



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

MEMORANDUM FOR SEE DISTRIBUTION

JAN 19 2000

FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: Air Force Policy for the Use of Lyme Vaccine

Air Force policy regarding use of vaccine for Lyme disease (LYMERIX™) will be in compliance with ASD(HA) memo dated 28 October 1999 and the recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC). Details of this policy are in the memo at Attachment 1. The memo also provides an information paper relating to use of the vaccine, the epidemiology of the disease, and its military implications.

As noted in the attached documents, there is no standard recommendation regarding the vaccination of military personnel. The vaccine is not indicated for any beneficiary who has minimal or no exposure to tick-infested habitat, or who is under age 15. Local civilian and military public health information should be made available to providers. The information should be used by providers to assess which individuals might be at greater risk based on occupational or recreational activities. The decision whether to vaccinate an individual should occur after discussion of risk-benefit and the consideration of proper timing of the immunization to achieve optimal protection. All persons at risk of exposure should continue to utilize personal protective measures, including proper clothing and insect repellents (e.g., DEET, permethrin).

For additional information or questions, POC for this issue is Col Dana Bradshaw, AFMOA/SGOP, 110 Luke Avenue, Room 405, Bolling AFB DC 20332-7050, DSN 297-4268 or e-mail: dana.bradshaw@usafsg.bolling.af.mil.

LEONARD M. RANDOLPH, JR.
Major General, USAF, MC
Deputy Surgeon General

Attachments:

1. ASD/HIA Memo, 28 Oct 99
2. AFEB Memo, 25 May 99

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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

28 OCT 1999

HEALTH AFFAIRS

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
DEPUTY DIRECTOR FOR MEDICAL READINESS, J-4,
THE JOINT STAFF

SUBJECT: Policy for the Use of Lyme Disease Vaccine

The Department of Defense policy shall be to provide Lyme disease vaccine to beneficiaries of the Military Health System in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC). Persons requesting Lyme disease vaccine shall be informed of the available data on the safety and effectiveness of the vaccine, the continued importance of personal protective measures and avoidance of tick habitats in preventing infection, and the criteria used to assess individual risk. The decision to administer Lyme disease vaccine should be based on an assessment of individual risk, which depends on a person's likelihood of being bitten by *Borrelia burgdorferi* infected ticks. The attached information paper provides details of the ACIP recommendations.

Lyme disease vaccine is not recommended as a routine vaccine for military service members. The vaccine should be considered for occupational groups of military members and/or Department of Defense civilian employees whose duties result in frequent or prolonged exposure to tick-infested habitats in areas of high or moderate risk for Lyme disease. Lyme disease vaccine is not recommended for persons who have minimal or no exposure to tick-infested habitat. It is not recommended for persons who reside, work, or recreate in areas of low risk or no risk. The vaccine shall not be administered to children less than age 15 years.

This policy is effective immediately and shall be included in Service and Joint Staff plans and policies for immunization of military members and other health care beneficiaries. TRICARE regions and medical treatment facilities are encouraged to develop policies and procedures for responding to requests for Lyme disease vaccine. Local policies should be made in consultation with local civilian and military public health officials. Any requests for additional funding should be forwarded through Service channels along with an outline of the local policies that justify the unfunded requirement to provide the vaccine.


Dr. Sue Bailey

Attachment:
As stated

99SG991267



DEPARTMENT OF DEFENSE
ARMED FORCES EPIDEMIOLOGICAL BOARD
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258



REPLY TO
ATTENTION OF

AFEB (15-1a) 99-2

25 May 1999

MEMORANDUM FOR THE ASSISTANT SECRETARY OF DEFENSE(HEALTH AFFAIRS)
THE SURGEON GENERAL, DEPARTMENT OF THE ARMY
THE SURGEON GENERAL, DEPARTMENT OF THE NAVY
THE SURGEON GENERAL, DEPARTMENT OF THE AIR FORCE

SUBJECT: Armed Forces Epidemiological Board (AFEB) Recommendation for Lyme Disease

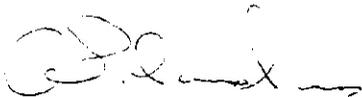
1. At its April 1999 meeting, the Board considered the issue of the appropriate use of Lyme vaccine in members of the armed services. After reviewing the literature, and examining the impact of Lyme disease on the military, the Board makes the following recommendations:

- a. **LYME VACCINE IS ONLY ONE ADJUNCT TO THE PREVENTION OF LYME DISEASE. PERSONAL TICK PREVENTION MEASURES SHOULD BE ENCOURAGED AND COMPLIANCE STRENGTHENED AS THE PRIMARY, AND MOST EFFECTIVE, METHOD OF PREVENTING LYME DISEASE.**
- b. **THE BURDEN OF LYME DISEASE IN THE MILITARY IS UNCLEAR. STUDIES EXAMINING THE PREVALENCE OF LYME DISEASE, AS WELL AS STUDIES EXAMINING THE INCIDENCE OF LYME INFECTION AS A SPECIFIC FUNCTION OF MILITARY DUTIES SHOULD BE INITIATED. THESE STUDIES SHOULD INCLUDE DATA ON IXODES DISTRIBUTION, AND THE PREVALENCE OF BORRELIA INFECTION OF IXODES TICKS ON MILITARY INSTALLATIONS.**
- c. **IN THE INTERIM, THE BOARD RECOMMENDS CONSIDERATION OF USE OF LYME VACCINE UNDER THE FOLLOWING CONDITIONS:**
 - 1) **CONDITIONS SPECIFIED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES DOCUMENT ON THE PREVENTION OF LYME DISEASE.**

- 2) **FOR SELECTED OCCUPATIONAL GROUPS CONSIDERED TO BE AT HIGH RISK BECAUSE THEIR MILITARY DUTIES PLACE THEM IN HIGH RISK ENVIRONMENTS WHERE FREQUENT AND PROLONGED EXPOSURE TO BORRELIA-INFECTED IXODES TICKS MIGHT BE ANTICIPATED. UNDER THIS CONDITION, VACCINE SHOULD BE USED IN ADVANCE OF ANTICIPATED EXPOSURE. LOCAL CONDITIONS AND RISK INFORMATION SHOULD BE USED IN DETERMINING RISK.**

2. The above recommendations were unanimously approved by the Subcommittee.

FOR THE ARMED FORCES EPIDEMIOLOGICAL BOARD:



GREGORY A. POLAND
Chairman, Infectious
Disease Subcommittee



BENEDICT M. DINIEGA
Colonel, USA, MC
AFEB Executive Secretary

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