

**BY ORDER OF THE COMMANDER
HILL AIR FORCE BASE (AFMC)**



**AIR FORCE JOINT INSTRUCTION 48-110
Hill AFB Supplement
20 FEBRUARY 2003**

Aerospace Medicine

***IMMUNIZATIONS AND
CHEMOPROPHYLAXIS***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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The anthrax vaccination program was implemented in 1998, primarily for personnel assigned or deployed to high threat areas (HTA). Many changes have occurred since its inception. The program was reintroduced IAW the [CSAF directive](#) dated 11 Oct 02 (the [DEPSECDEF policy](#) of 28 Jun 02 and the detailed [Under Secretary of Defense \(P&R\) memo](#), dated 6 Aug 02.

This supplement provides guidance for the effective implementation of the Air Force mandated reintroduction of the Anthrax Vaccine Immunization Program (AVIP). Successful implementation requires support from all commanders, directors, and supervisors. Personnel and their families may have questions about AVIP; a timely response to their questions and concerns is critical to successfully implement Hill AFB's AVIP Program. The AVIP provides commanders with a Force Protection Program that protects their personnel against a deadly biological warfare agent. Commanders and directors understanding of the threat of anthrax, coupled with some AVIP basics, is vital to the survivability of our military forces.

Maintain and dispose of records created as a result of prescribed processes in accordance with AFMAN 37-139, *Records Disposition Schedule*.

AFJI 48-110, 1 November 1995 is supplemented as follows:

56. (Added) Priority for Anthrax Vaccination. The AVIP is being reintroduced in a phased approach. Priority I, II and III Groups are the only groups eligible for inoculation at this time. The program will later be expanded to incorporate other priority groups as directives and vaccine become available. Priority groups are defined as follows:

56.1. Priority I. Designated special mission units and manufacturing and DoD research personnel are currently being immunized and will continue their scheduled series. Priority I groups may be expanded to include the following categories pending Air Staff approval:

56.1.1. JTF—Civil Support (CS)

56.1.2. Consequence Management (CM)

56.1.3. Lab Response Network

56.2. Priority II. Personnel assigned or deployed for greater than 15 consecutive days to designated HTA, primarily in Southwest Asia. This priority is further delineated in the referenced USD (P&R) memo, dated 6 Aug 02.

56.3. Priority III. Early deployers.

56.4. Priority IV. Expansion of higher threat areas to include Korea.

57. (Added) Responsibilities.

57.1. AVIP Committee.

57.1.1. Maintain oversight of the installation anthrax vaccine immunization plan.

57.1.2. Meet quarterly to assess Hill AFB AVIP implementation efforts.

57.1.3. Modify the AVIP as necessary IAW evolving guidance and directives.

57.2. Commanders and Directors.

57.2.1. Maintain ownership of the installation anthrax vaccine immunization plan.

57.2.2. Ensure all personnel requiring vaccination are appropriately educated.

57.2.3. Ensure compliance with the program; grant administrative exemptions as appropriate in accordance with the CSAF Anthrax Vaccine Implementation Plan and the 6 Aug 02 memo from USD/P&R available at the AVIP website on the Policies page.

57.3. Medical.

57.3.1. Manage all logistics requirements for the vaccine.

57.3.2. Educate all appropriate medical personnel on the clinical aspects of the vaccine.

57.3.3. Assist commanders and directors in providing AVIP education to members, their families, and the community as needed.

57.3.4. Administer the vaccine IAW this publication.

57.3.5. Track vaccine administration through Air Force Complete Immunization Tracking Application (AFCITA).

57.3.6. Provide status reports to commanders, directors and unit deployment managers as needed.

57.3.7. Ensure access to healthcare for all active-duty and Air Reserve Component (ARC) personnel, Emergency-Essential (EE) employees as defined below, and specified contractors in the event of adverse reactions to the vaccine.

57.3.8. Initiate and follow up all medical exemptions when appropriate.

57.4. Installation Deployment Officer (IDO), Personnel Readiness Unit (PRU), and Unit Deployment Managers (UDM).

57.4.1. Administer Hill AFB deployment operations IAW AFI 10-403, *Deployment Planning and Execution*.

57.4.2. Maintain oversight of all deployable personnel assigned to a unit type code (UTC), as well as AVIP's affect on the deployment process (e.g., eligibility and processing line considerations).

57.5. Public Affairs (OO-ALC/PA).

57.5.1. Provide support and facilitate proactive community education.

57.5.2. Coordinate responses to media inquiries.

57.6. Staff Judge Advocate Directorate (OO-ALC/JA). Provide legal counsel and advice to commanders and directors.

57.7. Chaplain (75 ABW/HC).

57.7.1. Counsel and support base personnel on issues related to the AVIP.

57.7.2. Inform individuals who refuse the anthrax vaccine, based on valid religious medical reasons, that they may apply to have the requirement waived by the Command Surgeon, as per AFJI 48-110, *Immunizations and Chemoprophylaxis*, paragraph 13.

57.7.3. Refer individuals to their commander, who ensures counseling of the applicant is provided by a medical officer and documented in their health records.

57.8. Individuals. Complete anthrax vaccine series as prescribed.

58. (Added) Implementation Actions, AVIP Committee Roles and Responsibilities.

58.1. AVIP Committee Membership. The team chairperson will be the 75 ABW Vice-Commander (75 ABW/CV). The team will review existing policy and guidance and ensure all Hill AFB members are fully represented. The team provides recommendations and expertise for local command structure to ensure continued implementation and maintenance of the AVIP. Membership will include representatives from the following organizations as a minimum:

58.1.1. 75 ABW:

- 58.1.1.1. Commander Representative
- 58.1.1.2. Mission Support Squadron
- 58.1.1.3. IDO
- 58.1.1.4. Medical
- 58.1.1.5. Chaplain

58.1.2. OO-ALC:

- 58.1.2.1. Depot Representative
- 58.1.2.2. Public Affairs
- 58.1.2.3. Legal
- 58.1.2.4. Intel

58.1.3. 388 FW

58.1.4. 419 FW

58.1.5. Union

58.2. Commanders and Directors.

58.2.1. Educate Leadership. All commanders and directors will educate themselves by visiting the [AVIP vaccination](#) website. The site provides essential information on the threat assessment, the disease, and the vaccine. Additionally, commanders and directors should use the Education Plan in Annex B and the education toolkit to become familiar with the Commander's Briefing.

58.2.2. Educate Deployable Personnel. Commanders, directors, and supervisors are charged with educating their personnel on AVIP. This should be accomplished by the commander or director prior to deployment. Examples of good opportunities to educate personnel would be at a commander's call, allowing for cross talk and timely responses to question and concerns as well as during Commander's Newcomer Orientation briefings. The 75 MDG provides Anthrax Tri-fold Brochures to help answer questions and concerns prior to vaccination and offers members being vaccinated the opportunity to ask a provider questions prior to vaccination.

58.2.3. Refusal Policy. Responsibility for handling military members who refuse the anthrax vaccine rests with their commander and/or director. Commanders and directors are referred to the CSAF Anthrax Vaccine Implementation Plan, p. 10 (pp7a). Additional guidance is provided in Section E (paragraphs 23 through 28) of this publication. A commander may also refer the member to the legal office for information on the consequences of vaccine refusal. A member's refusal to obey a written order from a commander may result in a violation of Article 90 of the UCMJ, Disobeying a Superior Commissioned Officer.

58.2.4. ARC and E-E Civilians. Clearly communicate to all ARC personnel that they will be in a duty status when receiving or administering the anthrax vaccine. Coordinate with appropriate local activities to satisfy all statutory and contractual labor relation obligations for bargaining unit members.

58.3. Medical Personnel.

58.3.1. Educate Medical Personnel. Current medical personnel have been educated and new personnel will be informed and trained as needed.

58.3.2. Adverse Reactions. Individuals are given information about possible side affects and what to do if they experience any ill reactions prior to vaccination. Contact numbers can be found in the AVIP Tri-fold Brochure. All information given out to the public regarding adverse reactions will be coordinated through the AVIP Team prior to release.

58.3.3. Exemption and Waiver Policy. Administrative exemptions will be approved on a case-by-case basis. They are available to personnel who are separating within 180 days and who meet criteria specified in the CSAF Anthrax Vaccine Implementation Plan and the 6 Aug 02 memo from USD/P&R available on the AVIP website on the Policies page.

58.3.4. Administer vaccine in accordance with internal written procedures.

58.3.5. Document and track anthrax immunization in accordance with internal written procedures.

58.3.6. Provide anthrax vaccine currency reports to all unit commanders and directors

58.3.7. Ordering. Order anthrax vaccine in accordance with internal written procedures.

58.4. Public Affairs (OO-ALC/PA).

58.4.1. Identify Key Spokesperson Within Each Organization. Public affairs will identify individuals for all media related questions and public releases. 75 MDG will have subject matter experts, e.g. Sr. Flight Surgeon, available for immediate consultation.

58.4.2. Educate base populace through mass media, to include newspaper articles.

58.5. IDO, PRU and UDMs.

58.5.1. Identify Potential Deployers. The IDO in coordination with Plans and Programs (75 ABW/XP) will be responsible for informing Public Health of potential tasking numbers within the AEF Cycle Time Phased Force Deployment Data (TPFDD) as well as scheduled locations. Steady state UTC taskings will be identified as well as potential surge and home station support coded UTCs for estimating quantity of vaccination to order. Historical data should be used to further validate the requirement. Public Health will determine if anthrax vaccination is required based on potential taskings and will notify the Immunization Clinic.

58.5.2. Vaccinations (to the maximum extent possible, beginning 45 days prior to deployment). Immunization Clinic will vaccinate all personnel with valid taskings to a HTA when able to determine tasking and location in advance. UDMs will notify applicable personnel to report to the Immunization Clinic for vaccination. Official Expeditionary Combat Support (ECS) tasking information may only become available at the 15 to 30 day point prior to the Date Required In-place (DRI). However, when ECS tasking information is available either from the AEF Planning and Sourcing Conference or indications from functional area managers, UDMs will forward this information to FHM. Aviation package by name specific information should be available starting 60 days prior to the DRI as the Deployment Requirements Manning Document (DRMD) becomes available for assigning names against taskings. As names become available, UDMs will forward the information to FHM and ensure these individuals proceed to Immunization Clinic for vaccinations.

58.5.3. The IDO will be charged with informing Public Health of projected deployments based on AEF cycle TPFDD information. Public Health will in-turn inform Medical Logistics of the number of validated requirements. The PRU will provide ECS tasking information to FHM as it becomes available. The IDO, in coordination with PRU, will inform FHM of no-notice/short-notice deployments as soon as notified.

58.5.4. Exceptions to 15-day policy. UDMs identify to FHM personnel that may warrant inclusion in the anthrax vaccine program by exception to policy. This includes personnel that will be in a HTA more than a total of 15 days over a 12-month period.

59. (Added) Education.

59.1. Education Is the Key to a Successful Vaccination Program. The scope of information to be provided includes: the threat, the disease and its impact on personnel to effectively carry out the Air Force mission, vaccine benefits, side effects, information on the interruption and the deferred dosing schedule (for those for whom the dosing schedule was interrupted), and other pertinent medical information. AVIP information can be found on the [AVIP Agency](#) website. (More detailed assistance can be obtained from the 75 MDG or AFMC/SG.)

59.1.1. The Key Educational Messages to be briefed include:

59.1.1.1. Health and safety are the #1 concerns

59.1.1.2. The vaccine is safe and effective

59.1.1.3. The threat from anthrax is deadly and real

59.1.1.4. Vaccination offers a layer of protection in addition to antibiotics and other measures that is needed for certain members of the armed forces.

59.1.2. The date, time and location of briefings will be published via SEPCOR. See [“Individual’s Briefing.”](#)

59.2. Anthrax Vaccine Spokespersons.

59.2.1. Hill AFB will identify 10-12 spokespersons to attend a three-day AVIP Spokesperson Training Course sponsored by the AVIP Agency. Spokespersons will come from each of the following functional areas: Public Affairs (2), Chaplain (1), Legal (1), ABW Leadership (2), Medical Personnel (4) (75 AMDS Commander, Public Health Officer, Flight Surgeon, Immunization Technician). PA will have the first priority for available slots, and others will attend training as deemed necessary when slots are available.

59.2.2. A complete listing of questions and answers can be found at the [AVIP](#) website.

59.3. Education for Commanders.

59.3.1. Commanders are responsible for ensuring they and their personnel are properly and fully educated on the anthrax vaccine prior to the first shot.

59.3.2. Information tailored for commanders can be found on the AVIP Agency website page under [Commander’s Toolkit](#).

59.4. Education for Individuals.

59.4.1. All individuals must receive education before the first immunization (see para 2 above.) For new personnel arriving after Jan 03, commanders will cover the Air Force policy on the anthrax vaccine during the commander's newcomer's orientation and in-brief. The [anthrax tri-fold brochure](#) will be provided during this in-brief. Questions outside of this purview will be referred to a healthcare professional.

59.4.2. Mass briefings. The 75 ABW/CC or 75 ABW/CV should open each briefing. Each session will have medical personnel, a PA officer, and one squadron commander present for each presentation question and answer period. The PA officer will help CC/CV conduct the Question and Answer segment of the briefing in a systematic and organized manner with appropriate ground rules to ensure decorum.

59.5. Public Affairs (OO-ALC/PA). The PA professionals may use a variety of products and tools such as base newspapers, commander's calls and interviews with the local media to communicate accurate, credible information.

59.5.1 OO-ALC/PA will launch a media blitz to coincide with commander's briefings.

59.5.2. Coordinate a PA message on Anthrax on the Hill homepage.

59.5.3. Coordinate a message on the Leave and Earnings Statement (LES).

59.6. Education for Medical Personnel.

59.6.1. Medical personnel are the primary source of information on the disease, the vaccine and vaccine side effects. They order the vaccine, store the vaccine, administer the vaccine, and record the immunizations in the appropriate records. For those individuals who have an adverse event associated with the vaccine, they provide the appropriate treatment and referral, if necessary, for diagnosis and treatment of medical conditions. All medical personnel should have a general knowledge of anthrax. The AVIP Health Care Provider's Briefing provides a general level of knowledge about anthrax and should be viewed by all 75 MDG providers. Check the website under clinician's toolkit.

59.6.2. The 75 MDG will cultivate a group of "anthrax experts," as an in-depth understanding of the disease and vaccine benefits are essential to developing credibility with all individuals.

60. (Added) Administrative Issues.

60.1. Exceptions to Policy.

60.1.1. 15 Day Policy. The USD/P&R memo dated 6 Aug 02 further defined "greater than 15 days" to say the greater than 15 days must be consecutive. Exceptions to this policy may be requested for those groups of individuals who rotate into the higher threat areas repeatedly for more than 15 cumulative days in a 12-month period. These criteria primarily apply to those personnel who are not part of routine rotational AEF packages, but who frequently transit the higher threat areas. Some examples of personnel who might be considered for this exception are airlift crews, maintenance recovery crews, and aerial port teams. Commanders will identify the

group of personnel (by mission, aircraft, organization, etc.) to be considered for the exception. Commanders will forward exception to policy requests to the theater CINC and ASD/HA through the MAJCOM/SG to Air Force Medical Operations Agency (AFMOA)/SGZP, who will process and coordinate the approval action.

60.1.2. Requests For Inclusion in Priority I. JTF-CS and JTF-CM units must be nominated for inclusion. Requests must be coordinated through the MAJCOMs who will forward to AFMOA/SGZP, who will work with the AVIP agency for coordination and approval.

60.2. ARC personnel will be in a duty status when receiving or administering any DoD directed vaccine. This information must be clearly communicated to all ARC personnel.

60.3. EE DoD Civilians The resumption of the AVIP policy for EE civilian employees who are also members of a bargaining unit cannot be implemented until local activities have satisfied their statutory and contractual labor relation obligations. The owning commander is responsible for determining Emergency-Essential status and coordinating with DPC.

60.4. Vaccine Dosing Schedule and Administration.

60.4.1. Commanders are responsible for ensuring their personnel are appropriately vaccinated with the anthrax vaccine. Air Force tracks immunizations through the Air Force Complete Immunization Tracking Application (AFCITA). The installation Public Health Office has administrative oversight of this data system.

60.4.2. The anthrax vaccine is a six-dose schedule followed by an annual booster. The vaccine doses are given at 0, 2, and 4 weeks, followed by doses at 6, 12, and 18 months and an annual booster thereafter. The vaccine must be given in accordance with the above dosing schedule, as approved by the Food and Drug Administration. Vaccine will not be administered any earlier than the exact time intervals above. Commanders should pay close attention to these minimum intervals when their personnel are getting the vaccine series prior to deployments.

60.4.3. Personnel whose vaccination series was interrupted during the previous AVIP slowdown will not need to repeat any doses already received in the vaccine series or receive extra doses. Once these individuals are identified as requiring the vaccine, they will just continue with the next dose in the series.

60.4.4. The Public Health Office will supply all Squadron Commanders with status reports on the anthrax vaccine. Commanders should pay close attention to units that have a significant fraction of personnel more than 30 days late for the anthrax vaccine, and take action to maximize compliance with required immunizations.

60.5. Waivers and Exemptions.

60.5.1. Religious Waivers. The process for religious waivers is found in [AFJI 48-110](#). Medical personnel should provide education to the individual on the medical implications of not being immunized and document their counseling in the individual's medical record.

60.5.2. Administrative and Medical Exemptions. It is critically important for commanders to be aware of the duty and deployment status of their personnel. Individuals who are unable to continue the anthrax vaccine series will not be qualified for duty in areas that are higher threat for anthrax. Exceptions to this must be approved at the Numbered Air Force level.

60.5.2.1. Administrative Exemptions.

60.5.2.1.1. Administrative exemptions are authorized by AF/DP for military members, and EE civilians and specified contractors who meet specific criteria. This policy is effective no later than 60 days (5 Oct 02) from the release of the USD/P&R memo of 6 Aug 02.

60.5.2.1.2. Commanders may exempt from the AVIP personnel who are separating within 180 days who are not currently assigned or deployed to a designated higher threat area; are not scheduled to perform duty in a designated higher threat area (including temporary duty); and, the commander has not directed vaccination because of overriding mission requirements. Granting administrative exemptions is a personnel function, usually controlled by an individual's unit. Specific details on the process can be found in the 6 Aug 02 memo from USD/P&R addressing administrative issues. The document can be found at the AVIP website on the Policies page.

60.5.2.1.3. Official documentation (i.e., from the SQ Commander, MPF) 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.

60.5.3. Medical Exemptions. Medical exemptions may be temporary or permanent and may be based on pre-existing conditions or result from vaccine adverse reactions. A credentialed health care provider will make the decision as to whether a medical exemption is appropriate. DoD health experts have developed clinical guidelines to assist providers in making that determination. Most medical exemptions will be temporary. Commanders should contact the local Medical Treatment Facility (MTF) if they need more information on this issue.

60.6. Healthcare Access Guidelines. At the time of immunization, service members, EE DoD US civilian employees, and specified contract personnel carrying out mission essential services will be provided general information on expected adverse events, location of the nearest MTF, the toll free 24-hour information line to the CDC, and the toll free telephone number of the Military Medical Support Office (MMSO), the latter in the event medical treatment is required from non-military treatment facilities. Contact numbers can be found in the AVIP tri-fold.

Whenever service members, EE DoD US civilian employees, and contract 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; for example, routine medical care.

60.6.1. ARC Personnel. An adverse reaction from a DoD-directed immunization is a line of duty condition. Therefore, medical care must be provided for an ARC member who believes his medical complaint is related to receiving the DoD-directed immunization. When treatment has been provided, a line of duty and/or notice of eligibility will be determined as soon as possible. The following information must be provided to all ARC personnel when they are given DoD directed immunizations, in the event they have an adverse reaction associated with those vaccines. The follow-up is dependent on their status:

60.6.1.1. In a Duty Status.

60.6.1.1.1. ARC members should seek a medical evaluation at a DoD or civilian medical 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 generate the Line of Duty (LOD)/ Notice of Eligibility (NOE), notify the MMSO, and get pre-authorization for the care.

60.6.1.1.2. A LOD/NOE is not required before seeking initial civilian emergency medical care. However, the LOD is required by 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** the follow-up care is received.

60.6.1.1.3. If emergency medical care is rendered, 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.

60.6.1.2. Not In a Duty Status. ARC members must obtain an LOD/NOE 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.

60.6.2. Contingency Operations Greater Than 30 Days. ARC members are enrolled in DEERS during active duty. Any medical care required to follow-up on a DoD-directed vaccine does not require an LOD/NOE while member is enrolled in DEERS.

60.6.3. If an adverse reaction is confirmed, military medical personnel will make a determination as to whether a temporary or permanent medical exemption is appropriate for the ARC member following the guidelines in the medical exemptions section of this plan.

60.7. DoD Contractors. As with ARC personnel, DoD contractors 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. In an emergency, they should immediately report to a DoD or civilian medical facility. In any event, as soon as able, they should contact their supervisor or Civilian Personnel Flight (CPF) and make the situation known. Concurrently, they should notify the DoD medical facility that administered the vaccine of the adverse event. If they obtained medical care, they should request guidance from the CPF as to what procedures they need to follow and/or which claims forms they need to complete as dictated by the company's compensation carrier. They should request the treating medical facility provide a copy of any medical report related to the suspected vaccine adverse event.

60.8. DoD EE Civilians. As with the above mentioned groups, DoD EE civilians 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.

60.8.1. In an emergency, they should immediately report to a DoD or civilian medical facility. In any event, as soon as able, EE civilians should contact their supervisor or CPF and specify that they believe they have suffered a reaction to a DoD administered vaccine and would like immediate medical attention. Additionally, they should notify the DoD medical facility that administered the vaccine of this event.

60.8.2. The CPF will provide them with a Federal Employees' Compensation Act (FECA) claim form.

60.8.3. The installation 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, (CA Form 16, Authorization for Examination and/or Treatment) to be issued. Individuals may select a physician of their own choice or request treatment at the nearest military medical treatment facility (MTF), if available, for initial or continued medical care.

60.8.4. Upon receiving authorization for initial or continued medical care, EE civilians 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.

60.8.5. 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 or agency can assist with return-to-duty efforts, as well as subsequent queries regarding FECA benefits.

60.9. Refusal Management.

60.9.1. Military Members. The member's commander exercises his or her discretion in handling refusal cases. However, requiring a military member to take the anthrax vaccine constitutes a lawful order, pursuant to Article 90 of the UCMJ. If an individual indicates he or she is going to refuse the anthrax vaccination the following approach should be followed.

60.9.1.1. Find out why the individual is reluctant.

60.9.1.2. Provide the member with appropriate education.

60.9.1.3. Combinations of concerns may require education by a number of people, for example:

60.9.1.3.1. Concerns with vaccine safety or efficacy should be sent to the supporting medical organization. Medical education should be tailored to the specific concerns of the individual (efficacy, reproduction, allergic reactions, etc.) and should be accomplished by a health care provider knowledgeable about the anthrax vaccine and who is able to address the specific medical concerns of the individual. The medical counseling will be documented in the individual's medical record.

60.9.1.3.2. Concerns with the threat should be addressed by intelligence personnel (either medical or line).

60.9.1.3.3. If the member is still reluctant after additional education, send the member to the Area Defense Counsel for an explanation of the potential consequences of his/her refusal.

60.9.1.3.4. After the appropriate counseling, commanders should again ask the individual to take the vaccine.

60.9.1.3.5. If the member still refuses, consult with JA for appropriate action. Appropriate action may consist of a written order from the squadron commander ordering the member to take the vaccine. If the member refuses to obey the written order, judicial action may be taken against the member pursuant to Article 90 of the UCMJ.

60.9.2. EE Civilian-Specific Actions.

60.9.2.1. EE civilian employees who do not receive the DoD-directed vaccination and therefore cannot perform their EE duties are subject to provisions in AFI 36-507, *Mobilization of the Civilian Work Force*.

60.9.2.2. These provisions may include assigning an alternate to the EE 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 CPF, regarding possible ramifications of refusing the vaccination.

60.9.2.3. Recommend and provide medical or intelligence education if their concerns are in those areas.

60.9.3. Contractor-Specific Actions. Contract employees who do not receive the DoD-directed vaccination are subject to provisions of their contract. Recommend and provide medical or intelligence education if their concerns are in those areas. Contact SAF/AQCX for further guidance.

References (Added)

AFI 10-403, *Deployment Planning and Execution*
AFI 36-507, *Mobilization of the Civilian Work Force*
AFJI 48-110, *Immunizations and Chemoprophylaxis*
CSAF Anthrax Vaccine Implementation Plan, dated 11 Oct 02.
DEPSECDEF Policy Letter, dated 28 Jun 02.
Title 10; Subtitle A, Part II, Ch 81, Sec 1580.
Title 26; Subtitle A, Ch, Subchapter B, Part III, Sec 112.
Under Secretary of Defense (P&R) Memo, dated 6 Aug 02.

Abbreviations and Acronyms (Added)

75 ABW/HC—Chaplain
75 ABW/XP—Plans and Programs
AFCITA—Air Force Complete Immunization Tracking Application
AFMOA—Air Force Medical Operations Agency
ARC—Air Reserve Component
AVIP—Anthrax Vaccine Immunization Program
CM—Consequence Management
CPF—Civilian Personnel Flight
CS—Civil Support
DEERS—Defense Enrollment and Eligibility Reporting System
DRI—Date Required In-place
DRMD—Deployment Manning Document
ECS—Expeditionary Combat Support

EE—Emergency-Essential
FHM—Force Health Management
HTA—High Threat Areas
IDO—Installation Deployment Officer
LES—Leave and Earning Statement
LOD—Line of Duty
MMSO—Military Medical Support Office
MTF—Medical Treatment Facility
NOE—Notice of Eligibility
OO-ALC/JA—Staff Judge Advocate Directorate
OO-ALC/PA—Public Affairs
PRU—Personnel Readiness Unit
TPFDD—Time Phased Force Deployment Data
UDM—Unit Deployment Manager
UTC—Unit Type Code

Terms (Added)

Combat Zone—Any area which the President of the United States by Executive Order designates as an area in which Armed Forces of the United States are or have (after June 24, 1950) engaged in combat.

Emergency-Essential (E-E) Employees—Any employee of the DoD, as designated by the SECDEF or the Secretary of a military department whether permanent or temporary, the duties of whose position meet all of the following criteria:

- It is the duty of the employee to provide immediate and continuing support for combat operations or to support maintenance and repair of combat essential systems of the armed forces.
- It is necessary for the employee to perform that duty in a combat zone (see definition above) after the evacuation of nonessential personnel, including any dependents of members of the armed forces, from the zone in connection with a war, national emergency declared by Congress or the President, or the commencement of combat operations of the armed forces in the zone.
- It is impracticable to convert the employee's position to a position authorized to be filled by a member of the armed forces because of a necessity for that duty to be performed without interruption.
- A non-appropriated fund instrumentality employee is eligible for designation as an emergency-essential employee as described above.

Personnel assigned to or deployed for more than 15 consecutive days in higher threat areas is defined as:

- Active duty military personnel.

- Emergency-Essential (E-E) Employees (defined above). DoD civilian personnel classified as emergency-essential under DoD Directive 1404.10, *(E-E) DoD U.S. Citizen Civilian Employees*, dated 10 Apr 99.
- Contractor Personnel. Contractor personnel carrying out mission essential services as described in DoDI 3020.37, *Continuation of Essential DOD Contractor Services During Crisis*, dated 6 Nov 90.
- Other Personnel. Other personnel categorized as alert forces, as defined in AFJI 48-110, *Immunizations and Chemoprophylaxis*.

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