DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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REPLY TO
ATTENTION OF

MCCG

NOV 18 2005

MEMORANDUM THRU Commanders, MEDCOM Regional Medical Commands

FOR

Commander, US Army MEDDAC, Fort Benning, GA
Commander, US Army MEDDAC, Fort Jackson, SC
Commander, US Army MEDDAC, Fort Knox, KY
Commander, US Army MEDDAC, Fort Leonard Wood, MO
Commander, US Army MEDDAC, Fort Sill, OK

SUBJECT: Standards for Immunization Delivery at Basic Combat Training (BCT) Posts

1. Vaccines benefit Soldiers by preventing serious infections and conserve the fighting strength. Throughout history, armies have suffered numerous casualties due to infections contracted in training camps or during campaigns. Since the American Revolution, the US Army has successfully used immunizations to keep troops fit to fight.

2. To ensure Soldiers receive immunizations under appropriate medical standards from their first days in the Army, and to gain clinical and economic advantages of customized immunizations, military treatment facilities (MTFs) serving basic combat training posts will:

a. Collaborate with supported Adjutant General Battalions (Reception) to provide a physical space conducive to quality clinical education, reliable vaccine storage, and quality delivery of immunization and other medical services.

b. Appoint a medical director (e.g., physician, physician assistant, nurse practitioner) whose primary duty is to assure appropriate on-scene medical supervision of immunization screening, exemptions, care and emergency responses.

c. Assay blood samples from all basic trainees to determine existing immunities, beginning with hepatitis A, hepatitis B, measles, rubella, and varicella. Within 24 hours of finding serologic evidence of immunity, clinic staff will code the trainee as "medically immune" (MI) in the Medical Protection System (MEDPROS).

d. Provide trainees with easy-to-understand information about vaccine-preventable infections and vaccines, making available copies of Vaccine Information Statements, in accordance with Title 42, US Code, Section 300(aa)(26).

e. Screen trainees before immunization for personal contraindications (e.g., allergies, prior adverse reactions, pregnancy) and enter these findings into MEDPROS.

f. After reviewing MEDPROS for exceptions based on serology results and information obtained during screening, individualize Soldier immunizations. Immunize trainees to prevent infections to which the trainee is not yet immune. Do not immunize trainees with evidence of immunity.

g. Document immunizations in MEDPROS at point of care.

h. Administer subsequent doses of an immunization series that become due during basic training, one-station unit training, or advanced individual training (e.g., second or later doses of hepatitis A vaccine, hepatitis B vaccine, varicella vaccine). MTFs will collaborate with training commanders to optimize the timing of these doses in the training schedule.

i. Include an assessment of immunization services for trainees within the MTFs quality-improvement (QI) process. This QI assessment will include, but is not limited to: education, screening, clinical care, emergency care, infection control, error and accident prevention, vaccine storage, documentation, adverse-event reporting, staff training, and related efforts. The Military Vaccine (MILVAX) Agency will facilitate this immunization QI assessment for all BCT sites and promote adoption of lessons learned among MTFs. MTFs will provide relevant statistics to the MILVAX Agency for MEDCOM-wide analysis.

3. Further guidance on good clinical practices for trainee immunization appears in the business plan for the Accession Screening and Immunization Program (ASIP). Walter Reed Army Institute of Research and the Center for Health Promotion and Preventive Medicine developed this program to implement recommendations of the Armed Forces Epidemiological Board.

4. The MILVAX Agency and the Proponency Office for Preventive Medicine will periodically evaluate rates of sero-immunity as public-health surveillance and, as needed, modify the list of diseases for which screening for immunity will be performed.

5. My points of contact for this issue are COL John Grabenstein and LTC Stephen Ford, Military Vaccine Agency, 703-681-5101, DSN 761-5101.

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Commanding