

INFORMATION PAPER

DHA-IHD
14 October 2021

SUBJECT: Clinical Guidelines for COVID-19 Vaccination Medical Exemption Considerations

1. Background: Policies mandating COVID-19 vaccination for military service members, health care professionals, federal employees, and others have prompted increased requests for exemption from vaccination. The following general guidance is provided to support clinicians and immunization clinic staff who are challenged with exemption requests.
2. General counseling to people requesting exemptions:
 - a. Any person who requests exemption from COVID-19 vaccine, for any reason, should be advised of the overarching reasons for vaccine recommendations. **COVID-19 can cause serious illness, death, or disability.** The virus that causes COVID-19 is highly transmissible, human-to-human. Every COVID-19 infection increases risk of viral variants, extending an unprecedented pandemic.
 - b. People who are exempted from COVID-19 vaccine, for any reason, must be advised to take extra precautions to reduce risk of spreading infection. This generally will mean at least **weekly COVID-19 testing** for federal workers, including military service members. Other restrictions, including possible travel or duty limitations, may also apply.
3. Recommendations for clinicians:
 - a. Most of the valid reasons for “permanent medical exemption” from COVID-19 vaccine are detailed on **CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines** website.(1) Clinicians who are considering medical exemptions should become closely familiar with reference.
 - b. Some **special clinical scenarios** are addressed in detail in DHA Immunization Healthcare Division Clinical Guidelines. These include, but may not be limited to: Vaccination in Pregnancy, Vaccination of Myo/pericarditis Patients, and Vaccination of Patients with Anaphylaxis or Allergy Concerns.(2)

- c. Patients who are experiencing an **acute illness** may be deferred from vaccination until the acute illness is resolved. This guidance is consistent with CDC/ACIP Best Practices for Immunization.(3) It is important to understand that delaying vaccination in such cases is not based on safety or effectiveness concerns; delay can be justified to avoid confounding vaccine side effects (e.g., brief fever) with the evaluation of acute illness. Clinicians may apply a “temporary medical exemption” from mandatory COVID-19 vaccination in such cases.
 - d. Patients who are experiencing ongoing **complex health challenges** may be difficult to distinguish clinically from those with acute illness. Many of these patients would greatly benefit from COVID-19 vaccine protection, and medical exemption may not be justified. If a clinician remains uncertain about risk-benefit of vaccination in a complex patient, consultation with a medical specialist (e.g., Rheumatologist, Neurologist, Immunologist, or other specialist) may be appropriate. “Temporary medical exemption” may be applied while consultation is pending.
 - e. DHA Immunization Healthcare Division clinicians are **vaccine specialists** and can be consulted on vaccine exemption questions. DHA Immunization Healthcare Division clinicians will make recommendations but will not order exemptions nor enter exemptions in a military readiness system. DHA Immunization Healthcare Division is not adequately staffed to consult on every case of vaccine hesitancy or vaccine opposition in beneficiaries of the Military Health System.
4. Recommendations for immunization clinic staff:
- a. Concerns about vaccines are common and understandable. Many concerns are addressed in COVID-19 Vaccine Fact Sheets, or the equivalent **Vaccine Information Statement (VIS)**.(4) These documents should be provided to patients before vaccination. Immunization clinic staff should become closely familiar with these documents and should be competent in having compassionate and respectful discussions with patients about their vaccine concerns.
 - b. Immunization clinic **staff should never be perceived as forcing** a patient to be vaccinated. Patients who decline vaccine should not be vaccinated. Consequences for failing to receive a mandatory vaccine rest with the patient’s command or employer.
 - c. Discussion of policy issues or legal consequences for non-vaccination are generally inappropriate for the immunization clinic. Patients who

want to initiate such discussions should be **referred to their chain of command or employer.**

5. Recommendations related to non-medical vaccine exemptions:

- a. **Religious exemption** from vaccination may be an option for some patients, but this is NOT a medical issue. The role of the medical clinic is limited to simply counselling and documenting medical recommendations for vaccination in such cases. Clinical staff are discouraged from engaging in religious or philosophical debates with patients who are seeking religious exemption.
- b. **Administrative exemption** from vaccination may be an option for some patients, but this is NOT a medical issue. For example, the Joint Instruction on Immunization (5) describes administrative exemption from vaccine mandates when a military member is near the end of their time in service (generally within two months of separation or within six months of retirement). Discretion for applying such an exemption rests with the Military Service or military command; this is not a medical determination. However, if a command applied 'administrative exemption for pending separation (AS)' to a service member's record, questions about medical exemption would be moot for this service member.

6. References.

- a. US Centers for Disease Control and Prevention (CDC). Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
- b. Defense Health Agency Immunization Healthcare Division. IHD COVID-19 Vaccine Resource Center for Health Care Personnel. <https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/IHD-COVID-19-Vaccine-Resource-Center-for-Health-Care-Personnel>
- c. CDC. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP): Contraindications and Precautions. Updated 05 Aug 2021. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>
- d. US Food and Drug Administration (FDA). COVID-19 Vaccines. <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>

- e. US Department of Defense. Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, Army Regulation 40–562, BUMEDINST 6230.15B, AFI 48–110_IP, CG COMDTINST M6230.4G, 07 Oct 2013.

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