What about long-term side effects?

The current anthrax vaccine has been used for over 50 years. Multi-year studies by independent civilian groups have found no patterns of long-term health problems due to anthrax vaccination. A vaccine, like any prescription medicine, can cause significant problems, but the risk of the anthrax vaccine causing serious harm or death is very small.

What if I have a health problem or adverse event after receiving a vaccination?

For severe allergic reactions, seek immediate medical care. For all other reactions, seek care at your earliest convenience for follow-up with a medical provider.

Tell the doctor what happened, the date and time it occurred, and when the vaccination was given. Any provider or person who would like additional medical advice or consultation may contact the 24 hour DHA Immunization Healthcare Support Center (DHA IHSC) at 877.GETVACC (877.438.8222) and press Option 1 for immediate clinical consultation. All providers must report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

All National Guard and Reserve personnel, when unable to reach a military hospital, may seek care from a civilian provider for treatment of an adverse event after a military-directed vaccination. Evaluation or treatment will not be denied or delayed, pending a line-of-duty (LOD) determination. However, when seeking care from a civilian provider, notify your commander for the proper LOD or Notice of Eligibility determination paperwork. Civilian providers unfamiliar with anthrax vaccine adverse events should consult with the DHA IHSC. All Military directed vaccinations are within the LOD; therefore, you should not encounter any issues.

When should a VAERS report be filed?

A VAERS report should be filed when a significant health problem or adverse event occurs after vaccination. An adverse event that requires medical treatment or interferes with work or recreation should be reported. Anyone may submit a report to the VAERS system. DOD requires VAERS reporting for an adverse event that results in hospitalization or loss of work/duty for 24 hours or more. A report should also be filed if contamination of a vaccine vial is suspected. Healthcare providers are encouraged to report adverse events that the provider considers unexpected in nature. VAERS reports can only be completed on-line at https://vaers.hhs.gov/reportevent.html.

More information from
Defense Health Agency Immunization Healthcare Division (DHA IHD)

- For clinical consultation, or more information about vaccines or policies:
  Phone: 877.GETVACC. (877.438.8222) DSN 761.4145

Option 1: For 24/7 assistance with adverse event management, exemption counseling and any other clinical questions regarding administration of vaccines.

Option 2: For 24/7 assistance with vaccine storage and handling and cold chain management.

Option 3: For general vaccine questions, in include vaccine policy, deployment requirements, vaccine schedules and travel recommendations.

E-Mail: DODvaccines@mail.mil
Website: www.health.mil/vaccines

- Civilian Healthcare Providers:
  If military member presents to you for a condition that may be an adverse event caused by a military vaccination, please provide the appropriate care. For authorization and payment contact: The Military Treatment Facility (MTF) where the member is enrolled, OR contact the Defense Health Agency-Great Lakes (formerly the Military Medical Support Office) at 888.647.6676 if not enrolled in an MTF.

http://www.health.mil/vaccines
What is Anthrax?

Anthrax is a serious disease caused by a bacterium called Bacillus anthracis. The small, one celled organism survives as a spore and may remain inactive for many years until it infects a human or animal. Anthrax spores are known to be odorless, colorless, and very difficult to detect. Currently the only measure available to protect personnel is pre-exposure vaccinations. Anthrax cannot be spread from one person to another. Humans must come in contact with the actual spore to be infected. The bacteria can enter the body in four different ways:

1. Inhalation. This exposure occurs when the spores are inhaled into the lungs. It is the deadliest form of anthrax. Symptoms include sore throat, mild fever, muscle aches that worsen over several days, to breathing problems, shock, meningitis, and death.

2. Cutaneous. The most common exposure is through a small break in the skin. It can cause skin ulcers, fever, and fatigue.

3. Gastrointestinal. This exposure occurs by eating raw or undercooked infected meat. Symptoms include fever, fatigue, nausea, vomiting, sore throat, abdominal pain and swelling. It may also lead to blood poisoning, shock, and death.

4. Injection. Contracting anthrax through injection is a very rare, unique form of exposure. This route of infection was identified in some heroin-injecting drug users in northern Europe in recent years. Symptoms may be similar to those of cutaneous anthrax, but there may be infection deep under the skin or in the muscle where the drug was injected. Injection anthrax can spread throughout the body faster and can be harder to recognize and treat.

Why is the Department of Defense vaccinating personnel?

Anthrax can be and has been used as a biological weapon. Weaponized anthrax spores are known to be odorless, colorless, tasteless, and very difficult to detect. Currently the only measure available to protect personnel is pre-exposure vaccinations. Inhalation anthrax, the expected route of weaponized exposure, requires hospitalization and aggressive treatment, and is often fatal. Since the DOD anthrax vaccination program began in 1998, over 4 million personnel have been vaccinated with over 16 million doses.

What is the anthrax vaccine?

BioThrax (Anthrax) vaccine was licensed in 1970 and is approved for use in individuals 18 to 65 years of age. The vaccine does not contain live anthrax cells and it cannot cause an anthrax infection. The vaccine is injecting into the deltoid at day 0, 4 weeks, and 6 months, with booster doses at 6 and 12 months after completion of the primary series, and then additional boosters given annually, as long as the exposure threat continues. Each dose builds on the immune response from earlier doses; like climbing the steps on a ladder towards full protection. The complete series is needed for maximum protection. Vaccinations should not be administered earlier than the recommended due date. The series should not be restarted; if a dose was delayed, just continue vaccinations as scheduled.

Who is required to receive the vaccine?

Anthrax vaccination is mandatory for uniformed personnel, emergency essential or comparable U.S. government civilian employees, and contractors traveling or assigned, with deployments within 120 days (to USEUCOM area of responsibility (AOR) and the Korean Peninsula for 15 or more consecutive days. Anthrax vaccination is also mandatory for all special units with previously approved exceptions to policy (ETP). For more information on anthrax vaccination policy, see https://www.health.mil/anthraxvaccinecenter. Continuation of vaccination series is voluntary for uniformed and civilian personnel no longer in mandatory status.

Personnel and family members traveling to the AORs noted above, who do not meet the mandatory requirement, may receive the vaccine on a voluntary basis.

Who should NOT receive the vaccine?

Anyone who:
- Has a severe allergic reaction to a prior dose of anthrax vaccine
- Has a severe allergic reaction to a vaccine component
- Is immunosuppressed due to a disease or medication
- Is currently pregnant

Use caution in individuals with latex sensitivity.

If you are unsure whether you are pregnant, request a pregnancy test before receiving a vaccination. The anthrax vaccine should be deferred during pregnancy unless exposure is highly likely. Breastfeeding is not a contraindication to anthrax vaccination.

Temporary exemption should be provided for individuals with moderate or severe latex sensitivity. Medical exemptions must be evaluated and documented by a medical provider. If your provider requires assistance with a medical exemption, the 24-hour DHA Immunization Healthcare Support Center is available for consultation at 877.GETVACC (877.438.8222), Option 1.

What if the vaccine is administered to a pregnant woman?

After reviewing data from multiple, but limited, studies the CDC concluded that while the anthrax vaccine does not pose a significant risk to an unborn child, pregnant women should postpone vaccination until after delivery. If a pregnant woman is inadvertently vaccinated, she may be referred to the DHA Immunization Healthcare Support Center (877.GETVACC (877.438.8222), Option 1) to address any concerns she may have.

What side effects may occur after vaccination?

The anthrax vaccine may cause local reactions such as tenderness, itching, redness, bruising at the injection site. Rare side effects may include muscle or joint aches, headache, dizziness, paleness, or swelling of the throat. Seek immediate medical care for any symptoms of a serious allergic reaction.

Schedule Route Dosing Schedule

<table>
<thead>
<tr>
<th>Primary Series</th>
<th>Intramuscular</th>
<th>0, 1, and 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booster Series</td>
<td>Intramuscular</td>
<td>6 and 12 months after completion of the primary series and at 12 month intervals thereafter</td>
</tr>
</tbody>
</table>

Annual boosters are recommended to sustain ongoing protection.

Use caution in individuals with latex sensitivity.