



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

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MEMORANDUM FOR DEPUTY SURGEON GENERAL OF THE ARMY
DEPUTY SURGEON GENERAL OF THE NAVY
DEPUTY SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Establishment of Case Management Guidelines for Smallpox Vaccine Associated Myopericarditis

REFERENCES:

1. Deputy Secretary of Defense Memorandum, "Smallpox Vaccination Program," September 30, 2002
2. Under Secretary of Defense for Personnel and Readiness Memorandum, "Policy on Administrative Issues Related to Smallpox Vaccination Program (SVP)," December 13, 2002
3. Assistant Secretary of Defense for Health Affairs Memorandum, "Clinical Policy for the DoD Smallpox Vaccination Program (SVP)," November 26, 2002

Myopericarditis has historically been associated with vaccination for smallpox (vaccinia virus). Until recently, it has been a rare or unrecognized event after vaccination with the currently utilized strain of vaccinia virus (New York City Board of Health; Dryvax®, Wyeth Laboratories, Marietta, PA). Ongoing evaluation of health outcomes among Armed Forces personnel indicates individuals vaccinated for smallpox are at higher risk for myopericarditis than those not vaccinated. Ongoing review of cases diagnosed to date indicate a need to standardize evaluation and clinical management to decrease variation and provide ready access to clinical consultative services, assure access to care for longer-term follow-up for individuals separating from active duty, reserve component and National Guard personnel, and a need to document outcomes for future smallpox vaccine program management.

This memorandum provides a uniform approach for evaluation and establishes a program for consultation and long-term follow-up of individuals diagnosed with smallpox vaccine associated myopericarditis. A tri-service team supporting the DoD Vaccine Healthcare Center (VHC) Network developed the attached guidelines for clinicians. Forward deployed medical support units should be aware of and use the guidelines for the diagnosis and treatment of myopericarditis associated with smallpox vaccination. The guidelines will be modified in an iterative process as new information and clinical experience evolve, and will be available at www.vaccines.mil. To support clinicians seeking multi-disciplinary consultation, the Military Vaccine (MILVAX) Agency established a 24/7 toll-free bridge number for short-notice teleconferencing. Clinicians wishing to consult via this teleconference bridge with VHC staff and/or military cardiologists regarding optimal care should call the DoD Vaccine Clinical Call

Center at (866) 210-6469. Additional consultative support is available via e-mail at ASkVHC@amedd.army.mil.

All DoD beneficiaries, including Reserve component personnel who received their smallpox vaccine while in a duty status, with a clinically verified diagnosis of post-smallpox vaccine myopericarditis will be enrolled in the central registry maintained by the VHC Network and be followed using the attached clinical guidelines for a minimum of 12 months from the date of initial diagnosis. The Vaccine Adverse Event Reporting System (VAERS) should be used according to service policy. Patient informed consent is not required as part of enrollment. Enrollment in this registry will facilitate long-term clinical follow-up, delivery of appropriate clinical care, and a greater understanding of potential sequelae of this clinical manifestation. Upon enrollment VHC staff should help ensure appropriate 6 and 12-month follow-up in coordination with the patient's case manager.

Those individuals requiring medical treatment/evaluation should be retained on Active Duty pending resolution of the medical condition or completion of the disability evaluation. Each Service will coordinate with the Military Medical Support Office (1-888-MHS-MMSO), as needed, to provide appropriate civilian medical follow-up and payment arrangements for Reserve Component personnel.



David N. Tornberg, MD, MPH
Deputy Assistant Secretary of Defense
Clinical and Program Policy

Attachment:
As stated

[Click here for Myocarditis-Pericarditis-Cardiac Evaluation Tables](#)