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

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

Aerospace Medicine

IMMUNIZATIONS AND CHEMOPROPHYLAXIS

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 A--Responsibilities

1. Command Medical Authority. Prescribes specific immunization and chemoprophylactic requirements for their units per requirements established by this publication and additional guidance provided by the appropriate Surgeon General (SG) or Commandant (G-K), Coast Guard.

2. Commanders. Commanders, commanding officers, and officers-in-charge:
2.1. Ensure all military and nonmilitary personnel under their jurisdiction receive all required immunizations.
2.2. Maintain appropriate international, Federal, state, and local records of all required immunizations (Section G).
2.3. Ensure personnel transferred to another command receive appropriate immunizations for the area which assigned.

3. Commanders At Ports of Embarkation or Debarkation. Ensure deviations from specified immunizations and re-immunizations are cleared or authorized by the appropriate SG or Commandant (G-K), Coast Guard.

4. Medical Treatment Facility Commanders, Commanding Officers, and Command Surgeons.
4.1. Ensure currently published standards for both adult and pediatric immunizations, and chemoprophylactic practices are followed and references in attachment 1 are carefully reviewed.

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

Certified by: HQ AFMOA/SGO (Col George P. Taylor, Jr.)
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4.2. Ensure policies and procedures for creating and maintaining immunization records are followed.
4.3. Ensure individuals administering immunizations are properly trained. This includes training on the use of jet injectors as applicable.
4.4. Assure health care providers who are certified at a minimum in basic cardiopulmonary resuscitation are immediately available to respond to adverse events resulting from immunization.

Section B--Program Elements

5. Standards.
5.1. All immunizing agents used meet the minimum requirements of the Department of Health and Human Services (DHHS) for the production and sale of such materials, and meet standards acceptable to the Food and Drug Administration (FDA) and the appropriate DoD investigational drug review process.
5.2. Immunizing agents are not used beyond the stated expiration date unless the appropriate SG or Commandant (G-K), Coast Guard, authorizes extension.

6. Requisitions.
6.1. Immunizing agents are requisitioned in accordance with current medical supply procedures.
6.2. Navy Only. In order to minimize the shipment of vaccines which must be kept frozen (items coded "W" in C6700/9500-ML), small stations and ships may obtain these items on a pickup basis from the nearest military medical activity stocking the items. Requisitioning procedures and reimbursement are prescribed by the supplying activity.

7. Storage and Handling. Immunizing agents are stored, shipped, and handled in accordance with the pharmaceutical manufacturer instructions as outlined in the product's package insert.

8. Hypersensitivity or Allergy.
8.1. Prior to administration of any biological product, determine if the individual has previously shown any unusual degree of adverse reaction or allergy to a specific immunizing agent, or specific vaccine component such as eggs, preservative, or antibiotic. Manufacturers package inserts are reviewed.
8.2. Individuals with reported hypersensitivity to vaccines or vaccine components are deferred from immunization and referred to an allergy specialist for evaluation unless medical record provides evidence of prior consultation and allergist's recommendations.
8.3. If there is no prior entry, record a history of sensitivity to any biological agent or medication in the problem list on the **SF 601, Health Record - Immunization Record (and Air Force on AF Form 1480, Summary of Care** and the **DHHS Form PHS (Public Health Service) 731, International Certificate of Vaccination.**

9. Jet Injectors. Jet injectors are considered safe and effective if used properly by trained personnel. There is a small theoretical risk of disease transmission from jet injector guns if the guns become contaminated during use. This small potential risk is minimized by the following procedures:
9.1. Train personnel administering immunizations with jet injectors on proper injector techniques, sterilization procedures, and manufacturer's instructions.
9.2. After each injection, wipe the injector tip with acetone or alcohol.
9.3. Injector nozzles, visibly contaminated with blood must be dismantled, changed, and sterilized.
9.4. At the end of each day, clean and sterilize all injector nozzles and reusable cleaning heads.

10. Vaccine Administration Procedures. Table 1 identifies mandatory vaccinations for military personnel by category.
10.1. A person capable of treating anaphylaxis and the minimal necessary equipment (epinephrine, airway) should be present at all immunization sites.
10.2. For short notice travel or deployments, administer the first dose in a required basic series. Make arrangements to receive additional doses to complete the series as close to the proper schedule as possible.
10.3. Advisory Committee on Immunizations Practices (ACIP) general recommendations do not specify a required medical observation period after receiving an immunization.

Table 1. Vaccinations for Military Personnel.

Immunizing Agent	Army	Navy	Air Force	Marine Corps	Coast Guard
Adenovirus types 4 and 7	B	B	G	B	G
Cholera	E	E	E	E	E
Hepatitis A	G	G	C,D	G	G
Hepatitis B	F,G	F,G	F,G	F,G	F,G
Influenza	A,B,X	A,B,R	A,B,R	A,B,R	B,C,G
JE Vaccine	D	D	D	D	G
Measles	B,F	B,F	B,F	B,F	B,G
Meningococcal (A, C, Y, W135)	B,D	B,D	B,D	B,D	B,G
Mumps	F,G	B,F,G	F,G	B,F,G	G
OPV	B,D,R	B,R	B,R	B,R	A
Plague	D,F	F	F	F	F
Rabies	F	F	F	F	G
Rubella	B,F	B,F	B,F	B,F	B
Tetanus-diphtheria	A,B,R	A,B,R	A,B,R	A,B,R	A,B
Typhoid	C,D	C,D	C,D	C,D	D
Varicella	F,G	F,G	F,G	G	F,G
Yellow fever	C,D	A,R	C,D	A,R	B,C,E

A--All active duty personnel
B--Recruits
C--Alert Forces
D--When deploying or traveling to high risk areas
E--Only when required by host country for entry
F--High Risk Occupational Groups
G--As directed by applicable surgeon general or Commandant (G-K), Coast Guard
R--Reserve Components
X--Reserve Component personnel on active duty for 30 days or more during the influenza season

(Officer accessions are addressed in text)

11. Immunizing Females of Childbearing Age. A pregnancy screening test is not routinely required prior to administering vaccines or toxoids, including live virus vaccines, to females of childbearing age. Take the

following precautions to avoid unintentional immunization during pregnancy:

11.1. Ask if pregnant. If the answer is "yes" or "maybe" exclude from immunization or refer for evaluation. If the answer is "no", immunize. If a live virus vaccine is administered, counsel the individual to avoid becoming pregnant for three months and document in the health record **(SF 600, Health Record--Chronological Record of Medical Care)**.

12. Adverse Events. Describe in detail severe adverse reactions to immunizing agents and prophylactic drugs in the individual's health record.

12.1. Mandatory information consists of identification of the biological agent, lot number and manufacturer, date of administration, name and location of the medical facility, and the type and severity of the reaction.

12.2. Health care providers are required by the National Vaccine Injury Compensation Program to report reactions to the Vaccine Adverse Events Reporting System (VAERS) of the Department of Health and Human Services using Form VAERS-1. VAERS forms and information can be obtained by calling 1-800-822-7967.

12.3. Vaccine reactions resulting in hospitalization or time lost from duty (more than 24 hours) are reported on the VAERS-1. Reactions involving low-grade, self-limited fever of less than 24 hours duration, local soreness, redness, or swelling at the site of immunization are not reported, unless contamination of lot(s) is suspected.

12.4. Army, Navy, and Air Force Only. Copies of completed VAERS-1 forms are distributed as follows:

12.4.1. Send original to the Vaccine Adverse Event Reporting System (VAERS), PO Box 1100, Rockville, MD 20849-1100.

12.4.2. Retain one copy by the reporting agency.

12.4.3. Submit one copy to the appropriate disease control authority:

12.4.3.1. Army. DASG-PSP-D, 5109 Leesburg Pike, Falls Church, VA 22041-3258.

12.4.3.2. Navy and Marine Corps. Commanding Officer, Navy Environmental Health Center, (PREVMED), 2510 Walmer Avenue, Norfolk, VA 23513-2617.

12.4.3.3. Air Force. HQ AFMOA/SGOP, 110 Luke Avenue, Room 400, Bolling AFB, DC 20332-7050.

12.5. Coast Guard. Commandant (G-K), USCG Headquarters, 2100 Second Street, S.W., Washington, DC 20593-0001. Local medical authorities:

12.5.1. Immediately notify Commandant (G-K), via telephone or message, if contaminated or dangerous vaccine lots are suspected.

12.5.2. Suspend usage, but retain all such lots pending further investigation. Opened and unopened packages are held pending receipt of disposition instructions.

12.5.3 Units submit a completed VAERS-1 to the FDA with a copy to Commandant (G-K) and their Maintenance and Logistics Command (kqa). The unit maintains a copy on file. Coast Guard units request disposition instructions from Commandant (G-K).

13. Waivers. The respective Surgeons General and CG MPC or Commandant (G-K) grant permanent immunization waivers for military or civilian personnel (employed by the military or training under military sponsorship). Such waivers are granted only in the case of legitimate religious objections to immunization and are revoked if necessary to ensure the accomplishment of the military mission. Authority to grant temporary waivers is delegated as follows:

13.1. Army only. Medical authority at major commands.

13.2. Air Force only. Major command surgeons.

13.3. Navy and Marine Corps only. The Chief, Bureau of Medicine and Surgery.

13.4. Waivers from private physicians based on personal beliefs or attitudes are not authorized.

13.5. Forward to the appropriate commander or surgeon waivers for religious objections.

13.5.1. Include full name, rank, and SSN; name of recognized religious group and the date of the applicant's affiliation; supporting certification signed by an authorized personal religious counselor. The counselor attests that the applicant is an active member in good standing of the espoused religious group, adheres to tenets consistent with the espoused religious beliefs and the religious group has a tenet or belief opposing immunizations.

13.6. Commanders ensure counseling of the applicant is provided by a medical officer and documented in the health record. The following information is included in the counseling:

13.6.1. Noncompliance with immunization requirements adversely impact deployability and administrative actions may be taken.

13.6.2. Additional risk to health on exposure to disease against which he/she is not protected.

13.6.3. Possibility he/she may be detained during travel across international borders in accordance with international health regulations.

13.6.4. Possibility that if a waiver is granted the waiver can be revoked if he/she is at imminent risk of exposure to a disease for which an immunization is available. This is in keeping with the tenets concerning involuntary therapeutic care when military mission accomplishment may be compromised.

Section C--Personnel Subject to Immunizations

14. Active Duty Personnel. Receive immunizations as indicated in Table 1.

15. Accessions and Recruits. Officer and enlisted accessions are scheduled at a minimum for influenza during influenza season, trivalent Oral Polio Vaccine (OPV), measles, tetanus-diphtheria, and rubella vaccination early during processing or training. Recruits also receive adenovirus types 4 and 7 and meningococcal vaccination.

15.1. Air Force Only. Air Force recruits receive adenovirus vaccination only when there is evidence of active disease transmission.

15.2. Navy and Marine Corps Only. Officer and enlisted accessions receive mumps vaccine and influenza vaccine year-round.

16. ROTC and Service Academies. Members of the Army, Navy, Air Force, and Marine Corps Components, to include Reserve Officers' Training Corps (ROTC) cadets, who are ordered or called to active duty or active duty for training in the U.S. for a period of 30 days or less (and not in recruit training) and officers in Service Academies are immunized in accordance with the requirements for officer accessions. Adenovirus and meningococcal vaccinations are not required for ROTC and Service Academy attendance. Army ROTC cadets attending summer camps in the U.S. receive tetanus-diphtheria, measles, and rubella vaccines only. Oral polio vaccine is not required for Army cadets in summer camps.

17. Alert Forces. Alert forces are defined as follows and are immunized in accordance with Table 1. Categories are as follows:

17.1. Army Only. Members of units, both active and Reserve Component, designated to be in a state of readiness for immediate deployment to any area outside of the U.S., includes units and individuals required to be in a state of readiness for immediate deployment within 30 days or less of notification.

17.2. Navy and Marine Corps Only. All fleet units deployed on a scheduled or situational basis to any foreign country (except Canada). These units include all Navy and Military Sealift Command ships (including civilian mariners), aircraft squadrons, Fleet Marine Force units, construction battalion detachments, and naval special warfare personnel. This includes Medical Department personnel assigned to Mobile Medical Augmentation Readiness Teams and other naval personnel, including members of Reserve units, subject to foreign deployment on short notice.

17.3. Air Force Only. Aircrew personnel, individuals, and members of units (active, Reserve Component, and Air National Guard) subject to rapid deployment to any theater of operations by virtue of present assignment or mission function.

17.4. Coast Guard Only. Personnel attached to combat or combat support units (WHEC, WMEC, WPB, WAGB, WLB, CGAS), national strike force, members of the Coast Guard Reserve designated by the district commander, individuals or special teams which are available for immediate deployment outside the United States, and any or all members of a unit whose commanding officer chooses to protect and preserve operational effectiveness.

18. Reserve Component Personnel. Other than as defined above, military personnel, including individuals in the Reserve Components, receiving orders for active duty for periods of 30 days or more (10 days for Naval Reservists) are immunized in accordance with Table 1. Immunizations and re-immunizations are given as soon as possible after receipt of orders or after arrival at a training or mobilization center, or in the case of persons not so assigned, at the first and subsequent duty stations.

19. Family Members. Family members should receive immunizations following current ACIP recommendations.

20. Federal Civilian Employees Subject to Rapid Deployment. Federal civilian employees and other groups having status equivalent to deployable forces serving under the auspices of the Military Services are subject to the same immunization requirements as active duty personnel.

21. Other Federal Civilian Employees and Their Family Members.

21.1. Employees and their family members engaged in foreign duty under military sponsorship. Federal civilian employees and their family members receive immunizations required for entry by the foreign country in which they are working. Country specific immunizations are administered at military installations without charge upon presentation of official orders or authorization. Area preventive medicine authorities are consulted for recommendations for specific areas. Persons declining immunizations required for entry into foreign countries are counseled that this omission may subject them to compulsory immunizations, detention and quarantine, or denial of entry by host country authorities.

21.2. Occupationally indicated vaccines for civilian employees. Federal civilian employees at risk of exposure to an infectious disease associated with their occupation or service receive appropriate immunizations without charge at military activities. Immunizations will be administered upon recommendation of the responsible preventive medicine authority.

21.3. Susceptible or occupationally exposed health care employees (including volunteers) who have direct contact with patients are provided appropriate vaccine(s) against influenza, measles (2 doses), mumps, and rubella unless a current vaccination or a protective titer is documented. This policy is instituted in all health care settings, regardless of age or sex of the health care provider. Employees, including volunteers, who have contact with or potential exposure to human blood or blood products, (whether from patient care, laboratory or other health care settings) are provided hepatitis B virus (HBV) vaccine. Other immunizations based on occupational risk of exposure in the medical facility are also provided. For contract personnel, such immunizations are required, but are provided only if agreed upon and so stated in the contract agreements.

21.4. School teachers, day care center workers, and children attending DoD-sponsored schools and day care centers or similar facilities on military installations. As a condition of employment or attendance at these facilities, school teachers, child care center workers, volunteers, and children attending DoD-sponsored primary and secondary schools, child care centers or similar facilities are administered appropriate vaccines against measles, mumps, rubella, tetanus, diphtheria, and polio, unless already immune based on documented receipt of vaccine series or physician-diagnosed illness. For rubella, immunity is based only on documentation of receipt of vaccine or laboratory evidence of immunity. Administer influenza vaccine annually to school teachers, day care workers and volunteers. Children under the age of 7 years receive pertussis vaccine in ACIP recommended dosages unless there is documentation of previous vaccination, religious waiver, or medical contraindication. Children under age 6, particularly those attending DoD-sponsored day care facilities, are provided vaccine against Hib, in ACIP recommended dosage regimens appropriate for their age. Installation medical staff will collaborate with DoD school and day care center authorities to ensure effective immunization screening procedures during registration.

21.5. Waste water (sewage) treatment system personnel and employees in occupational contact with waste water or who work in or inspect waste water treatment facilities receive tetanus-diphtheria vaccine following current ACIP recommendations. OPV is administered to those workers not previously fully immunized. Typhoid vaccine, hepatitis A vaccine, and immune globulin are not routinely recommended for waste water treatment system workers.

22. Provision of Vaccine to Civilians. The installation or activity commander, upon the recommendation of the appropriate medical authority, provides immunizations against diseases which may be a significant cause of lost work-hours in the civilian work force. Such immunizations are voluntary and are administered without charge to the employee.

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 nationals 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.

24. Sponsored Individuals. Other individuals who travel from, or reside outside, the U.S. under sponsorship of the Armed Forces receive immunizations in accordance with the requirements for family members outlined above.

25. Overseas Commander Authority. The overseas commander, commanding officer, or officer-in-charge, upon the recommendation of the appropriate medical authority, provides immunization against communicable diseases judged to be a potential hazard to the health of the command and are administered without charge.

26. Geographic Immunization Requirements.

26.1. Current health threat assessments based on disease prevalence in specific geographic regions are maintained by each Service preventive medicine authority using Federal, DoD, and other relevant sources of information and are disseminated appropriately to all units within their respective jurisdictions.

26.2. Commanders-in-chief of unified commands, in coordination with the appropriate Surgeons General or Commandant (G-K), Coast Guard, establish specific immunization requirements based on a special disease threat assessment. These requirements may be at variance with normal service immunization policies for personnel entering their area of responsibility to participate in exercises or other operational missions. Personnel on official deployment or travel orders are immunized by local authorities in accordance with the specific guidance established by the unified commander-in-chief.

27. Quarantine, Entry, and Reentry Requirements. U.S. Foreign Quarantine Regulations concerning entry or reentry of military and nonmilitary personnel into the U.S., or its commonwealths, territories and possessions under the provisions of the U.S. Foreign Quarantine Regulations are followed. All persons entering or reentering the U.S., its commonwealths, territories, and possessions are required to present evidence of having been vaccinated against specific diseases. The Surgeons General of the respective military Services and the Commandant (G-K),

Coast Guard, provide immediate notification of any change in entry or reentry requirements to all personnel within their jurisdictions.

Section D--Specific Requirements for Military Personnel

28. Adenovirus Types 4 and 7. Based on likelihood of transmission, adenovirus types 4 and 7 vaccines are administered orally simultaneously on a one time basis to recruits.

29. Cholera. Cholera vaccine is not administered routinely to either active or reserve component personnel. Cholera vaccine is administered to military personnel, only upon travel or deployment to countries requiring cholera vaccination as a condition for entry, or upon the direction of the appropriate Surgeon General, or Commandant (G-K), Coast Guard.

30. Hepatitis A. Use hepatitis A vaccine and immune globulin (IG) according to ACIP and Service-specific guidance.

31. Hepatitis B. Current OSHA bloodborne pathogen standards are followed. Current ACIP recommendations are followed regarding the use of HBV vaccine, IG, and hepatitis B immune globulin (HBIG) in the post-exposure prophylaxis of hepatitis B.

31.1. Coast Guard Only. See Commandant Instruction M6220.8, *Prevention of Bloodborne Pathogen Transmission (BBP)* for additional requirements and information.

31.2. Army Only. For additional requirements and information see message HQDA, DASG-PSP, 051700Z Dec 91, SUBJ: *Revised Hepatitis B Virus Immunization Program for the AMEDD and for Soldiers PCSing to Korea* and message HQDA, SGPS-PSP-D, 041350 Z 2 Oct 94 SUBJ: *Hepatitis B Vaccination.*

32. Influenza. The influenza season is defined as extending from October through March in the Northern Hemisphere. The following schedule is followed:

32.1. All active and reserve military personnel entering active duty for periods in excess of 30 days (10 days for Naval Reserve personnel) are immunized against influenza soon after entry on duty. An annual immunization against influenza is given, except for those individuals who have received an identical composition vaccine during the preceding 3 months. The annual immunization program commences in October in the U.S., Europe, and the Far East.

32.2. Each Service monitors the compliance with the influenza immunization program. The vaccine is provided to all health care providers and others considered to be at high risk for influenza infection.

32.3. Coast Guard Only. Influenza virus vaccine is mandatory for all military health services personnel, officer candidates, and recruit and cadet populations unless medically contraindicated. Personnel attached to combat or combat support units, national strike force, members of the reserve designated by the district commander, and other individuals or special teams which are available for immediate deployment outside of the U.S. are required to receive influenza vaccination. The vaccine is offered to other personnel and family members on a voluntary basis. When warranted by epidemiological consideration. Commandant (G-K) makes this vaccine mandatory for all active duty personnel.

33. Japanese B Encephalitis (JE). Specific guidance on indications for use and schedule of immunization in military populations is provided by the Services.

34. Measles, Mumps, and Rubella (MMR).

34.1. Measles and Rubella. Measles and rubella are administered to all recruits regardless of prior history. Measles and rubella antibody testing, and selective immunization is performed if cost-effective. Laboratories must employ an FDA-approved screening test. Single virus vaccines can be used as appropriate, if available.

34.2. Mumps. Mumps or MMR vaccine is administered to persons considered to be mumps susceptible. Written documentation of physician diagnosed mumps or a documented history of prior receipt of live virus mumps vaccine or MMR vaccine is adequate evidence of immunity.

34.3. Health Care Workers. All military and civilian personnel engaged in the delivery of health care and having patient contact are appropriately immunized against measles, mumps, and rubella following current ACIP recommendations. Those born before 1957 require laboratory evidence of immunity or written documentation of one dose of measles-containing vaccine after one year of age.

35. Meningococcus. Quadrivalent meningococcal vaccine (containing A, C, Y, and W-135 polysaccharide antigens) is administered on a one-time basis to recruits. The vaccine is given as soon as practicable after in-processing or training. This vaccine is required routinely only for recruits, although its use may be indicated in other situations based on transmission potential and risk of contracting meningococcal disease. Service preventive medicine authorities are contacted regarding indications for use beyond the recruit setting.

36. Plague. There is no requirement for routine immunization. Plague vaccine is administered to

personnel who are likely to be assigned to areas where the risk of endemic transmission or other exposure is high. Vaccine may not be effective in the prevention of airborne infection. The addition of antibiotic prophylaxis is recommended for such situations.

37. Polio.

37.1. A single dose of trivalent OPV is administered to all enlisted accessions. Officer candidates, ROTC cadets, and other Reserve Components on initial active duty for training receive a single dose of OPV unless prior booster immunization as an adult is documented.

37.2. Booster doses of OPV are not routinely administered, unless individuals are expected to be at exceptionally high risk of exposure to wild polio virus as a result of international travel. The need for booster doses of OPV is individually determined by the respective attending physicians, based on ACIP recommendations.

37.3. Inactivated Polio Vaccine (IPV) is used as an alternative to OPV for selected individuals as clinically indicated in accordance with ACIP recommendations.

38. Rabies.

38.1. Preexposure Series. Rabies vaccine is administered to personnel with a high risk of exposure (animal handlers; certain laboratory, field, and security personnel; and personnel frequently exposed to potentially rabid animals in a nonoccupational or recreational setting) in accordance with current ACIP recommendations.

38.2. Postexposure Series. Rabies vaccine and rabies immune globulin (RIG) administration will be coordinated with appropriate medical authorities following current ACIP recommendations.

39. Smallpox. This vaccine is administered only under the authority of DoD Directive 6205.3, *DoD Immunization Program for Biological Warfare Defense.*

40. Tetanus-Diphtheria. A primary series of tetanus-diphtheria (Td) toxoid is initiated for all recruits lacking a reliable history of prior immunization in accordance with existing ACIP guidelines. Individuals with previous history of Td immunization receive a booster dose upon entry to active duty and subsequently in accordance with ACIP requirements.

41. Typhoid. Typhoid vaccine is administered to alert forces (except Coast Guard) and personnel deploying to endemic areas. Either oral or intramuscular vaccine is used following current ACIP recommended dosage schedules.

41.1. Coast Guard Only. See Commandant Instruction 6230.6, *Typhoid Immunization of Active Duty Coast Guard Personnel* for additional requirements and information.

42. Varicella. Use varicella vaccine in accordance with ACIP and Service-specific guidance.

43. Yellow Fever. Yellow fever immunization is required for all alert forces, active duty personnel or Reserve Components traveling to yellow fever endemic areas.

43.1. Coast Guard Only. All accessions receive a single dose. Only alert forces and those individuals required to travel to yellow fever endemic areas are re-immunized.

Section E--Chemoprophylaxis

44. Chemoprophylactic Requirements. Command medical officers review indications for use and potential adverse effects of specific chemoprophylactic medications prior to use. Current ACIP or Control of Communicable Diseases Manual recommendations and consultation with the relevant preventive medicine authority are followed for the use of chemoprophylactic agents for the following diseases which have historically been shown to be of military significance:

- Influenza.
- Meningococcal disease.
- Leptospirosis.
- Plague.
- Scrub typhus.
- Traveler's diarrhea.

45. Malaria.

45.1. Comprehensive malaria prevention counseling including mosquito avoidance, personal protective measures (clothing, repellents, bednetting, etc.) and chemoprophylaxis is provided to military and civilian personnel considered to be at risk of contracting malaria. Specific chemoprophylactic regimens are determined by each of the Services based on degree and length of exposure and the prevalence of drug resistant strains of Plasmodia in the area(s) of travel.

45.1.1. Coast Guard Only. See Commandant Instruction 6230.5 series, *Malaria Prevention and Control* for additional requirements and information.

45.2. Glucose-6-phosphate dehydrogenase (G6PD) testing should be considered for individuals or units requiring primaquine chemoprophylaxis, especially those of Mediterranean or North African descent. If a G6PD test is obtained, the test result is recorded in the PHS Form 731 and the health record according to Service-specific guidelines.

46. Group A Streptococcal Disease. Each Service develops policies for surveillance and prophylaxis of streptococcal disease at recruit centers.

Section F--Biological Warfare Defense

47. Purpose. DoD Directive 6205.3, *DoD Immunization Program for Biological Warfare Defense*, establishes policy, assigns responsibilities, and prescribes procedures for members of the DoD against validated biological warfare threats, and prioritization of research, development, testing, acquisition, and stockpiling of biological defense vaccines under Title 10, USC.

48. Responsibilities.

48.1. The Commanders of the Unified Commands, annually and as required, provide the Chairman of the Joint Chiefs of Staff with their assessment of the biological warfare threats to their theaters.

48.2. The Chair of the Armed Forces Epidemiological Board, in consultation with the DoD Executive Agent and the Secretaries of the Military Departments, annually and as required, identify to the Assistant Secretary of Defense/Health Affairs (ASD[HA]) vaccines available to protect against validated biological warfare threat agents, and recommend appropriate immunization protocols.

49. Procedures. The DoD Immunization Program for Biological Warfare Defense is conducted as follows:

49.1. The Commanders of the Unified Commands, annually and as required, provide the Chairman of the Joint Chiefs of Staff with their assessment of the biological warfare threats to their theater.

49.2. The Chairman of the Joint Chiefs of Staff, in consultation with the Commanders of the Unified Commands; the Chiefs of the Military Services; and the Director, DIA, annually validate and prioritize the biological warfare threats to DoD personnel and forward them to the DoD Executive Agent through (ASD[HA]).

49.3. Within 30 days of receiving the validated and prioritized biological warfare threat list from the Chairman of the Joint Chiefs of Staff, the DoD Executive Agent, in consultation with the Secretaries of the Military Departments and the Chairman of the Armed Forces Epidemiological Board, provide recommendations to the ASD(HA) on vaccines and immunization protocols necessary to enhance protection against validated biological warfare threat agents.

49.4. Within 30 days of receiving the coordinated recommendations of the DoD Executive Agent, the ASD(HA) directs the Secretaries of the Military Departments to begin immunization of the specified DoD personnel against specific biological warfare threat agents.

49.5. For biological threats for which the only available vaccine is an Investigational New Drug (IND), it is administered under 21 CFR 50, *Informed Consent of Human Subjects*, and 21 CFR 312, *Investigational New Drug Application*, and the established IND protocol and/or other applicable legal procedures.

Section G--Records

50. DHHS Form PHS 731. Prepared for each member of the Armed Forces and for nonmilitary personnel. The form contains valid certificates of immunization for international travel and quarantine purposes in accordance with World Health Organization international health regulations. The *DHHS Form PHS 731* remains in the custody of the individual who is responsible for its safekeeping and for keeping it in his or her possession when performing international travel. Data is entered by hand, rubber stamp, or typewriter. The day, month, and year is written in the order named. The day is expressed in Arabic numerals, the month spelled out or abbreviated using the first three letters of the word, and the year expressed in Arabic numerals either by four digits or by the last two digits (14 JUNE 1994 or 14 JUN 94).

50.1. Entries based on prior official records have the following statement added: "Transcribed from official U.S. Department of Defense records."

50.1.1. Coast Guard Only. "Transcribed from official U.S. Coast Guard records." Such entries in the case of yellow fever and cholera are authenticated by the DoD Immunization Stamp and the actual signature of a medical officer or his or her designated representative, as outlined above.

50.2. DHHS Form PHS 731 is obtained through normal publication supply channels. The DoD Immunization Stamp (Rubber Stamp, Fixed Type, Immunization Certification, DoD Seal [NSN: 7520-00-823-8162]) is available through medical supply channels.

50.3. In accordance with instructions received from the Foreign Quarantine Division of the Centers for Disease Control and Prevention (CDC); the appropriate Surgeon General; Chief, Bureau of Medicine and Surgery; or Commandant (G-K), Coast Guard authorize the use of a standard address for military members which may be stamped on the face of the DHHS Form PHS 731. Stamps are procured by local purchase as necessary.

50.3.1. U.S. Army.

- Army Officers: HQDA (DAPC-PSR-R), Hoffman II, 200 Stovall Street, Alexandria, VA 22332-0400.
- Army Enlisted: Commander, U.S. Army Enlisted Records and Evaluation Center, ATTN: PCRE-F, Fort Benjamin Harrison, IN 46249-5301.

50.3.2. U.S. Navy. Bureau of Naval Personnel (BUPERS), Washington, D.C. 20370.

50.3.3. U.S. Marine Corps. Headquarters, U.S. Marine Corps, Washington, D.C. 20380.

50.3.4. U.S. Air Force. HQ AFMPC/DPMDB, Randolph AFB, TX 78148.

50.3.5. U.S. Coast Guard. Commandant (G-K), USCG Headquarters, 2100 Second Street, S.W., Washington, DC 20593-0001.

50.4. Air Force Only. The address is the same as that for the military member in 50.3.4 above. In all cases, written signatures must appear in appropriate spaces on each certificate; signature stamps are not valid.

51. National Vaccine Injury Compensation Program.
51.1. To comply with the National Vaccine Injury Compensation Program, established by the National Childhood Vaccine Injury Act of 1986 and other regulations, the date of administration, manufacturer and lot number of vaccines and names of administering facility are recorded. Information is recorded on PHS Form 731, medical record and on the clinic log or equivalent computer data base. Information includes, name, sponsor's SSN, date of administration, type of vaccine, manufacturer, lot number, and the name, address, and title of person administering the vaccine.
51.2. In addition to information in 51.1, all health care providers who administer any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, or polio to either children or adults provide a copy of the most recent relevant vaccine information materials provided by the DHHS. Single camera-ready copies of vaccine information materials are available from state health departments.
51.3. Health care providers are not required to obtain the signature of the military member, patient, or legal representative acknowledging receipt of the vaccine information materials. However, to ensure a record of provision of the material exists, health care providers make a notation in each patient's health record (SF 600 or 601) that the vaccine information materials were provided at the time of vaccination.

52. Issuance of DHHS Form PHS 731 to Military Personnel. At the time of initial immunization of a person entering military service, **DHHS Form PHS 731 and SF 601, Health Record--Immunization Record,** are initiated as outlined below. Written statements from civilian physicians attesting to immunization with approved vaccines, and providing dates and dosages, are accepted as evidence of immunization. Such information is transcribed to official records. Immunizations are recorded on the cited forms, and the forms are maintained as follows:
52.1. Army, Navy, and Marine Corps Only. SF 601 is prepared in accordance with AR 40-66, *Medical Record and Quality Assurance Administration*, and Chapter 16, NAVMED P-107, *Manual of the Medical Department, U.S. Navy*. When prepared, SF 601 and DHHS Form 731 contain the SSN as identifying data.
52.2. Coast Guard Only. The Coast Guard prepares SF 601 in accordance with CG COMDTINST M6000.1 series.
52.3. Air Force Only. Initiate DHHS Form PHS 731 and AF Form 3922, **Adult Preventive Care--Flow Sheet**, on all personnel at the time of entry into military service, and include the member's SSN.

53. Issuance of DHHS Form PHS 731 to Nonmilitary Personnel. At the time of initial immunization of nonmilitary personnel, entries are made on DHHS Form PHS 731 which is retained by the individual. All subsequent immunizations are recorded on this form which can be presented as an official record of immunizations received. In addition to DHHS Form PHS 731, SF 601 (Army, Navy, and Marine Corps) or SF 600 (Air Force) is prepared and permanently maintained for each individual. Individuals preparing the DHHS Form PHS 731 and SF 601 (SF 600) ensure appropriate entries are recorded on both forms and both forms are current and agree with one another.

Section H--Program Evaluation

54. General Requirements. Each service develops appropriate quality assessment mechanisms to ensure immunizations are being administered in accordance with this publication.

55. Forms Prescribed.
- SF 601, **Health Record--Immunization Record**. (Navy and Marine Corps only--NSN 7540-00-634-4177. Available from Federal Supply System through normal supply procurement procedures.)
- Form VAERS-1, **Vaccine Adverse Event Reporting System**.
- DHHS Form PHS 731, International Certificate of Vaccination. (Navy and Marine Corps only--S/N 0108-LF-400-0706. Available from the Navy Supply System and may be requisitioned per NAVSUP P-2002D.)

EDGAR R. ANDERSON, JR., Lt General, MC, USAF
Surgeon General

DENNIS J. REIMER, General, United States Army
Chief of Staff

Official:

Yvonne M. Harrison

YVONNE M. HARRISON
Administrative Assistant to the
Secretary of the Army

HAROLD M. KOENIG, Vice Admiral, MC, USN
Chief, Bureau of Medicine and Surgery

ALAN M. STEINMAN, Rear Admiral, USCG
Chief, Office of Health and Safety

2 Attachments
1. Glossary of References, Abbreviations, and Acronyms
2. Distribution List

GLOSSARY OF REFERENCES, ABBREVIATIONS, AND ACRONYMS

References

Required Publications:

For contract personnel, such immunizations are required, but are provided only if agreed upon and so stated in the contract agreements.

American Public Health Association, *Control of Communicable Diseases Manual (Army FM 8-33, NAVMED P-5038).*

Centers for Disease Control and Prevention, *General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP), Morbidity and Mortality Weekly Reports (MMWR) 1994, 43, No. RR-1 (or most current update).*

Centers for Disease Control and Prevention, *Health Information for International Travel, 1994 HHS publication No. CDC 94-8280 (or most current update).*

AR 40-400 (Army only), *Patient Administration.*

AR 40-61 (Army only), *Medical Logistics Policies and Procedures.*

AR 40-66 (Army only), *Medical Record Administration.*

AR 40-5 (Army only), *Preventive Medicine.*

AR 600-20 (Army only), *Army Command Policy.*

BUMEDINST 6710.63A (Navy only), *Reporting and Processing Defective or Unsatisfactory Medical and Dental Materiel.*

C6700/9500-ML, *Management Data List FSC Groups 67 through 95 (Items of Medical Materiel Only).*

COMDTINST M6000.1 series (Coast Guard only), *U.S. Medical Manual.*

DLAR 4140.7, *Defense Logistics Agency Regulation.*

DoD Instruction 6205.2, *Immunization Requirements.*

DoD Directive 6205.3, *DoD Immunization Program for Biological Warfare Defense*, November 26, 1993.

Manual of the Medical Department (Navy and Marine Corps only), U.S. Navy, NAVMED P-107. (This publication may be obtained from the Bureau of Medicine and Surgery, MED-913, 2300 E Street, NW, Washington, DC 20372-5300.)

Related Publications. (A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.)

American Academy of Pediatrics, *The Report of the Committee on Infectious Diseases of the American Academy of Pediatrics (Red Book).* 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove Village, IL 60009-0927; Telephone: (708) 228-5005.

American College of Physicians, *Guide for Adult Immunization.* Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572; Telephone: (215)351-2600 or (800) 523-1546.

AR 10-2, *Management Control.*

Unnumbered Publication, *U.S. Foreign Quarantine Regulations.* (This publication may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.)

Abbreviations and Acronyms

ACIP	U.S. Public Health Service Advisory Committee on Immunization Practices
AFI	Air Force Instruction
AFMOA	Air Force Medical Operations Agency
AR	Army Regulation
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
BUMED	Bureau of Medicine and Surgery
CDC	Centers for Disease Control and Prevention
CG	Coast Guard
COMDTINST	Commandant Instructions
DHHS	Department of Health and Human Services
DIA	Defense Intelligence Agency
DoD	Department of Defense
FDA	Food and Drug Administration
G6PD	Glucose-6-Phosphate Dehydrogenase
HBIG	Hepatitis B Immune Globulin

HBV	Hepatitis B Virus
Hib	Haemophilis influenza type b
HQ	Headquarters
HQDA	Headquarters, Department of the Army
IG	Immune Globulin
IND	Investigational New Drug
IPV	Inactivated Poliovirus Vaccine
JE	Japanese Encephalitis
MMWR	Morbidity and Mortality Weekly Report
MMR	Measles-Mumps-Rubella
MSC	Military Sealift Command
MTF	Medical Treatment Facility
OSHA	Occupational Safety and Health Administration
OPV	Oral Polio Vaccine
PHS	U.S. Public Health Service
RCS	Requirement Control Symbol
ROTC	Reserve Officers' Training Corps
SG	Surgeon General
SSN	Social Security Number
Td	Tetanus-diphtheria Toxoid (adult formulation)
VAERS	Vaccine Adverse Events Reporting System

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