

Department of Defense Immunization Awareness Month Toolbox



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Getting Started:

To help you get started, read over this Blueprint for Success. The type of event you choose to sponsor should be based on your local resources and population. Please coordinate activities with the Military Vaccine (MILVAX) Agency or Vaccine Healthcare Centers (VHC) Network personnel closest to you, to organize outreach activities or simply put up a poster. Getting the word out is the key!

Within this toolbox you will find the products necessary to ensure successful participation in National Immunization Awareness Month (NIAM) efforts.

Suggested Activities to Promote Immunization Awareness Month:

- Coordinate with MILVAX Regional Analysts (RA) closest to your location (see RA map located on the home page of www.vaccines.mil).
- Design a bulletin board to display immunization facts. Include information about local immunization clinics and services they provide.
- Disseminate immunization brochures and educational materials to healthcare providers and DoD communities.
- Announce and promote distance-learning opportunities for physicians, nurses, pharmacists and other healthcare workers to keep them abreast of immunization-related topics.
www.vaccines.mil/training
- Read the CDC's *Morbidity and Mortality Weekly Report* and take exams offered for Continuing Education Units (CEU's) (<http://www2a.cdc.gov/ce/availableactivities.asp>).
- Inform doctors and nurses that continuing education credits are available (2.0 credit hours per course for all 26 courses) through the VHC Project Immune Readiness program.
- Set up a booth display in the lobby of your facility. Provide information brochures, Vaccine Information Sheets (VIS) or other materials that visitors can take away to read at a later time.
- Inform and educate using media outlets such as newspapers, magazines, newsletters, billboards, flyers, or brochures.
- Collaborate with other groups or participate in local events to increase your overall impact (Daycare centers on installations, Health and Wellness Centers, Gymnasiums, Enlisted and Officer Organizations).

- Present a mock outbreak of a vaccine-preventable disease in a table-top exercise. Communicate the many risks faced by un-immunized persons and the benefits of prevention by immunization.
- Write a press release to announce immunization initiatives within your community.

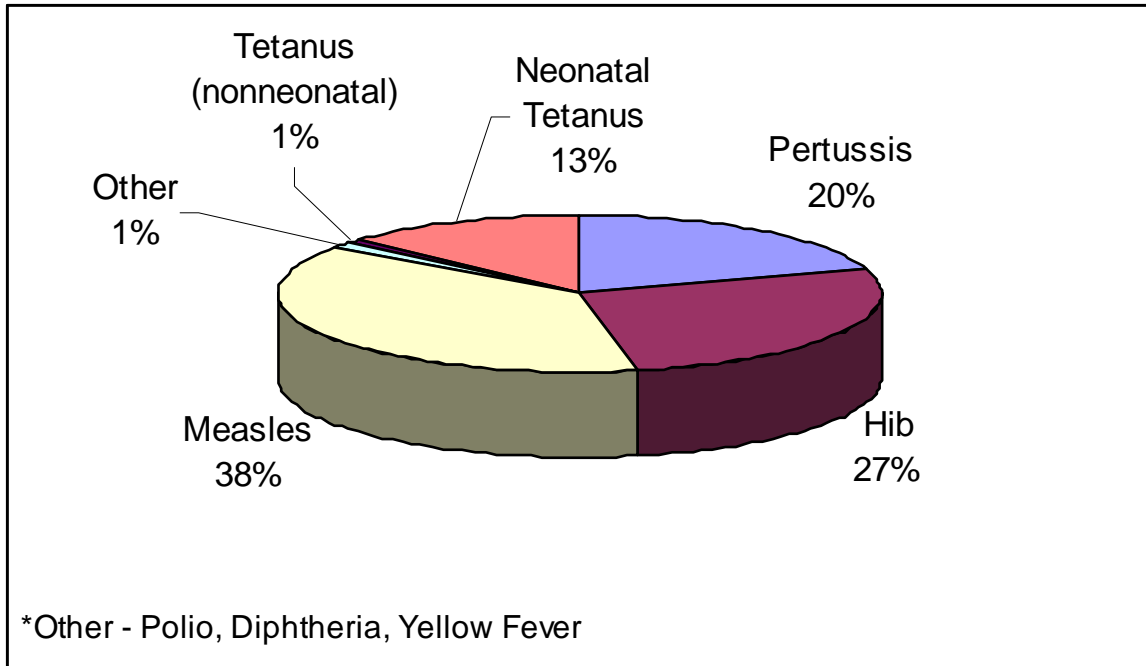
Disease Prevention:

Immunization programs have been touted as one of the top public health achievements of the 20th century. Smallpox disease no longer exists naturally; the threat of polio, Tetanus, Haemophilus B, Hepatitis and many others are at an all time low in the United States, as a direct result of the tireless efforts of preventive medicine doctors, nurses, pharmacists and technicians alike. However, with disease prevention success, the vulnerability to fall into complacency and lose high vaccination rates remains very real. Awareness is the inoculation against complacency. We need to ensure everyone, everywhere, understands the role vaccines play in his or her preventive health practice. Wash your hands, eat right, sleep right, and stay immune through vaccinations!

In our current culture some doctors and patients feel the need to vaccinate is not as great because the diseases we vaccinate against are no longer a concern. Using global statistics and pictures of the disease can go a long way in increasing the need for immunization awareness.

Vaccine-preventable diseases:

In 2002, World Health Organization estimated that 1.4 million deaths among children under 5 years of age were due to diseases that could have been prevented by routine vaccination. This represents 14% of global total mortality in children under 5 years of age (<http://www.who.int/research/en/>).



Multiple resources are available for you to highlight the reality of disease burden. Although we are at an all-time low for vaccine-preventable diseases (VPD) in the United States, a constant reality is we're a global society with the risk of VPD importation. New York City, Arizona, California, Michigan, Wisconsin, Hawaii, Illinois, New York State, Pennsylvania, and Virginia have all recently experienced imported VPDs (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm57e501a1.htm?s_cid=mm57e501a1_e).

Immunization Coverage:

It is important to objectively identify the vaccination status of your patients. There is certain susceptibility when making assumptions about coverage rates. Immunizations have both direct benefit to the recipient and indirect benefit to the people in the community the vaccinee (person) resides in or works with, i.e. "herd immunity."

With multiple options available to DoD beneficiaries, immunizations can be given both by your healthcare provider or other healthcare facilities, making assessments more important. The focus of immunization awareness month should not only include raising awareness of the public on lifespan immunization requirements but also include assessment of vaccination status. Ongoing processes to improve both the status and visibility of immunization rates are cornerstones of successful vaccination programs.

Partnerships:

By working with established organizations, you will decrease your burden in deploying and sustaining vaccine delivery. You have two active partners in DoD to ensure your success.

Military Vaccine (MILVAX) Agency:

The Military Vaccine (MILVAX) Agency works to enhance military medical readiness and protect human health, by synchronizing information, delivering education, enhancing scientific understanding, promoting quality, and coordinating military immunization programs worldwide. The MILVAX Agency supports all Armed Services.

Vision:

To protect and enhance the health of Service members and military beneficiaries, by promoting excellence in immunization policy and practice.

Mission:

To enhance military medical readiness and protect human health, by synchronizing information, delivering education, enhancing scientific understanding, promoting quality, and coordinating military immunization programs worldwide.

Values:

- Science – We will conduct military immunization programs based on an objective foundation in the sciences, with an active program to add to scientific knowledge.
- Quality – We will individualize immunization for the person being served, with due attention to screening for exemptions, vaccine storage and handling, staff education, and documentation. We will continuously improve our performance.
- Care – We will attend to people’s needs before, during, and after immunization. We will address health problems after immunization, regardless of whether a vaccine can be shown to cause the problem or not.
- Confidence – We will earn the confidence of the troops and their families through attention to science, quality, and care. We will foster understanding of the value of immunization.

Core Competencies:

The core competencies of the MILVAX Agency include:

- Synchronize information among the Military Services and DoD staff elements
- Deliver education for healthcare workers and the public (e.g., [Immunization University](#), www.vaccines.mil, (877) GET-VACC, vaccines@amedd.army.mil)
- Promote quality in immunization understanding and delivery
- Coordinate and assess U.S. military immunization programs worldwide
- Assist senior DoD leaders with policy development, especially related to biodefense and pandemic issues
- Safeguard shipping and handling of temperature-sensitive medical products

- Enhance scientific understanding of the benefits and risks of vaccines
- Foster mutually beneficial relationships between DoD, other government agencies, and professional associations related to immunizations
- Integrate electronic immunization tracking efforts of DoD and the Services

A major component of the MILVAX Agency's mission is "Immunization University," developed in coordination with the Vaccine Healthcare Centers Network. Immunization University is an informal collection of guidelines and training resources to help staff make every immunization an excellent one. Designed to enhance the skills of healthcare workers from a variety of professional and paraprofessional backgrounds, Immunization University offers training on vaccine products and immunization services through distance learning and on-site classes sponsored by the Military Vaccine Agency. We are committed to making this the most fruitful single resource of access to a wide range of training products relating to immunization services.

Vaccine Healthcare Centers (VHC) Network:

The Walter Reed National Vaccine Healthcare Center (WRNVHC) was established in 2001 in response to Congressional concern for ensuring quality vaccine administration and improving surveillance and reporting of adverse reactions in the military. The original effort was a rewarding collaboration between the Centers for Disease Control and Prevention (CDC) and the Department of Defense (DoD). WRNVHC now leads the entire Vaccine Healthcare Centers Network in support of the DoD immunization and readiness mission.

Mission:

The mission of the Vaccine Healthcare Centers (VHC) Network is to enhance warrior care, emergency preparedness, and the military readiness of the Department of Defense (DoD) by acting as a specialized clinical support system for the development and implementation of programs, research, consultation, and services that enhance vaccine safety, efficacy, and acceptability.

Vision:

The Vaccine Healthcare Centers (VHC) Network envisions a collaborative network that supports the Global War on Terrorism (GWOT) through expert clinical consultation and services for vaccine efficacy and safety, case management, research, surveillance and reporting, immunization education, and advocacy for Quality Immunization Healthcare Standards.

Goals:

- Global access to expert clinical consultant services for vaccine safety and efficacy, including medical exemptions and adverse events evaluation and treatment, with support for case management when required.
- Immunization education and performance improvement program development.
- Support for research that enhances vaccine safety, efficacy, and acceptability.
- Enhancement of DoD vaccine safety surveillance, reporting, and outcomes tracking.
- Advocacy for Quality Immunization Healthcare Standards.

Services for Providers:

The Vaccine Healthcare Centers offer clinical consultation services to DoD and civilian providers who treat military Service members (active, reserve, or guard), military beneficiaries, or DoD employees/contractors who receive a DoD mandated vaccine.

Services for Patients and Beneficiaries:

The Vaccine Healthcare Centers offer clinical consultation to Service members (active, reserve, or guard), military beneficiaries, and DoD employees/contractors who receive a DoD mandated vaccine. We are available to assist you by:

- Answering your questions about vaccines.
- Addressing your concerns about vaccine safety and efficacy.
- Assisting you in filing a VAERS and receiving proper healthcare if you are experiencing an adverse event related to a vaccine.

Eligibility:

Who can access services at the Vaccine Healthcare Centers?

- Active duty military Service members (Air Force, Army, Coast Guard, Marine Corps, Navy)
- Reservists
- Guardsmen
- Military beneficiaries
- DoD employees/contractors who receive a DoD mandated vaccine
- Healthcare providers who treat military Service members (active, reserve, or guard), military beneficiaries, or DoD employees/contractors who receive a DoD mandated vaccine

Locations:

Walter Reed Regional VHC

Walter Reed Army Medical Center
P.O. Box 59605
Washington, D.C. 20012-0605
Phone: 202-782-0411 DSN: 662-0411
Fax: 202-782-4658/5161

Richard E. Shope Regional VHC

Naval Medical Center Portsmouth
620 John Paul Jones Circle, Bldg. 1C-107
Portsmouth, Virginia 23708-2197
Phone: 757-953-9150 DSN: 377-9150
Fax: 757-953-5887

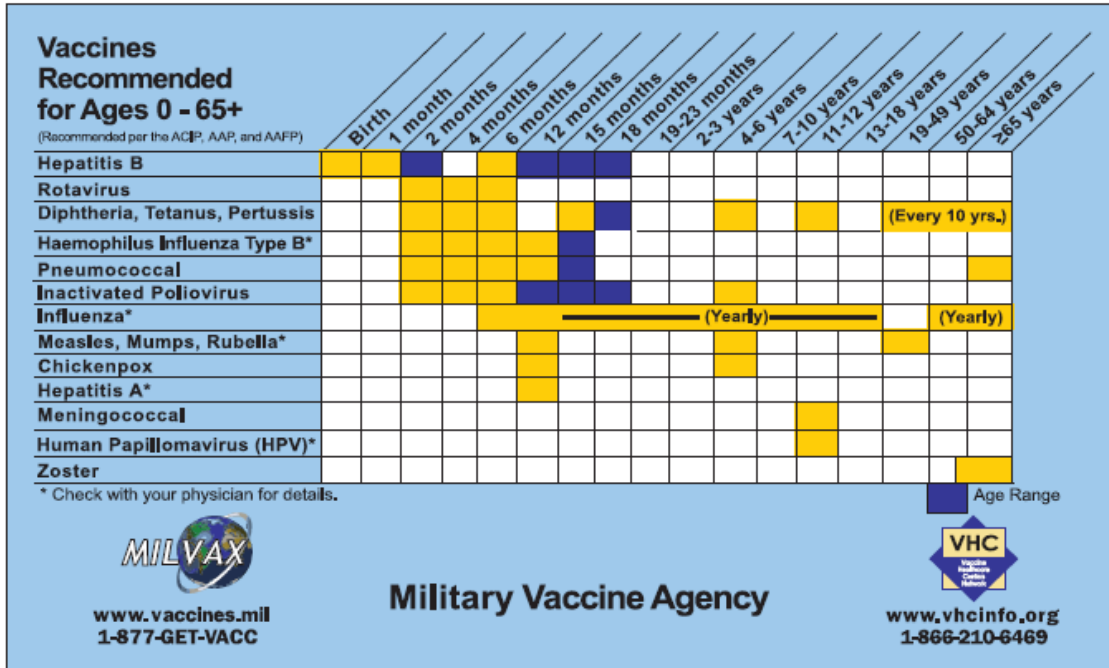
Fort Bragg Regional VHC

Womack Army Medical Center
Bldg 2-2010 Woodruff Street
Fort Bragg, North Carolina 28310-0001
Phone: 910-432-4015 DSN: 239-4015
Fax: 910-432-4054

Wilford Hall Regional VHC

Wilford Hall Medical Center
2131 Pepperrell Street, Bldg. 3350, Ste.1
Lackland AFB, TX 78236-5314
Phone: 210-292-0482 DSN: 554-0482
Fax: 210-292-0493

Recommended Immunization Schedules:



For a more detailed view of the schedules:

Pediatric Recommendations 2009

(http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09_0-6yrs_schedule_pss.pdf)

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B ¹	HepB		HepB		see footnote 1		HepB					
Rotavirus ²			RV	RV	RV ²							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	see footnote 3	DTaP					DTaP
Haemophilus influenzae type b ⁴			Hib	Hib	Hib ⁴		Hib					
Pneumococcal ⁵			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus			IPV	IPV			IPV					IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR		see footnote 7			MMR
Varicella ⁸							Varicella		see footnote 8			Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series	
Meningococcal ¹⁰												MCV

Range of recommended ages

Certain high-risk groups

Childhood Schedule:

(http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09_7-18yrs_schedule_pr.pdf)

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis ¹		<i>see footnote 1</i>	Tdap	Tdap
Human Papillomavirus ²		<i>see footnote 2</i>	HPV (3 doses)	HPV Series
Meningococcal ³		MCV	MCV	MCV
Influenza ⁴		Influenza (Yearly)		
Pneumococcal ⁵		PPSV		
Hepatitis A ⁶		HepA Series		
Hepatitis B ⁷		HepB Series		
Inactivated Poliovirus ⁸		IPV Series		
Measles, Mumps, Rubella ⁹		MMR Series		
Varicella ¹⁰		Varicella Series		

Range of recommended ages

Catch-up immunization

Certain high-risk groups

Adult Immunization Schedule:

(<http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/2009/adult-schedule.pdf>)

Recommended Adult Immunization Schedule UNITED STATES • 2009

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group

VACCINE ▼	AGE GROUP ►	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,2}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Human papillomavirus (HPV) ^{3,4}		3 doses (females)				
Varicella ^{5,6}		2 doses				
Zoster ⁷					1 dose	
Measles, mumps, rubella (MMR) ⁸		1 or 2 doses		1 dose		
Influenza ⁹		1 dose annually				
Pneumococcal (polysaccharide) ^{10,11}		1 or 2 doses				1 dose
Hepatitis A ¹²		2 doses				
Hepatitis B ^{13,14}		3 doses				
Meningococcal ^{15,16}		1 or more doses				

¹ Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

Figure 2. Vaccines that might be indicated for adults based on medical and other indications

INDICATION ▶	Pregnancy	Immu- compromising conditions (excluding human immunodeficiency virus (HIV)) ^a	HIV infection ^{a, b, c}		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia ^d (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel	
			CD4+ T lympho- cyte count							
VACCINE ▼			<200 cells/ μ L	\geq 200 cells/ μ L						
Tetanus, diphtheria, pertussis (Td/Tdap) ^{e, f}	Td		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs							
Human papillomavirus (HPV) ^g			3 doses for females through age 26 yrs							
Varicella ^h	Contraindicated		2 doses							
Zoster ^h	Contraindicated		1 dose							
Measles, mumps, rubella (MMR) ^h	Contraindicated		1 or 2 doses							
Influenza ^h			1 dose TIV annually							1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) ^{h, i}			1 or 2 doses							
Hepatitis A ^h			2 doses							
Hepatitis B ^{h, j}			3 doses							
Meningococcal ^{h, k}			1 or more doses							

^aCovered by the Vaccine Injury Compensation Program.

Yellow box: For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Purple box: Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

White box: No recommendation

Immunizations are a life-cycle process of protecting the young and old against known killer diseases. It is estimated that over 46,000 Americans lose their life to vaccine-preventable diseases or known complications. Often we suffer from complacency when we have the “out-of-sight, out-of-mind” mentality. With the absence of disease, many believe the need to vaccinate has diminished. With the recent imported measles, suspected breakthrough varicella (chickenpox) disease and ongoing vaccine supply issues, vigilance about vaccine coverage is paramount. Every opportunity to educate and exemplify the need to maintain current vaccine status is important.

MILVAX and the VHC ask you to join us in supporting the National Immunization Awareness Month initiatives.