

# Appendix G

## Immunization

This appendix contains Department of Defense Instructions (DoDI), Assistant Secretary of Defense for Health Affairs (AHS (HA)) Policies and extract of joint publications on the **immunization requirements** within the Department of Defense (DoD). It also contains the in location of a comprehensives list of vaccinations from the World Health Organization (WHO), a flow chart from the U. S. Center for Disease Control (CDC) on immunizations for children and excerpt from CDC Personnel Health Guidelines.

### G-1 WHO Comprehensive List of Vaccinations

A comprehensive list of vaccinations as recommended by the WHO can be found at <http://www.who.int/ith/english/table6.htm>

### G-2 DoDI 6205.2, Immunization Requirements

#### Department of Defense INSTRUCTION

NUMBER 6205.2  
October 9, 1986  
ASD (FM&P/HA)

SUBJECT: Immunization Requirements

References: (a) DoD Directive 5136.1, "Assistant Secretary of Defense (Health Affairs)", October 5, 1984  
(b) DoD Instruction 6205.1, "Immunization Requirements for DoD Dependents Schools, Section 6 Schools, and Day Care Centers Operated by the Department of Defense," May 29, 1985  
(c) DoD Directive 6420.1, "Armed Forces Medical Intelligence Center," December 9, 1982  
(d) through (k), see enclosure 1

#### 1. PURPOSE

This Instruction addresses immunization policies for all members of the Armed Forces, civilian employees of the Department of Defense, and all eligible beneficiaries of the military health care system as established by reference (a). It requires implementation of programs that minimize individual illness and disability, days lost from work, and impairment of operational capabilities from conditions that are preventable through immunization. Immunization requirements contained in this Instruction complement immunization, preventive medicine, and health promotion requirements listed in references (a) through (j) and implement the Public Health Service plans for attaining the immunization objectives for the nation.

#### 2. APPLICABILITY AND SCOPE This Instruction:

- 2.1. Applies to the Office of the Secretary of Defense (OSD), the Military Departments (including their National Guard and Reserve components), the Organization of the Joint Chiefs of Staff (OJCS), and the Defense Agencies (hereafter referred to collectively as "DoD Components").
- 2.2. Addresses military-unique peacetime and contingency requirements such as global deployment and defense against potential biological warfare agents.
- 2.3. Provides protection for all eligible beneficiaries against vaccine preventable diseases.

#### 3. POLICY It is DoD policy that:

3.1. The general recommendations of the U.S. Public Health Service, as promulgated by the Centers for Disease Control (CDC) Immunization Practices Advisory Committee (ACIP) and published in CDC's Morbidity and Mortality Weekly Report (MMWR) shall be followed.

3.2. For those activities that are unique to the Military, the Military Departments shall develop appropriate immunization procedures in consultation with the Armed Forces Epidemiological Board, Armed Forces Medical Intelligence Center, and Armed Forces Pest Management Board, as required.

3.3. Health care beneficiaries shall be advised of the availability and indications for use of immunizing agents for vaccine preventable diseases. Particular emphasis shall be given to those conditions that affect operational readiness, pose a risk in the community and occupational environment, or are unique to a particular geographic or cultural setting.

3.4. Communicable disease reporting requirements and adverse vaccine reaction reporting requirements of civil authorities shall be complied with through liaison between the military public health jurisdiction and the appropriate local, state, or federal health jurisdiction.

3.5. Persons in specific occupations may need selected vaccines and toxoids in addition to those routinely recommended. Vaccinations shall be provided to all military and civilian employees when it is in the best interest of the Government.

#### 4. RESPONSIBILITIES

4.1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall:

4.1.1. Monitor and evaluate the implementation and effectiveness of the immunization program, and make appropriate recommendations to the Secretary of Defense and the Secretaries of the Military Departments concerning changes or improvements in the program.

4.1.2. Establish a Disease Prevention and Control Coordinating Committee that shall:

4.1.2.1. Provide a forum for discussion and review of procedures developed concerning the prevention and control of infectious diseases in military and civilian personnel and their dependents worldwide; the epidemiologic aspects of military mustering, training, and deployment activities; and the civilian community and public health implications of unique military activities.

4.1.2.2. Identify military-unique requirements for vaccine research, development, and production in consultation with the Armed Forces Medical Intelligence Center, Armed Forces Epidemiological Board, and the Armed Forces Pest Management Board.

4.1.2.3. Review Service implementation of DoD policies stated herein and recommend changes, as needed, to the ASD (HA).

4.2. The Assistant Secretary of Defense (Force Management and Personnel) shall promulgate policy for the use of immunizations in the prevention and/or amelioration of occupationally related diseases under DoD Instruction 6055.5 (reference (k)). Coordination shall be maintained between the DoD Disease Prevention and Control Coordinating Committee and the DoD Safety and Occupational Health Policy Council.

4.3. The Secretaries of the Military Departments shall:

4.3.1. Develop and implement general principles and specific procedures to be followed in the prophylactic immunization programs of the Armed Forces. Prophylactic immunization includes the use of any vaccine, toxoid, or other immunizing agent for the prevention of disease, including the maintenance of immune status by reimmunization.

4.3.2. Maintain a medical consultation capability to promulgate the requirements and recommendations herein, as applicable.

4.3.3. Consistent with the policies of DoD Directive 5000.19 (reference (h)), establish and implement uniform procedures for:

4.3.3.1. The identification, reporting, and epidemiologic evaluation of vaccine-associated adverse reactions and illnesses.

4.3.3.2. The identification, reporting, epidemiologic evaluation, and prevention of all cases of vaccine preventable illness.

#### 5. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.

Enclosures - 1

1. References

E1. ENCLOSURE 1

REFERENCES, continued

(d) DoD Directive 6015.5, "Joint Use of Military Health and Medical Facilities and Services," February 5, 1981

(e) DoD Instruction 6040.33, "Medical Diagnoses and Surgical Operations Nomenclature and Statistical Classification," May 12, 1986

(f) DoD Directive 5154.8, "Armed Forces Epidemiological Board," November 6, 1978

(g) OMB Form No. 68-R1681, "Report of Illness Following Vaccination," 1979

(h) DoD Directive 5000.19, "Policies for the Management and Control of Information Requirements," March 12, 1976

(i) Assistant Secretary of Defense (Health Affairs) Memorandum, "DoD Immunization and Infectious Disease Control Coordinating Committee," March 22, 1985

(j) Assistant Secretary of Defense (Health Affairs) Memorandum, "Protection Against Hepatitis B Virus Infection," April 3, 1985

(k) DoD Instruction 6055.5, "Industrial Hygiene and Occupational Health," April 30, 1980

**G-3 Extract - AFJI 48-110, AR 40-562, BUMEDINST 6230.15, CG COMDTINST M6230.4E, Immunizations and Chemoprophylaxis, 1 November 1995**

BY ORDER OF THE  
SECRETARIES OF THE AIR FORCE, ARMY,  
NAVY, AND TRANSPORTATION

AIR FORCE JOINT INSTRUCTION 48-110  
ARMYREGULATION 40-562  
BUMEDINST 6230.15  
CG COMDTINST M6230.4E  
1 NOVEMBER 1995

*Aerospace Medicine*

IMMUNIZATIONS AND  
CHEMOPROPHYLAXIS

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OPR: HQ AFMOA/SGOP  
(Lt Col Michael D. Parkinson)  
Supersedes AFR 161-13, NAVMEDCOMINST  
6230.3, AR 40-562, CG COM-  
DTINST M6230.4D, 7 October 1988.

Certified by: HQ AFMOA/SGO  
(Col George P. Taylor, Jr.)  
Pages: 20  
Distribution: See attachment 2.

This publication provides the directive requirements for the Armed Forces Immunizations Program, establishes general principles, procedures, policies, and responsibilities for the immunizations program, implements Department of Defense (DoD) Instruction 6205.2, *Immunization Requirements*; DoD Directive 6205.3, *DoD Immunization Program for Biological Warfare Defense*; International Military Standardization Agreement (STANAG 3474); and international health regulations and requirements. This publication applies to uniformed departments of the Air Force, Army, Navy, Marine Corps, and Coast Guard (Active and Reserve), nonmilitary persons under military jurisdiction, selected Federal employees, and family members eligible for care within the military health care system. Each form affected by the Privacy Act which is required by this publication either contains a Privacy Act Statement incorporated in the body of

the document or is covered by the DD Form 2005, **Privacy Act Statement - Health Care Records**. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ AFMOA/SGOP, 110 Luke Avenue, Room 400, Bolling AFB, DC 20332-7050 or to preventive medicine authorities assigned in 12.4.3.

## SUMMARY OF REVISIONS

This revision updates recent changes in immunization recommendations by the U.S. Public Health Service and incorporates requirements of the National Childhood Vaccine Injury Act of 1986 (Section 2126 of the Public Health Service Act, 42 U.S.C. 300aa-26).

Section C – Personnel Subject to Immunizations

**23. Foreign Nationals** – Foreign nationals who come to the U.S., its territories, commonwealths, or possessions under Armed Forces sponsorship receive all immunizations required for entry into the U.S. and by local jurisdictions. When returning to their country of origin, foreign nations receive immunizations required by international health regulations or their country of origin. These immunizations are administered without charge upon presentation of official orders or authorization.

Table 1. Vaccinations for Military Personnel.

### **G-4 ASD (HA) Policy 97-006, Hepatitis B Immunization Policy for Department of Defense Medical and Dental Personnel**

HA POLICY 97-006

OCT 23 1996

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Hepatitis B Immunization Policy for Department of Defense Medical and Dental Personnel

This memorandum prescribes interim policy for hepatitis B immunization of medical and dental personnel, pending issuance of a revision of Department of Defense Instruction 6205.2, Immunization Requirements, dated October 9, 1986.

All Service members who hold qualification or assignment in medical or dental career fields shall be required to complete a series of three immunizations against hepatitis B, or to show evidence of prior completion of three immunizations.

There is no requirement to screen Service members by testing for hepatitis B surface antigen or antibody in order to implement this policy. Existing hepatitis B serologic information documented in health records may permit exemption from immunization, or may require evaluation of clinical privileging, as described below.

Service members who have any of the three conditions below are exempt for in the immunization requirement:

(1) Known positive serum hepatitis B surface antigen. Such personnel who are clinically privileged shall have documentation at each renewal of privileging that their Military Treatment Facility Credentials Committee has evaluated their potential for transmitting hepatitis B during invasive procedures. In delineating privileges, the privileging authority shall fully consider the clinical status of each individual, based on his or her specific situation and scope of practice. It is Department of Defense policy that Credentials Committees shall recommend curtailment of the privileges of providers who are at high risk for transmitting hepatitis B, as shown by positive serum hepatitis B E antigen or positive serum hepatitis B DNA, in such invasive procedures as cardiac surgery. In situations where a question of defining a

provider's scope of privileges arises, Credentials Committees shall seek expert assistance from the facility's parent Service Consultant in Preventive Medicine. Limitation of clinical privileges under this policy is medical rather than administrative, and shall not be considered as an adverse action against the individual.

(2) A past history of recovery from hepatitis B, with known positive serum antibody to hepatitis B surface antigen. There is no requirement for Credentials Committee evaluation of this status.

(3) A disease or medical condition that would make hepatitis B immunization inadvisable in the judgement of the Service member's physician. Such a condition shall be adequately documented in the individual's medical record.

The same requirement, with the same provisions and exemptions, shall apply to all Department of Defense civilian personnel, including trainees, volunteers, and other temporary staff, with duties involving direct patient contact who are hired or begin activity on or after January 1, 1997. Currently employed civilian personnel involved in direct patient contact are strongly encouraged to have hepatitis B immunization. The same requirement, with the same provisions and exemptions, shall be incorporated into contracts for civilian medical personnel who provide care within Department of Defense medical and dental treatment facilities.

This policy is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.

Stephen C. Joseph, M.D., M.P.H.

#### **G-5 Extract - CDC Personnel Health Guideline, June 1998**

##### **D. ELEMENTS OF A PERSONNEL HEALTH SERVICE FOR INFECTION CONTROL**

Certain elements are necessary to attain the infection control goals of a personnel health service: (d) immunization programs.

#### **G-6 CDC Recommended Childhood Immunization Schedule**

A flow chart of CDC recommend childhood immunization can be found at <http://www.cdc.gov/nip/pdf/child-schedule.pdf>