

## INFORMATION PAPER

DASG-HCA  
30 January 2006

**SUBJECT:** Revision of Army Regulation (AR) 220-1, Unit Status Reporting, to Include Individual Medical Readiness

1. Purpose. To provide information on the new criteria for individual medical readiness (IMR) within unit status reporting (USR), focusing on immunizations.

2. Reference. AR 220-1, Unit Status Reporting, 1 February 2006. A copy of the revised regulation can be found by logging on to AKO and navigating to "Army Readiness Division Home".

3. Facts.

a. The new regulation revises instructions for determining personnel availability, to include establishing new criteria for individual medical readiness (IMR). The IMR module of the Medical Protection System (MEDPROS) software enables commanders to determine the medical readiness status of their Soldiers and commands. The IMR criteria include:

- (1) Deployment-Limiting Conditions
- (2) Periodic Health Assessment
- (3) Medically Non-Deployable Profile
- (4) DNA on File
- (5) Current HIV Test
- (6) Dental Readiness
- (7) Immunizations

b. To be current or "green" for immunizations, a Soldier must have documentation in MEDPROS showing that all routine adult immunizations are complete (if given as a multi-dose series) or current according to the licensed dosing schedule. A Soldier needing one or more doses of these vaccines is considered "amber." If somebody is medically exempt, entering a medical exemption satisfies the requirement. The routine adult immunizations are:

(1) Tetanus-diphtheria (Td): A dose within the previous 10 years. A dose of the new tetanus-diphtheria-acellular pertussis (Tdap) vaccine also satisfies this requirement.

(2) Hepatitis A (Hep A): two doses, 6 months or more apart. No periodic booster dose is needed for this vaccine.

(3) Influenza: one immunization annually between September and June. Either the injectable or the nasal vaccine satisfies this requirement.

(4) Hepatitis B (Hep B), but only if previously started. Hepatitis B immunization has been given to basic trainees since summer 2002, as well as to Soldiers in medical and certain other career fields. Three doses are needed, with 1 month elapsing between the first two doses and typically five or more months elapsing between the second and third dose. There is no USR requirement to begin hepatitis B immunization for people who have not begun the series for other reasons.

c. Effect on USR Rating. Personnel not current according to the licensed dosing schedule for a routine adult immunization or not current in other Individual Medical Readiness categories will be considered "not-available" for deployment/employment with the unit to accomplish its wartime mission. The percentage of personnel available corresponds to the following "P" Levels:

- (1) P1 100-90% available
- (2) P2 89-80% available
- (3) P3 79-70% available
- (4) P4 69% or less available

d. The revised AR 220-1 will be published on 1 February 2006. Commanders should be prepared to implement the provisions of the revised AR 220-1 on the following dates:

(1) Active Component. Beginning with their February 2006 monthly unit status reports (with date as of 15 February 2006) and for all subsequent reports.

(2) Reserve Components (not mobilized). Implement provisions of AR 220-1 as follows:

(a) Change Reports. Beginning 15 February 2006 for any change reports required.

(b) Validation Reports. Beginning 15 February 2006 and 15 March 2006 as-of dates and for all subsequent reports.

(c) Regular and composite reports. Beginning 15 April 2006 for quarterly reports.

MAJ Dave Beauchene/703-681-5101

Approved by COL Grabenstein