

R 141521Z JAN 03 ZYB
FM COMDT COGARD WASHINGTON DC//G-C//
TO ALCOAST
BT

UNCLAS //N06230//
ALCOAST 023/03
COMDTNOTE 6230

SUBJ: SMALLPOX VACCINATION PROGRAM (SVP)

A. DOC DEPSECDEF 30SEP02, APMN DEPSECDEF MEMO, SUBJ: DEPARTMENT OF DEFENSE SMALLPOX RESPONSE PLAN (NOTAL)

B. DOC ASD(HA) 26NOV02, APMN ASD(HA) MEMO, SUBJ: CLINICAL POLICY FOR THE DOD SMALLPOX VACCINATION PROGRAM (SVP) (NOTAL)

C. DOC USD(P AND R) 13DEC02, APMN USD(P&R) MEMO, SUBJ: POLICY ON ADMINISTRATIVE ISSUES RELATED TO SMALLPOX VACCINATION PROGRAM (SVP) (NOTAL)

D. ARTICLE 8-2-1A.(21) CG REGULATIONS, COMDTINST M5000.3B

1. THE SMALLPOX VACCINATION PROGRAM IS A KEY ELEMENT OF COAST GUARD READINESS. THIS CRITICAL FORCE PROTECTION PROGRAM HAS BEEN STARTED BECAUSE OF THE POSSIBILITY OF BIOLOGICAL ATTACK UPON OUR SERVICE MEMBERS AND OUR COUNTRY. EXPERTS BELIEVE A TERRORIST GROUP COULD EMPLOY SMALLPOX AS A WEAPON IF THEY THOUGHT IT WOULD HELP THEM TO REACH THEIR GOALS.

2. ON 13 DECEMBER, THE PRESIDENT ANNOUNCED COMMENCEMENT OF A NATIONAL SMALLPOX VACCINATION PROGRAM. THE COAST GUARD, IN CONJUNCTION WITH THE DEPARTMENT OF DEFENSE, HAS ESTABLISHED A SMALLPOX VACCINE PROGRAM (SVP) TO PROTECT THE HEALTH AND SAFETY OF MILITARY PERSONNEL.

A. THE SMALLPOX VACCINE IS THE BEST WAY TO PREVENT SMALLPOX. THE VACCINE IS MADE FROM A VIRUS CALLED VACCINIA, WHICH IS ANOTHER "POX"-TYPE VIRUS RELATED TO SMALLPOX. THE VACCINE HELPS THE BODY DEVELOP IMMUNITY TO SMALLPOX. THE VACCINE DOES NOT CONTAIN THE SMALLPOX VIRUS AND CANNOT SPREAD SMALLPOX. THE VACCINE WAS ADMINISTERED TO ALMOST ALL AMERICANS UNTIL 1972 AND TO SOME SERVICE MEMBERS THROUGH THE 1980S.

B. THE FOOD AND DRUG ADMINISTRATION (FDA) RECENTLY LICENSED A LIMITED SUPPLY OF THE ORIGINAL VACCINE MADE BY WYETH LABORATORIES, CALLED DRYVAX(TM). VACCINE USED FOR SERVICE MEMBERS HAS PASSED ALL TESTS REQUIRED BY THE FDA.

3. A SVP COMDTINST IS UNDER DEVELOPMENT THAT WILL SERVE AS THE CG SMALLPOX VACCINE PROGRAM GUIDANCE. UNTIL PUBLISHED, USE THIS MSG AS CG INTERIM SMALLPOX IMPLEMENTATION GUIDANCE AND READ IT IN ITS ENTIRETY. REFERENCES A, B AND C ARE ADOPTED AS CG POLICY AND WILL BE INCORPORATED IN THE SVP COMDTINST. YOU CAN READ THESE REFERENCES AND OTHER KEY SMALLPOX INFORMATION AT THE DOD WEBSITE, WWW.SMALLPOX.ARMY.MIL (LOCATED UNDER THE RESOURCE LINK). REFERENCE A CONTAINS INFORMATION ON RESPONDING IN THE EVENT OF AN ACTUAL SMALLPOX OUTBREAK. THIS MESSAGE AND REFERENCE B AND C PROVIDE EARLY INFORMATION AND GUIDANCE ON IMPLEMENTING A PRE-EVENT SMALLPOX VACCINATION PROGRAM.

4. BACKGROUND:

A. SMALLPOX IS A VERY SERIOUS DISEASE, IT IS CONTAGIOUS AND FREQUENTLY FATAL. SMALLPOX IS CAUSED BY THE VARIOLA VIRUS, WHICH SPREADS BY CONTACT WITH INFECTED PERSONS.

B. SMALLPOX CAN CAUSE: A SEVERE, WHOLE-BODY RASH COVERING THAT CAN LEAVE PERMANENT SCARS, HIGH FEVER, SEVERE HEADACHE OR BODY ACHES, DEATH (IN ABOUT 30 PERCENT OF INFECTED PEOPLE), AND BLINDNESS IN SOME SURVIVORS.

C. NATURAL SMALLPOX HAS BEEN ERADICATED FOLLOWING WORLDWIDE VACCINATION PROGRAMS. THE LAST NATURAL CASE OF SMALLPOX WAS RECORDED IN 1977. HOWEVER, THE U.S. GOVERNMENT IS TAKING PRECAUTIONS TO BE READY TO DEAL WITH A BIOTERRORIST ATTACK USING SMALLPOX AS A WEAPON. THE THREAT THAT SMALLPOX WOULD BE USED AS A BIOWEAPON CANNOT BE QUANTIFIED, BUT THE CONSEQUENCES OF ITS USE WOULD SEVERELY IMPACT MILITARY MISSIONS AND READINESS.

D. WITH CG INPUT, DOD HAS DEVELOPED A SMALLPOX RESPONSE PLAN THAT DESCRIBES REQUIRED ACTIONS IN THE EVENT OF A SMALLPOX ATTACK (REFERENCE A). THIS PROGRAM 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 THIS PLAN REQUIRES MEDICAL PERSONNEL TO BE IDENTIFIED AND PREPARED TO RESPOND TO A SMALLPOX ATTACK.

5. THE COAST GUARD SMALLPOX VACCINATION PROGRAM SUPPORTS THE NATIONAL SMALLPOX PREPAREDNESS PLANS ANNOUNCED BY THE PRESIDENT. LIKE OTHER MILITARY SERVICES, IT IS TAILORED TO THE UNIQUE REQUIREMENTS OF THE ARMED FORCES. THIS POLICY WILL BETTER ENSURE SMALLPOX READINESS BY IMMUNIZING MILITARY PERSONNEL IN STAGES. VACCINATIONS WILL BE MANDATORY FOR MILITARY PERSONNEL IDENTIFIED BELOW EXCEPT IN PERSONNEL WITH DOCUMENTED MEDICAL AND/OR ADMINISTRATIVE EXEMPTION.

A. STAGE 1A: SMALLPOX RESPONSE PERSONNEL. STAGE 1A CONSISTS PRIMARILY OF MEDICAL PERSONNEL WHO ATTENDED DODS 29 OCT-1 NOV 02 SMALLPOX PREPAREDNESS CONFERENCE, WHERE SVP TRAINING BEGAN. STAGE 1A PERSONNEL ALSO INCLUDE OTHER CG SPECIAL MISSION RESPONSE UNITS INCLUDING NATIONAL STRIKE TEAMS, PORT SECURITY UNITS AND MARINE SAFETY AND SECURITY TEAMS. THESE VACCINATIONS BEGAN THE WEEK OF 16 DEC 02 FOR CERTAIN SMALLPOX EVENT RESPONSE PERSONNEL. VACCINATIONS FOR ALL OTHER STAGE 1A PERSONNEL WILL PROCEED AS PLANNING MATURES AND VACCINE IS RECEIVED.

B. STAGE 1B: OTHER COAST GUARD HEALTHCARE WORKERS. THIS INCLUDES ALL REMAINING MILITARY HEALTHCARE WORKERS AT CG CLINICS AND SICK BAYS (ASHORE AND AFLOAT), INCLUDING MEDICAL OFFICERS, DENTAL OFFICERS, PHARMACY OFFICERS, MEDICAL ADMINISTRATIVE PERSONNEL AND HEALTH SERVICE TECHNICIANS. ADDITIONALLY, ALL MILITARY ENVIRONMENTAL HEALTH OFFICERS WILL BE VACCINATED. ALL MILITARY HEALTH CARE PROVIDERS WILL PARTICIPATE LOCALLY IN MASS VACCINATION PROGRAMS IN SUPPORT OF COAST GUARD OPERATIONS IN THE EVENT OF A SMALLPOX OUTBREAK. ADDITIONALLY, CIVILIAN HEALTH CARE WORKERS IN COAST GUARD MEDICAL FACILITIES THAT ARE WILLING TO VOLUNTEER ON CG MASS VACCINATION TEAMS WILL BE OFFERED SMALLPOX VACCINATION IN STAGE 1B. THIS IS SIMILAR TO THE NATIONS PLAN TO VACCINATE UP TO 500,000 HEALTHCARE WORKERS ACROSS THE U.S., THUS GIVING THE CG THE CAPABILITY TO RESPOND TO A SMALLPOX ATTACK IAW REFERENCE A, (AVAILABLE ON THE SMALLPOX WEBSITE: WWW.SMALLPOX.ARMY.MIL, LOCATED UNDER THE RESOURCE LINK). COMMENCE STAGE 1B VACCINATIONS AS SOON AS VACCINE SUPPLIES ARE RECEIVED AND MEDICAL PERSONNEL ARE TRAINED IN THE VACCINE PROGRAM.

C. STAGE 2: ALL UNITS HAVING CRITICAL MISSION CAPABILITIES. THIS INCLUDES ALL CG OPERATIONAL UNITS. COMMENCE STAGE 2 VACCINATIONS AS SOON AS VACCINE IS AVAILABLE AND SUPPORTING MEDICAL PERSONNEL HAVE BEEN TRAINED AND DESIGNATED TO PROVIDE SMALLPOX VACCINATION. HIGHEST PRIORITY FOR VACCINATION ARE CG UNITS WHO MAY POTENTIALLY DEPLOY IN SUPPORT OF THE U.S. CENTRAL COMMAND'S MISSION. AUTHORIZATION FOR SMALLPOX VACCINATION OF ALL OTHER CG MILITARY PERSONNEL NOT DESIGNATED BY THIS ALCOAST WILL BE PROVIDED BY AN ALCOAST AT A LATER DATE.

6. VACCINATION IS MANDATORY FOR DESIGNATED MILITARY PERSONNEL, EXCEPT AS PROVIDED UNDER APPLICABLE ADMINISTRATIVE EXEMPTIONS AS DETAILED IN PARAGRAPH 7 BELOW AND MEDICAL POLICIES OUTLINED IN A SEPARATE ALCOAST. IMMUNIZATION REFUSAL, IN THE ABSENCE OF AN AUTHORIZED MEDICAL OR ADMINISTRATIVE EXEMPTION, WILL BE TREATED THE SAME AS ANY REFUSAL TO OBEY A LAWFUL ORDER IAW REFERENCE D FOR MILITARY MEMBERS. LACK OF VACCINATION DUE TO MEDICAL AND/OR ADMINISTRATIVE EXEMPTION OR VACCINE REFUSAL IS NOT A BAR TO DEPLOYMENT.

7. COMMANDERS RESPONSIBILITY: COMMANDING OFFICERS/OFFICERS-IN-CHARGE WILL INITIATE THE FOLLOWING STEPS.

A. BECOME FAMILIAR WITH THE SVP POLICIES AND RESOURCES BY REVIEWING THE SVP WEBSITE AT WWW.SMALLPOX.ARMY.MIL. PARTICULAR ATTENTION SHOULD BE GIVEN TO THE EDUCATIONAL PRODUCTS AND THE "QUESTIONS AND ANSWERS" POSTED ON THE WEBSITE, SINCE THESE ARE THE MOST FREQUENTLY ASKED QUESTIONS BY OUR PERSONNEL AND THEIR FAMILIES. EXPERIENCE SHOWS THAT EDUCATION IS PIVOTAL TO PROGRAM SUCCESS AND ACCEPTANCE.

B. ENSURE THAT ALL PERSONNEL UNDER YOUR COMMAND ARE PROVIDED AN ORAL BRIEF BY TRAINED MEDICAL PERSONNEL COVERING TOPICS USING THE INDIVIDUAL MEMBERS BRIEF AT WWW.SMALLPOX.ARMY.MIL (LOCATED UNDER EDUCATION TOOLKIT LINK). BRIEFERS SHOULD EMPHASIZE: VACCINATION SITE CARE, FREQUENT HAND WASHING WITH SOAP AND WATER TO PREVENT AUTOINOCULATION AND CROSS-INOCULATION, AND FREQUENT LAUNDERING OF CLOTHING AND PERSONAL LINENS (E.G. TOWELS, SHEETS) IN HOT WATER AND BLEACH. EVERY MEMBER ELIGIBLE FOR VACCINE WILL BE PROVIDED THE TRIFOLD BROCHURE THAT CAN BE FOUND AT THE WEBSITE WWW.SMALLPOX.ARMY.MIL (LOCATED UNDER EDUCATION TOOLKIT LINK). THE TRIFOLD WILL INCLUDE INFORMATION/CONTACT NUMBERS FOR MEMBER IN THE EVENT HE/SHE EXPERIENCES AN ADVERSE REACTION.

C. ENSURE EACH MEMBER DESIGNATED TO RECEIVE SMALLPOX VACCINE COMPLETES THE SMALLPOX VACCINATION INITIAL NOTE SF-600, (THIS FORM IS LOCATED UNDER THE RESOURCE LINK AT WWW.SMALLPOX.ARMY.MIL OR BY THE URL: WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/VACCINIAINITIAL.PDF) TO DETERMINE VACCINE ELIGIBILITY. EMPHASIZE THE IMPORTANCE OF HOUSEHOLD CONTACT INFORMATION IN DETERMINING VACCINE ELIGIBILITY. SOME BARS (CONTRAINDICATIONS) ARE: IMMUNOSUPPRESSION, ECZEMA OR OTHER DERMATOLOGICAL (SKIN) CONDITIONS, PREGNANCY, BREASTFEEDING, AND KNOWN ALLERGIES TO ANY COMPONENT OF THE VACCINE INCLUDING DIHYDROSTREPTOMYCIN SULFATE, NEOMYCIN SULFATE, CHLORTETRACYCLINE HYDROCHLORIDE, OR POLYMYXIN B SULFATE. MEMBERS MUST HAVE ACCESS TO HEALTHCARE PROVIDERS TO ANSWER ANY QUESTIONS OR CONCERNS.

D. DUE TO THE FACT THAT THIS IS A LIVE VIRUS VACCINE, THERE IS A SLIGHT BUT REAL RISK FOLLOWING VACCINATION THAT THE VACCINIA VIRUS (NOT SMALLPOX VIRUS) CAN BE TRANSFERRED FROM ONE PERSON TO ANOTHER. ALL VACCINE RECIPIENTS ARE GIVEN DETAILED INSTRUCTIONS ON HOW TO PROPERLY CARE FOR THE VACCINE SITE IN ORDER TO NEGATE THIS SLIGHT RISK. SOME POTENTIAL RECIPIENTS MAY BE EXEMPTED DUE TO RISK FACTORS IN HOUSEHOLD/INTIMATE CONTACTS. EMPHASIS ON PRE-VACCINATION SCREENING IS CRITICAL TO ADDRESS TEMPORARY OR PERMANENT CONTRAINDICATIONS IN SERVICE MEMBERS AND LIVING QUARTERS/HOUSEHOLD CONTACTS. IF HOUSEHOLD CONTACTS HAVE CERTAIN CONTRAINDICATIONS, THE SERVICE MEMBER MAY NOT BE IMMUNIZED UNLESS HE/SHE CAN BE SEPARATELY HOUSED DURING THE 21 DAYS FOLLOWING SMALLPOX IMMUNIZATION. ALTERNATIVELY, THIS COULD NECESSITATE IMMUNIZING FORCES UPON DEPLOYMENT. IN MILITARY-UNIQUE BERTHING SETTINGS, MEDICALLY EXEMPT INDIVIDUALS SHALL NOT SHARE OR ALTERNATE USE OF COMMON SLEEPING SPACE (E.G., COT, BUNK, BERTH) WITH PEOPLE WHO HAVE BEEN RECENTLY VACCINATED. MEDICALLY EXEMPT INDIVIDUALS SHALL BE EXEMPT FROM DUTIES THAT POSE THE LIKELIHOOD OF CONTACT WITH POTENTIALLY INFECTIOUS MATERIALS (E.G., CLOTHING, TOWELS, LINEN FROM RECENTLY VACCINATED PEOPLE). GIVEN THAT THIS RISK OF TRANSFER IS IN SETTINGS OF INTIMATE CONTACT, IT IS NOT EXPECTED THAT PERSONNEL IN ROUTINE WORK PLACE SETTINGS ARE AT INCREASED RISK REGARDLESS OF THEIR UNDERLYING MEDICAL CONDITION(S).

E. CONSIDER THE STAGGERING OF VACCINATION OF PERSONNEL TO MINIMIZE IMPACT OF EXPECTED MILD REACTIONS, (E.G., SORE ARM, FEVER, HEADACHE, BODY ACHE, AND FATIGUE) WHICH MAY PEAK 8-10 DAYS FOLLOWING VACCINATION. SOME INDIVIDUALS MAY BE SIQ FOR 1-2 DAYS AS A RESULT. IF POSSIBLE, A FEASIBLE APPROACH MAY BE TO VACCINATE GROUPS AT 14-21 DAY INTERVALS TO DIMINISH IMPACT ON MISSION READINESS.

F. ADDRESS IMMUNIZATION REFUSALS AS YOU WOULD ADDRESS ANY REFUSAL TO OBEY A LAWFUL ORDER.

G. GRANT ADMINISTRATIVE EXEMPTIONS FOR PERSONNEL WHO ARE WITHIN 30 DAYS OF AN APPROVED RETIREMENT OR SEPARATION DATE AND WHO MEET THE FOLLOWING CRITERIA: (1) THEY ARE NOT CURRENTLY ASSIGNED OR DEPLOYED IN A DESIGNATED MISSION-CRITICAL AREA, (2) THEY ARE NOT SCHEDULED TO PERFORM SUCH DUTY (INCLUDING TEMPORARY DUTY), AND (3) THEY HAVE NOT BEEN DIRECTED BY THEIR COMMANDING OFFICER TO RECEIVE THE VACCINE BECAUSE OF OVERRIDING MISSION REQUIREMENTS. TO BE ELIGIBLE FOR EXEMPTION, RESERVE COMPONENT MEMBERS MUST HAVE: (1) APPROVED RETIREMENT ORDERS TO BE EFFECTIVE WITHIN 30 DAYS, AND (2) REASSIGNMENT DATE TO THE NON-PARTICIPATING INDIVIDUAL READY RESERVE OR EXPIRATION OF ENLISTMENT WITHIN 30 DAYS. PERSONNEL SEPARATING

FROM ACTIVE DUTY BUT CONTINUING SERVICE WITH THE SELECTED RESERVE ARE NOT EXEMPT. COMMANDERS, COMMANDING OFFICERS AND OFFICERS-IN-CHARGE ARE DESIGNATED AS THE ADMINISTRATIVE EXEMPTION GRANTING AUTHORITY FOR MILITARY PERSONNEL.

8. MEDICAL GUIDANCE:

A. MEDICAL PERSONNEL SHALL THOROUGHLY UNDERSTAND THE CLINICAL ASPECTS OF THIS VACCINE AND THE POTENTIAL FOR ADVERSE EVENTS AFTER VACCINATION DISCUSSED IN REF B. MEDICAL PERSONNEL MUST KNOW HOW TO MANAGE THE SPECTRUM OF ADVERSE EVENTS, INCLUDING THE REQUIREMENT TO SUBMIT VACCINE ADVERSE EVENT REPORTS (VAERS). MEDICAL PERSONNEL SHALL FAMILIARIZE THEMSELVES WITH ALL SMALLPOX WEBSITE RESOURCES, ESPECIALLY THE EDUCATION TOOLKIT LINK AT WWW.SMALLPOX.ARMY.MIL.

B. MEDICAL PERSONNEL WHO ADMINISTER THE SMALLPOX VACCINE SHOULD BE SPECIFICALLY DESIGNATED BY THE COMMAND AS QUALIFIED TO DO SO. PERSONNEL WHO ATTENDED THE 4-DAY DOD SMALLPOX PREPAREDNESS TRAINING CONFERENCE AND THE HANDS-ON VACCINATION TRAINING ARE CONSIDERED QUALIFIED TO ADMINISTER THE VACCINE WITHOUT ADDITIONAL TRAINING. FURTHER MEDICAL AND TRAINING GUIDANCE WILL BE ISSUED BY SEPARATE ALCOAST.

9. CG POCS FOR THIS MESSAGE ARE CAPT MARK TEDESCO AT 202-267-0528 AND CDR SHARON LUDWIG AT 202-267-1725.

10. MBRS WHO ARE UNABLE TO ACCESS THE INTERNET SHOULD CONTACT THE POCS IN PARA 9 FOR GUIDANCE.

11. INTERNET RELEASE AUTHORIZED.

12. ADMIRAL THOMAS COLLINS, COMMANDANT, SENDS.

BT

NNNN