



Federal Health Matters

DoD Starts Non-mandatory Anthrax Vaccination

As of May 3, the DoD once again can vaccinate its troops against anthrax infection—albeit on a limited, voluntary basis. Mandatory vaccination through the DoD's Anthrax Vaccine Immunization Program was halted in October 2004 by a U.S. District Court injunction. After the HHS declared an emergency situation in December and the FDA issued an emergency use authorization (EUA) for anthrax vaccine in January, however, the court agreed to modify its ruling.

Now, the DoD can offer anthrax vaccination to “individuals between 18 and 65 years of age who are deemed by the DoD to be at heightened risk of exposure due to attack with anthrax,” on the condition that both health care providers and potential vaccine recipients are educated about the risks and benefits of the vaccine, as well as alternatives to vaccination, and that there is no penalty for vaccine refusal. At this time, the DoD is limiting vaccination to military units designated for homeland bioterrorism defense and to U.S. forces assigned to the Central Command area of responsibility and Korea. Education will take the form of an FDA-approved brochure.

The EUA for anthrax vaccination represents the first use of this authority, which was granted to

the FDA through the Project Bio-
shield Act of 2004. The current EUA
is effective for six months, though
it may be extended as long as the
emergency is deemed to continue.

HHS-DoD Patient Safety Research Compendium

The federal government's first compendium of studies on the successes and challenges of efforts to improve patient safety and reduce medical errors, *Advances in Patient Safety: From Research to Implementation*, was released jointly by the HHS's Agency for Healthcare Research and Quality (AHRQ) and the DoD on May 5. The publication's four volumes—Research Findings; Concepts and Methodology; Implementation Issues; and Programs, Tools, and Products—include 140 peer-reviewed articles on studies sponsored by the AHRQ, the Military Health System, and other federal agencies.

Each volume opens with commentary by a patient safety expert. The information that follows covers such topics as surveillance, medication safety, ambulatory and rural care, organizational change, simulations, and education and training. It also highlights cutting-edge technologies, offers lessons learned from clinical studies, describes the effects of change on dynamic systems of care, and

discusses national and regulatory issues. According to David Tornberg, MD, deputy assistant secretary of defense for clinical and program policy, the compendium “demonstrates our commitment to translate research into practice.”

The compendium is available as a printed set or a searchable CD-ROM. In addition, PDF files of the individual articles may be downloaded from the AHRQ web site (www.ahrq.gov/qual/advances).

New VA Top Doc

On May 5, Jonathan B. Perlin, MD, PhD was sworn in as the new VA under secretary for health. He had been acting as under secretary since the departure of Robert H. Roswell, MD in April 2004—before which he served as acting chief of research and development, deputy under secretary for health, and chief quality and performance officer at VA headquarters and held several positions at the VA medical center in Richmond, VA. Perlin is a fellow of the American College of Physicians and holds academic appointments at the Medical College of Virginia Hospitals, Virginia Commonwealth University, Richmond. VA Secretary R. James Nicholson calls Perlin, “a man of great skill and boundless compassion,” adding that “America's veterans are lucky to have him lead [the] VA's health care system.” ●