



UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

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PERSONNEL AND  
READINESS

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
ASSISTANT SECRETARIES OF DEFENSE  
GENERAL COUNSEL, DEPARTMENT OF DEFENSE  
INSPECTOR GENERAL, DEPARTMENT OF DEFENSE  
DIRECTORS OF DEFENSE AGENCIES  
COMMANDANT OF THE U.S. COAST GUARD

SUBJECT: Policy on Administrative Issues Related to Smallpox Vaccination Program (SVP)

REFERENCE: Deputy Secretary of Defense Memorandum, "Smallpox Vaccination Program,"  
September 30, 2002

This memorandum provides policy guidance on administrative issues involving the Department of Defense (DoD) Smallpox Vaccination Program, and overall policy direction. The Assistant Secretary of Defense (Health Affairs) shall issue clinical policy for the program.

Applicability and Scope

The scope of the smallpox vaccination program has three stages. In the first stage, DoD smallpox response teams and hospital/clinic teams will be vaccinated. These are personnel who would play critical roles in vaccinating deployed and garrisoned troops before an attack and responding to a smallpox outbreak. In the second stage, designated forces that constitute certain mission-critical capabilities will be vaccinated. These include 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. In the third stage, other U.S. forces will be vaccinated, depending on circumstances. The Secretary of Defense has decided to implement at this time the first stage of this plan in its entirety and part of the second stage that pertains to U.S. Central Command's missions. The DoD may expand the implementation of the program at a later date.

In addition to military personnel, personnel categories subject to this policy include:

- DoD civilian personnel classified as emergency-essential under DoD Directive 1404.10, "Emergency-Essential (E-E) DoD U.S. Citizen Civilian Employees," April 10, 1999;
- Contractor personnel performing mission essential services as described in DoDI 3020.37, "Continuation of Essential DoD Contractor Services During Crisis," November 6, 1990;



- Other personnel categorized as alert forces, as defined in the joint regulation on Immunizations and Chemoprophylaxis (Air Force Joint Instruction 48-110, Army Regulation 40-562, BUMEDINST 6230.15, CG COMDTINST M6230.4E).
- Other civilian employees who are designated members of a smallpox response team (e.g., smallpox epidemiological team, treatment team, public health team), except this category of civilian employees, vaccination shall not be mandatory unless the DoD component had established such a requirement consistent with applicable civilian personnel management procedures.

Requests from the Secretaries of the Military Departments or the Commandant of the Coast Guard will be routed through the Executive Agent. Requests from Combatant Commanders will be routed through the Director, Joint Staff. Requests should include an estimate of the number of personnel to be vaccinated. The ASD (HA) will make a determination after consultation with the Director and the Executive Agent.

Commanders will submit requests for exceptions to this policy through their chain of command to the applicable combatant commander. Based upon subsequent recommendation of the combatant commander, exceptions will be determined by the ASD (HA) in consultation with the Director, Joint Staff and the Executive Agent. Questions regarding specific personnel to be vaccinated will be addressed by the ASD (HA) in consultation with the Director, Joint Staff.

### Deployability

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. However, this decision is left to the commander's discretion.

### Component Plans

Each Service and affected Defense Agency shall develop operational plans to administer smallpox vaccination to identified and approved personnel, using published clinical and administrative guidelines and the DoD Smallpox Response Plan. A major tenet of implementation is education and training. The DoD components will implement specific education plans based on standardized, approved information provided by the Secretary of the Army, as Executive Agent for the Smallpox Vaccination Program. Implementation shall commence only after the Assistant Secretary of Defense for Force Management Policy, or his designee, has approved the plans.

The plans shall incorporate healthcare-access guidance for vaccine-related matters for all active, reserve, emergency-essential civilians, contractor personnel, and designated civilian personnel affected by this policy. Guidance shall include information on access to care for personnel located near or on a military installation, in a remote location, or in a temporary duty or leave status.

## Record-Keeping

Each Component is responsible for tracking all smallpox vaccination data using a Service immunization tracking system. Minimal essential data that must be captured includes member identification information, unit data, and vaccine lot information. Each Service shall monitor compliance and documentation of immunization data, and perform annual audits of immunization data for accuracy for both active and reserve personnel. Such audits shall be subject to review by the DoD Inspector General.

## Reserve Component Personnel

Reserve Component (RC) personnel shall be in a duty status when receiving a DoD-directed immunization. Unit commanders must ensure all personnel to be immunized are in a duty status and they receive notification of all immunization requirements. Services will emphasize this policy in all appropriate communications.

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 RC 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 toll free (1-888-MHS-MMSO).

When treatment has been rendered or the individual's emergent condition is stabilized, a line of duty and/or notice of eligibility will be determined as soon as possible. For injuries, illness or disease unrelated to duty, RC members should seek medical attention from their personal healthcare providers.

## Administrative Exemptions

This section provides criteria for administrative exemptions for selected military and non-military personnel (U.S. Service members, DoD emergency-essential (E-E) civilian employees, other designated civilian personnel and comparable contractor personnel). It does not apply to medical exemptions. Refer to "Clinical Policy for the DoD Smallpox Vaccination Program" for information on medical exemptions.

Administrative exemption is applicable to retiring and separating personnel (without RC obligations and who do not plan to immediately re-enlist) and civilian employees and contractor personnel leaving a position subject to smallpox vaccination with 30 days or less of service or employment remaining. This administrative exemption does not apply to personnel who the commander determines shall receive the vaccine because of overriding mission requirements.

Commanders will submit requests for exceptions to this policy through the chain of command to the applicable combatant commander. Based upon subsequent recommendation of the combatant commander or commanders of major subordinate commands, exceptions will be determined by the ASD (HA), in consultation with the Chairman of the Joint Chiefs of Staff. Personnel who will rotate out of assignment or re-deploy from such mission positions in 30 days or less from the date of this memorandum will not be required to receive vaccination at this time.

The Service Secretaries shall designate exemption authority for Service members, E-E and other designated civilian employees and comparable contractors, and other personnel. Directors of Defense Agencies shall designate exemption authority for affected personnel within their organizations. Commanders shall exempt those personnel separating within 30 days (as described further below) who meet all of the following conditions: (a) they are not currently assigned or deployed in a designated mission-critical area; (b) they are not scheduled to perform such duty (including temporary duty); and (c) the commander has not directed vaccination because of overriding mission requirements. Personnel who meet these criteria should immediately identify themselves to their supervisors and commanders.

Calculation of the 30-day period requires the following specifications. Retiring or separating military personnel have an applicable period of 30 days before their approved date of separation. RC members must have approved retirement orders to be effective within 30 days, approved reassignment date to the non-participating IRR/NARS, or expirations of enlistment within 30 days before consideration for exemption. Personnel who are separating from active duty but continuing service with the Selected Reserve are NOT exempt. For E-E and other designated civilian employees and contractor personnel subject to the program because of performance of essential contractor services, the applicable period is 30 days before the effective date of retirement, resignation, separation or reassignment out of a position subject to the program.

Granting administrative exemptions is a personnel function, usually controlled by an individual's command. Use the following exemption codes for electronic tracking of administrative exemptions. These codes may also be available in Service automated immunization tracking systems.

Administrative Exemption Codes:

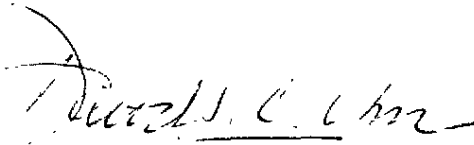
<b>Code</b>	<b>Meaning</b>	<b>Explanation or Example</b>	<b>Duration</b>
<b>AD</b>	Administrative, Deceased	Service member is deceased	Indefinite
<b>AL</b>	Administrative, Emergency Leave	Service member is on emergency leave	Max 1 month
<b>AM</b>	Administrative, Missing	Missing in action, prisoner of war	Indefinite
<b>AP</b>	Administrative, PCS	Permanent change of station	Max 3 months
<b>AR</b>	Administrative, Refusal	UCMJ actions	Until resolution
<b>AS</b>	Administrative, Separation	Discharge, separation, retirement	Indefinite
<b>AT</b>	Administrative, Temporary	AWOL, legal action pending	Max 3 months

Management Responsibility

The Secretary of the Army acts as the Executive Agent for the DoD Immunization Program for Biological Warfare Defense, managing and administering the overall program and acting as focal point for the submission of information from the Services relating to vaccine-associated adverse events and projected vaccine program requirements. In addition, the Executive Agent shall monitor the Services' and affected Defense Agencies' implementation of smallpox vaccinations, and assist the Coast Guard in its smallpox vaccination program.

The Secretaries of the Navy and the Air Force are responsible for smallpox vaccinations within their respective Military Departments. The Director of each affected Defense Agency is responsible for the execution of the smallpox vaccinations within their agency. For civilian personnel affected by this policy, proper implementation shall proceed consistent with civilian personnel management procedures.

Senior military officials from each of the Services direct and implement their respective implementation plans. As such, they implement, monitor, evaluate and document the smallpox vaccinations in their respective Departments, conform to standards established on medical protocols and informational materials, advise the Executive Agent of any special, operationally necessary implementation requirements of their respective Services, and establish procedures for coordinating and reporting required information to the Executive Agent. Defense agency officials responsible for their smallpox vaccinations shall conform to the same standards.



David S. C. Chu

- cc:
- Chief of Staff of the Army
- Chief of Naval Operations
- Commandant of the Marine Corps
- Chief of Staff of the Air Force
- Surgeon General of the Army
- Surgeon General of the Navy
- Surgeon General of the Air Force