
MANDATORY COVID-19 VACCINATION OF MARINE CORPS ACTIVE AND RESERVE COMPONENTS

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NARR/ REF A IS MARADMIN 754/20, COVID-19 VACCINE GUIDANCE FOR ACTIVE AND
RESERVE COMPONENTS (HEREBY CANCELED). REF B IS OSD MEMO, MANDATORY
CORONAVIRUS DISEASE 2019 VACCINATION OF DEPARTMENT OF DEFENSE SERVICE

MEMBERS. REF C IS ALNAV 062/21 2021-2022 DEPARTMENT OF NAVY MANDATORY COVID-19 VACCINATION POLICY. REF D IS DEFENSE HEALTH AGENCY INTERIM PROCEDURES MEMORANDUM 20-004, DEPARTMENT OF DEFENSE (DOD) CORONAVIRUS DISEASE 2019 (COVID-19) VACCINATION PROGRAM IMPLEMENTATION. REF E IS DEFENSE HEALTH AGENCY PROCEDURAL INSTRUCTION 6205.01, MEDICAL LOGISTICS GUIDANCE FOR THE DOD CORONAVIRUS DISEASE 2019 (COVID-19) VACCINATION PROGRAM. REF F IS DODINST 6205.02, DOD IMMUNIZATION PROGRAM. REF G IS BUMEDINST 6230.15B, IMMUNIZATIONS AND CHEMOPROPHYLAXIS FOR THE PREVENTION OF INFECTIOUS DISEASES. REF H IS NAVADMIN 190/21, 2021-2022 NAVY MANDATORY COVID-19 VACCINATION AND REPORTING POLICY. REF I IS 10 U.S.C. CHAPTER 47, UNIFORM CODE OF MILITARY JUSTICE. REF J IS U.S. NAVY REGULATIONS, PARAGRAPH 1144. REF K IS MARINE CORPS ORDER 1900.16 CHAPTER 2 (MARCORSEPMAN). REF L IS OPNAVINST 3710.7V, NAVAL AIR TRAINING AND OPERATING PROCEDURES STANDARDIZATION GENERAL FLIGHT AND OPERATING INSTRUCTIONS. REF M IS ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS) MEMO, CO-ADMINISTRATION OF CORONAVIRUS DISEASE 2019 VACCINES WITH OTHER VACCINES. REF N IS MANUAL FOR COURTS MARTIAL UNITED STATES (2019 EDITION).//

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GENTEXT/REMARKS/1. This MARADMIN provides guidance to Marine Corps active and reserve components to implement Secretary of Defense (SECDEF)-directed mandatory Coronavirus Disease 2019 (COVID-19) vaccination of Department of Defense (DoD) service members. This MARADMIN cancels and replaces ref (a).

2. Background. COVID-19 is a disease caused by infection with the SARS-CoV-2 virus. Ref (b) mandates vaccination of all DoD service members in order to mitigate risk to the Department's national security mission. Maximum vaccination of the force will reduce transmission of disease,

reduce severity of disease among personnel who become infected, preserve medical resources, and facilitate mission accomplishment at the individual, unit, and organizational levels.

3. Execution

3.a. Per refs (b) and (c), all Marine Corps active and reserve component (Active Reserve, Selected Marine Corps Reserve, and Individual Mobilization Augmentee) service members shall be fully vaccinated against COVID-19, unless medically or administratively exempt. All non-exempt active component personnel will achieve full vaccination no later than 90 days from the date of ref (c), and all non-exempt reserve component personnel will achieve full vaccination no later than 120 days from the date of ref (c).

3.b. COVID-19 vaccines that have received Food and Drug Administration (FDA) licensure are mandated for all DoD service members by ref (b). FDA Licensed vaccine(s) are the only vaccine(s) that can be mandated for DoD personnel at this time. However, service members who voluntarily receive a complete initial series of an FDA Emergency Use Authorization (EUA) COVID-19 vaccine, or a vaccine included in the World Health Organization (WHO) Emergency Use Listing, will meet the requirements of refs (b) and (c) and this MARADMIN. Service members are considered fully vaccinated two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose COVID-19 vaccine.

3.c. Any requirement for Marine Corps personnel to receive one or more additional doses of COVID-19 vaccine (e.g., “boosters”), will be promulgated separately in a follow-on MARADMIN.

3.d. Additional guidance regarding vaccination of Marine Corps civilian employees and contractors will be promulgated in a follow-on MARADMIN as required.

3.e. Marine Corps commanders and surgeons shall coordinate with their supporting Military Treatment Facilities (MTFs), and/or other supporting approved DoD Vaccination Sites, to ensure rapid full vaccination of all Marine Corps service members. Supply of COVID-19 vaccine is not expected to be constrained; however, if supply is initially constrained locally, commanders will coordinate locally to prioritize vaccination based on operational and training requirements.

3.f. Reserve component commanders should encourage members to seek vaccination via the civilian healthcare network if they do not have access to an MTF.

3.g. Marine Corps active and reserve component commands shall monitor COVID-19 vaccination compliance via the Medical Readiness Reporting System (MRRS). If a command does not have a designated MRRS representative with appropriate system access, immediately contact the local MRRS security officer or the HQMC Health Services MRRS POC listed in this message for assistance in acquiring appropriate access.

3.h. Documentation of Vaccination

3.h.1. Commanders will coordinate with supporting MTFs and/or other Vaccination Sites to ensure the following vaccine administration information is documented in each service member's Electronic Health Record (EHR): date of administration, vaccine name or CVX code, manufacturer and lot number, dose administered, route and anatomic site of vaccination, and name of healthcare provider administering the vaccine.

3.h.2. Marine Corps units administering COVID-19 vaccines (as a Vaccination Site or Remote Site, per paragraph 4.a.) will document administration of vaccine in the EHR to the maximum extent practical. Units that do not have access to the EHR may document vaccination directly in MRRS.

3.h.3. Vaccination will be documented within 24 hours of administration to enable timely and accurate daily monitoring of Force compliance with this MARADMIN.

3.h.4. Personnel who receive COVID-19 vaccination from approved non-DoD facilities (e.g., civilian pharmacies, health departments, or civilian healthcare providers) shall provide documented verification (e.g., a signed authorized vaccination card or healthcare provider note) to their command no later than 1600 on the next regular duty day. The documentation shall include the information listed in paragraph 3.i. Commands will immediately transcribe that information completely and accurately into the EHR, or into MRRS if unable to access the EHR. If commands require assistance with MRRS access or documentation, contact the local MRRS security officer or the HQMC Health Services MRRS POC.

3.i. Documentation of Exemptions. Medical and administrative exemptions will be documented IAW ref (g) and existing EHR and MRRS business rules. Medical exemptions will be documented in the EHR to the maximum extent practical, but may be documented directly in MRRS if access to the EHR is not readily available. Administrative exemptions will be documented directly in MRRS to the maximum extent practical.

3.j. Medical Exemptions

3.j.1. Permanent medical exemptions will be granted only when an individual has a medical contraindication to the required COVID-19 vaccine(s). For COVID-19 vaccination, a permanent medical exemption must be approved by the first O-5 or O-6 Command Surgeon in the member's chain of command, after initial recommendation by a licensed DoD healthcare provider, and after evaluation by an appropriate medical specialist when appropriate. Marine Corps commands without a Command Surgeon will refer any permanent medical exemption requests to the Director of Health Services, Headquarters Marine Corps, after appropriate initial recommendation by a licensed DoD healthcare provider.

3.j.2. Temporary medical exemptions must be authorized by a licensed DoD healthcare provider, and may be granted when there is a temporary medical reason for postponing vaccination.

3.j.3. Healthcare providers should refer to the following for detailed guidance regarding vaccine medical contraindications and precautions, and required screening and evaluation of recipients: ref (d); Centers for Disease Control and Prevention (CDC) COVID-19 Vaccine Information Statements (VIS); FDA EUA Fact Sheets for Healthcare Providers; and CDC Advisory Committee on Immunization Practices (ACIP) Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States.

3.j.4. Per CDC, COVID-19 vaccination is strongly encouraged for pregnant women due to the safety of the vaccine, and the risk of COVID-19 disease to these individuals and their unborn children. At this time, a temporary medical exemption may be granted by a licensed DoD healthcare provider for pregnant service members, after individual consultation with that provider. Further guidance will be promulgated as indicated.

3.j.5. A history of COVID-19 disease and/or positive serology is not a valid exemption from COVID-19 vaccination, per ref (b). Vaccination of individuals with confirmed current SARS-CoV-2 infection should be deferred until the individual has met criteria to discontinue isolation.

3.j.6. Testing to assess for current or prior infection, or for current or prior immunity, is not recommended or required at this time for the purposes of determining whether to vaccinate for COVID-19.

3.j.7. Service members who are actively enrolled in COVID-19 clinical trials are exempted from mandatory vaccination against COVID-19, per ref (b), until their participation in the trial is complete.

3.k. Administrative Exemptions

3.k.1. Exempting personnel from vaccination for an administrative reason is a non-medical decision. These exemptions will be granted only when the commander determines that an individual service member has a valid reason to remain unvaccinated, typically for a brief (30 days or less) period.

3.k.2. Per ref (g), proximity to separation or retirement is not a valid exemption for COVID-19 vaccination for Marine Corps service members.

3.l. The provisions contained within paragraph 3.a of this MARADMIN constitute a lawful general order and any violation of these provisions is punishable as a violation of Article 92 of ref (i).

Marines shall take action to fully immunize themselves against COVID-19 per ref (j). Paragraph 3.a is punitive and applies without further implementation. Commanders, commanding officers, and officers in charge shall issue appropriate orders to ensure that their Marines and Sailors are fully vaccinated. In accordance with Rule for Court Martial 306 of ref (n), initial disposition authority for cases arising from COVID-19 vaccine refusals is withheld to the general court-martial convening authority level except that administrative counseling pursuant to paragraph 6105 of ref (k) may be

issued at the special court martial convening authority level.

4. Vaccine Storage, Handling, and Administration

4.a. Marine Corps units administering COVID-19 vaccine shall comply with all requirements of refs (d) – (h), to include being approved as a Vaccination Site, in accordance with refs (d) and (e), if those units are ordering and storing COVID-19 vaccine doses. Units which are not approved Vaccination Sites IAW refs (d) and (e) may operate as Remote Sites under the authority and direction of an approved Vaccination Site (typically the supporting MTF). Those units will comply with refs (d) and (e), and with the direction of their parent Vaccination Site

4.b. Marine Corps units which are approved Vaccination Sites will order vaccines IAW refs (e) and (h).

4.c. Distribution and redistribution of COVID-19 vaccines at the local level will be the responsibility of the approved Vaccination Site (typically the supporting MTF), who will coordinate all ordering, distribution, and redistribution IAW refs (d), (e), and (h).

4.d. Safe receipt, storage, transportation, handling, and administration of COVID-19 vaccines is the responsibility of the approved Vaccination Site, any Remote Sites operating under their authority and direction, and any personnel involved with any aspect of those vaccine processes.

4.e. COVID-19 vaccines shall be stored, transported, prepared, and administered IAW all requirements of refs (d) and (e), and IAW manufacturer-specific requirements.

4.f. Whether operating as an approved Vaccination Site or a Remote Site, all medical personnel assigned to Marine Corps units who handle and/or administer COVID-19 vaccines shall complete all required training IAW Appendix 1 of ref (d), and their competencies shall be documented.

4.g. Only appropriately trained and qualified medical personnel, working under signed orders of an appropriately privileged healthcare provider, will administer COVID-19 vaccines, IAW ref (d).

4.h. Commanders will ensure that all vaccine evolutions incorporate appropriate COVID-19 mitigation measures (e.g., social distancing, mask wear, etc.) and comply with Installation Health Protection Condition (HPCON) requirements.

4.i. All COVID-19 vaccines will be administered IAW the applicable vaccine-specific Package Insert or EUA Fact Sheet for Healthcare Providers, and ACIP Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States (see paragraph 8.c.).

4.j. Vaccine co-administration. Per CDC guidance, COVID-19 vaccines and other vaccines may be administered without regard to timing. This includes administration of COVID-19 vaccine and other vaccines on the same day. Every effort should be made to deliver the COVID-19 vaccine, and all other required vaccines (to include Seasonal Influenza) as soon as possible to service members.

Administering units will comply with ref (m) until rescinded.

4.k. Prior to receiving the COVID-19 vaccine, service members will have access to healthcare providers at DoD administration sites to address questions or concerns with COVID-19 vaccination.

4.l. Prior to vaccination at a DoD administration site, all individuals being vaccinated shall be screened by medical personnel using DHA Form 207 (version 13 or subsequent), and shall be provided the current Vaccine Information Statement (VIS) or EUA Fact Sheet for Vaccine Recipients for the specific vaccine product being administered. Individuals receiving vaccine from a non-DoD site will comply with the site-specific required screening.

5. Vaccine Reactions

5.a. COVID-19 vaccines are extremely safe and effective. To date, millions of Americans, and DoD-affiliated individuals, have safely received COVID-19 vaccines under the most intense safety monitoring in U.S. history. The CDC, and the Defense Health Agency Immunizations Healthcare Directorate (DHA-IHD), closely monitor all adverse event reporting. The measures outlined in paragraphs 4 and 5 are intended to ensure the safety of all Marine Corps personnel.

5.b. Local reactions (pain, redness, swelling at injection site) and systemic reactions (e.g., fatigue, headache, muscle aches, or fever) may occur after COVID-19 vaccination. These reactions generally resolve within 1-3 days after onset. Local and systemic reactions that resolve without medical intervention are not required to be reported in the Vaccine Adverse Event Reporting System (VAERS).

5.c. Extremely rare cases of severe reactions have occurred following COVID-19 vaccination. Personnel should seek medical attention immediately if they experience symptoms concerning for a severe reaction, as-listed in the vaccine-specific VIS or EUA Fact Sheet for Vaccine Recipients.

5.d. In accordance with ref (d) and CDC guidance, commands will ensure that all clinically important adverse events, to include severe reactions, following COVID-19 vaccination are evaluated by a medical provider. Medical personnel will ensure these events are reported to the VAERS system at www.vaers.hhs.gov. Adverse events will also be reported via the local patient safety reporting system. Additional detailed guidance regarding adverse event reporting can be found in ref (d), but at a minimum, the following events are required to be reported:

5.d.1 Vaccine administration errors.

5.d.2. Serious adverse events (e.g., severe reactions).

5.d.3. Cases of Multisystem Inflammatory Syndrome.

5.d.4. Cases of COVID-19, following vaccination, that result in hospitalization or death.

5.e. Navy and Marine Corps personnel in a flight duty status have a recommended self-limited grounding period of 48-hours after any dose in a COVID-19 vaccine series, per ref (l) and the current Navy Aeromedical Reference and Waiver Guide. Personnel in a dive duty status should

follow the guidance of their medical specialty leader.

5.f. Commanders are authorized to grant Sick In Quarters or convalescent leave, as needed, for personnel who experience symptoms after vaccination.

5.g. All Marine Corps units administering COVID-19 vaccine will ensure the following, IAW ref (d):

5.g.1. A written plan for emergency response, and standing orders for the management of anaphylaxis and fainting, are present.

5.g.2. Staff are trained on the equipment and proper response to anaphylaxis.

5.g.3. Units have the minimum emergency supplies for managing anaphylaxis, per CDC guidance found at <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/anaphylaxis-management.html>.

6. Commanders Critical Information Reports (CCIRs)

6.a. COVID-19-related hospitalization or death, post-vaccination. In addition to the requirements of paragraph 5.e, commands will report to the Marine Corps COVID-19 Cell, at

SMB_HQMC_MCCAT@USMC.MIL all instances of a vaccinated service member, regardless of the number of doses received, who is subsequently hospitalized with, or dies from, COVID-19 disease.

6.b. Other COVID-19 CCIRs remain in effect. Units will continue reporting all service member, dependent, civilian employee, and contractor positive cases, regardless of vaccination status, along with appropriate case updates, via the M&RA COVID-19 Tracker.

7. Communication Strategy and Operations. HQMC Communication Directorate will provide and amplify information regarding all COVID-19 mitigation efforts, to include the imperative that all DoD service members be vaccinated against COVID-19 as soon as possible. Communications Directorate will also continue to communicate the progress of Marine Corps vaccination efforts, as appropriate, to external stakeholders.

8. Additional Information and Resources.

8.a. Defense Health Agency (DHA) Immunizations Healthcare Directorate (IHD) COVID-19 Vaccine Resource Center for Healthcare Personnel: <https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/IHD-COVID-19-Vaccine-Resource-Center-for-Health-Care-Personnel>.

8.b. DHA-IHD Immunization Healthcare Support Center: 1-877-GET-VACC (1-877-438-8222, option 2); or via email at: DoDvaccines@mail.mil. Provides clinical consultation, to include assistance with questions regarding vaccine screening and potential vaccine-related adverse events.

8.c. CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19->

vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F covid-19%2Finfo-by-product%2Fclinical-considerations.html.

8.d. CDC Frequently Asked Questions about COVID-19 Vaccination: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>.

8.e. MCCC SharePoint: <https://eis.usmc.mil/sites/hqmcppo/MCCAT/SitePages/Home.aspx>. Additional information regarding COVID-19 and COVID-19 vaccine-related information can be found at <https://www.marines.mil/Coronavirus/>.

9. This MARADMIN is applicable to the Marine Corps total force.

10. This MARADMIN remains in effect until canceled.

11. Release authorized by General David H. Berger, Commandant of the Marine Corps.//