERING OF CLOTHING AND TOWELS TO PREVENT AUTOINOCULATION AND CROSS-INOCULATION. PERSONNEL WITH PERSONAL CONTRAINDICATIONS TO SMALLPOX VACCINATION SHALL NOT HANDLE OR OTHERWISE COME IN CONTACT WITH VACCINIA-CONTAMINATED CLOTHING AND TOWELS.

(5) ENSURE TIMELY ACCESS TO MEDICAL CARE FOR DIAGNOSIS, TREATMENT, AND REPORTING OF POTENTIAL VACCINE ADVERSE EVENTS.

(6) REPORT ALL VACCINE ADVERSE EVENTS VIA THE VAERS.

(7) ADHERE TO REF D (PAGE 11) GUIDANCE REGARDING BLOOD DONOR DEFERRALS.

5. ADDITIONAL CLINICAL GUIDANCE:

A. UTILIZE REF D FOR ALL SPECIFIC CLINICAL GUIDANCE. ADDITIONAL CLINICAL GUIDANCE FROM THE SURGEON GENERAL OF THE NAVY WILL BE PROVIDED VIA SEP NAVAL MSG. MEDICAL PERSONNEL WILL THOROUGHLY UNDERSTAND THE CLINICAL ASPECTS OF THIS VACCINE AND THE POTENTIAL FOR ADVERSE EVENTS AFTER VACCINATION. MEDICAL PERSONNEL MUST KNOW HOW TO MANAGE THE SPECTRUM OF ADVERSE EVENTS, INCLUDING THE REQUIREMENT TO SUBMIT VAERS REPORTS.

B. MEDICAL PERSONNEL MUST CLEARLY UNDERSTAND THAT THEY WILL BE OUR FRONT LINE FORCE IN RESPONDING TO QUESTIONS AND CONCERNS. THEY WILL FAMILIARIZE THEMSELVES WITH ALL SMALLPOX WEBSITE RESOURCES, ESPECIALLY WWW.VACCINES.ARMY.MIL.

C. ENSURE APPROPRIATE UNIT MEDICAL PERSONNEL ARE TRAINED IN SAMS IMMUNIZATION TRACKING PROCEDURES AND HAVE A CURRENT PASSWORD TO ACCESS DEERS IMMUNIZATION TRACKING WEBSITE.

D. IMMUNIZATION TRACKING IS VITAL FOR ALL ACTIVE AND RESERVE FORCES. RECORD MEMBER DATA, UNIT DATA, VACCINE LOT NUMBER, AND VACCINATION SITE IN SAMS, RECORD THIS SAME INFORMATION IN MEMBER S HEALTH RECORD AND ON YELLOW SHOT CARD (PHS 731). INFORMATION FOR

IMMUNIZATION TRACKING CAN BE OBTAINED VIA THE WEBSITE AT [HTTPS://IMCENTER.MED.NAVY.MIL/ITS](https://imcenter.med.navy.mil/its). IN ADDITION TO COMPLETING APPLICABLE SECTIONS OF THE 2-PAGE SF-600 OVERPRINT FORM, "INITIAL SMALLPOX VACCINE IMMUNIZATION NOTE" (AVAILABLE AT [WWW.VACCINES.ARMY.MIL/SMALLPOX/FORMS](http://www.vaccines.army.mil/smallpox/forms)), SMALLPOX VACCINE ADMINISTRATORS WILL COMPLETE ALL INFORMATION FIELDS CONTAINED IN THIS FORM'S "VACCINE ADMINISTRATOR" SECTION.

E. MEDICAL EXEMPTION POLICY IS CONTAINED IN REF D. UNIT MEMBERS CONSIDERED FOR MEDICAL EXEMPTION CODE "MR" (MEDICAL REACTIVE) SHALL BE REFERRED PER CLINICAL MANAGEMENT OF ADVERSE EVENTS GUIDELINES IN REF D FOR APPROPRIATE SPECIALTY EVALUATION PRIOR TO ASSIGNMENT OF MEDICAL EXEMPTION CODE "MR". SIMILAR SPECIALTY EVALUATION WILL BE SOUGHT PRIOR TO ASSIGNMENT OF MEDICAL EXEMPTION CODE "MP" (MEDICAL PERMANENT). MEDICAL EXEMPTION CODE "MT" (MEDICAL TEMPORARY) MAY BE ASSIGNED BY APPROPRIATE PRIVILEGED HEALTHCARE PROVIDERS.

F. ADVERSE EVENTS WILL BE MANAGED EXPEDITIOUSLY BY PRIVILEGED HEALTHCARE PROVIDERS APPLYING RECOMMENDATIONS, AS INDICATED, CONTAINED IN DOD GUIDELINES FOR MANAGEMENT OF ADVERSE EVENTS AFTER VACCINATION, AVAILABLE AT [WWW.VACCINES.ARMY.MIL](http://www.vaccines.army.mil) AND AT THE VACCINE HEALTHCARE CENTER WEBSITE, [WWW.VHCINFO.ORG](http://www.vhcinfo.org). SPECIFIC INFORMATION ON THE USE OF VACCINE IMMUNE GLOBULIN (VIG) IS PROVIDED IN ANNEX H OF THE DOD SMALLPOX RESPONSE PLAN, WITH CONTACT NUMBERS PROVIDED ABOVE IN PARA 4.B.(11). DUE TO THE SERIOUSNESS OF THE INDICATIONS FOR VIG AND THE CONSTRAINTS APPLYING TO INVESTIGATIONAL NEW DRUGS, EITHER A SPECIALIZED TREATMENT TEAM WILL BRING VIG TO THE PATIENT AND INITIATE THERAPY OR THE PATIENT WILL BE EVACUATED TO A DESIGNATED MTF FOR TREATMENT.

G. VACCINE WILL BE ADMINISTERED ACCORDING TO FDA LABEL REQUIREMENTS.

6. ADMINISTRATIVE GUIDANCE:

A. ADMINISTRATIVE EXEMPTION POLICY IS CONTAINED IN REF E. ADMINISTRATIVE EXEMPTIONS ARE ONLY FOR THOSE LEAVING MILITARY SERVICE, WITHOUT RC OBLIGATIONS, WITH 30 DAYS OR LESS OF SERVICE OR EMPLOYMENT REMAINING. THE ADMINISTRATIVE EXEMPTION DOES NOT APPLY TO PERSONNEL WHO THE COMMANDER (FIRST GO/FO EXERCISING OPCON) DETERMINES SHALL RECEIVE THE VACCINE BECAUSE OF OVERRIDING MISSION REQUIREMENTS. EXCEPTIONS TO THIS EXEMPTION POLICY (E.G., A MARINE RETIRING IN 60 DAYS) WILL BE SUBMITTED THROUGH THE CHAIN OF COMMAND TO THE APPLICABLE COMBATANT COMMANDER. BASED UPON SUBSEQUENT RECOMMENDATION OF THE COMBATANT COMMANDER, EXCEPTIONS WILL BE DETERMINED BY THE ASDHA, IN CONSULTATION WITH THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF.

B. ADDITIONAL ADMINISTRATIVE EXCEPTION POLICY IS CONTAINED IN REF E (APPLICABILITY AND SCOPE). THESE ADMINISTRATIVE EXCEPTIONS WOULD APPLY TO THOSE PERSONNEL/UNITS NOT QUALIFYING AS STAGE 1 OR STAGE 2 VACCINE RECIPIENTS, BUT WHO WARRANT SPECIAL CONSIDERATION FOR VACCINATION DUE TO EXTENUATING CIRCUMSTANCES. COMMANDERS WILL SUBMIT REQUESTS FOR EXCEPTIONS THROUGH THEIR CHAIN OF COMMAND TO THE

APPLICABLE COMBATANT COMMANDER. BASED UPON SUBSEQUENT RECOMMENDATION OF THE COMBATANT COMMANDER, EXCEPTIONS WILL BE DETERMINED BY THE ASDHA, IN CONSULTATION WITH THE DIRECTOR, JOINT STAFF AND THE EXECUTIVE AGENT.

C. DEPLOYABILITY. PER REF E, ELIGIBILITY FOR SMALLPOX VACCINATION, INCLUDING INSTANCES WHERE A SERVICE MEMBER IS ADMINISTRATIVELY OR MEDICALLY EXEMPT, WILL NOT IN ITSELF BE A FACTOR IN DETERMINING THE SERVICE MEMBER'S DEPLOYABILITY. SERVICE MEMBERS MAY BE DEPLOYED REGARDLESS OF THEIR SMALLPOX IMMUNIZATION STATUS. DEPLOYMENT EXEMPTION AUTH RESTS WITH THE FIRST GO/FO EXERCISING ADMINISTRATIVE CONTROL (ADCON). UPON DETERMINING TO DEPLOY A NON-IMMUNE/NON-VACCINATED INDIVIDUAL, THE COMMANDER WILL COUNSEL THE INDIVIDUAL THAT SHOULD AN OUTBREAK OF SMALLPOX OCCUR, REQUIRING ACTIVATION OF THE DOD SMALLPOX RESPONSE PLAN, IT IS DOD'S INTENT TO PROVIDE SMALLPOX VACCINE TO DEPLOYED UNIMMUNIZED INDIVIDUALS IN A TIMELY MANNER.

D. VACCINATION OF RESERVE COMPONENT (RC) PERSONNEL WILL OCCUR UPON ACTIVATION BUT NLT DATE OF ARRIVAL IN CENTCOM AOR.

7. LOGISTICAL GUIDANCE:

A. ENSURE LOGISTICS SUPPORT HAS SUFFICIENT REFRIGERATION CAPACITY TO PRESERVE VACCINE INTEGRITY WITHIN FDA LABEL TEMPERATURE RANGE OF 2-8 DEGREES CENTIGRADE/36-46 DEGREES FAHRENHEIT (DO NOT PUT VACCINE IN DIRECT CONTACT WITH ICE). SUPPORT INCLUDES TWICE DAILY MONITORING OF TEMPERATURE AND BACK-UP POWER SUPPLY. IDEALLY, A 24 X 7 ALARM SYSTEM SHOULD NOTIFY APPROPRIATE MEDICAL PERSONNEL. RECONSTITUTED SMALLPOX (DRYVAX) VACCINE MAY BE STORED AT ABOVE TEMPERATURES AND ADMINISTERED FOR 60 DAYS BEFORE EXPIRING. RECORD DATE OF RECONSTITUTION ON VIAL. STORE UNOPENED/UNRECONSTITUTED VIALS AT MTFs; AID STATIONS WILL CHECKOUT VACCINE PRIOR TO UNIT SHOTEXS AND RETURN UNOPENED VIALS TO THE MTF PRESERVING COLD CHAIN REQUIREMENTS AND VIAL ACCOUNTABILITY. TRANSPORT VACCINES IN VAXI-PACK OR VAXI-COOL CONTAINERS, PREVIOUSLY PROVIDED BY U.S. ARMY MEDICAL MATERIEL AGENCY (USAMMA) FOR MARINE FORCES USE AND CURRENTLY STORED AT MTFs AND CLINICS.

B. EACH COMMARFOR AND MEF CG WILL DESIGNATE A SMALLPOX COORDINATOR, WHO WILL PROCURE SMALLPOX VACCINE FOR ELIGIBLE SUPPORTED UNITS UTILIZING USAMMA'S SECURE WEBSITE.

(1) COMMARFOR AND MEF CG SMALLPOX COORDINATORS MUST FIRST LOG INTO WEBSITE GIVEN BELOW, AND COMPLETE THE REGISTRATION PROCESS. A USER ACCOUNT IS ESTABLISHED ON A SECURE WEBSITE, AND A PASSWORD AND CONFIRMATION WILL BE SENT BACK AFTER APPROVAL FROM NAVAL MEDICAL LOGISTICS COMMAND (NAVMEDLOGCOM) AND HQMC/I&L/LPC-4.

(2) THE OVERALL GOAL IS TO EXPEDITE THE REQUISITION AND APPROVAL CHAIN FOR SMALLPOX REQUIREMENTS. MEF CG SMALLPOX COORDINATORS WILL SUBMIT REQUISITIONS ON THE USAMMA WEBSITE FOR THEIR SUPPORTED UNITS, WHILE COMMARFOR SMALLPOX COORDINATORS WILL SUBMIT REQUISITIONS ONLY FOR THOSE UNIQUE UNITS NOT ROUTINELY SUPPORTED BY THE MEF CG.

(3) COMMARFOR AND MEF CG SMALLPOX COORDINATORS WILL ENSURE THAT ALL REQUISITIONS MEET STAGE 1A/1B/2.

(4) HQMC (I&L) WILL SCREEN SUBMITTED REQUISITIONS FOR APPROVAL. NAVMEDLOGCOM WILL COORDINATE HQMC APPROVED REQUISITIONS WITH (USAMMA) FOR VACCINE DISTRIBUTION.

(5) SMALLPOX VACCINE WILL BE PROVIDED AT NO COST TO UNITS.

(6) REFER TO THE USAMMA WEBSITE FOR MORE INFORMATION

([HTTP://WWW.ARMYMEDICINE.ARMY.MIL/USAMMA/SMALLPOX/INDEX.HTM](http://www.armymedicine.army.mil/usamma/smallpox/index.htm)) .

8. LEGAL GUIDANCE:

A. SJAS SHOULD BE FAMILIAR WITH THE DOD SMALLPOX RESPONSE PLAN, TO INCLUDE ANNEXES B, C, H, AND ALL APPLICABLE REFS.

B. ALL SVP LEGAL CASES SHALL BE REPORTED TO THE HQMC JAD (JAO/JAM).

C. IMPLEMENTATION OF SVP WILL CONSIDER AS REQUIRED STATUTORY AND CONTRACTUAL LABOR RELATIONS RESPONSIBILITIES.

9. PUBLIC AFFAIRS GUIDANCE (PAG):

A. PUBLIC AFFAIRS POSTURE FOR THIS PROGRAM IS ACTIVE. USE REF I FOR FURTHER GUIDANCE.

B. PUBLIC AFFAIRS OFFICERS ARE AUTHORIZED AND ENCOURAGED TO WIDELY DISTRIBUTE INFORMATION CONTAINED HEREIN TO BOTH INTERNAL AND EXTERNAL AUDIENCES.

C. PUBLIC AFFAIRS OFFICES ARE EXPECTED TO LOCALIZE SMALLPOX STORIES. ENCOURAGE ARTICLES IN BASE NEWSPAPERS AND INSTALLATION WEBSITES THAT LIST PLACES, POC'S AND PHONE NUMBERS WHERE MORE INFORMATION MAY BE OBTAINED.

D. IMAGES/PHOTOGRAPHS OF INDIVIDUALS RECEIVING THE VACCINE ARE AUTHORIZED ONLY IF ACCOMPLISHED IN A MANNER THAT PROTECTS THE IDENTITY OF THE VACCINEES AND SPECIFIC UNITS BEING VACCINATED.

10. THIS MARADMIN IS APPLICABLE TO THE MARINE CORPS RESERVE.

11. EXPIRATION DATE CANNOT BE DETERMINED.//