



Department of Defense

DIRECTIVE

NUMBER 6205.02E
September 19, 2006

USD(P&R)

SUBJECT: Policy and Program for Immunizations to Protect the Health of Service Members and Military Beneficiaries

- References:
- (a) DoD Instruction 6205.2, "Immunization Requirements," October 9, 1986 (hereby canceled)
 - (b) DoD Directive 6200.4, "Force Health Protection," October 9, 2004
 - (c) DoD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003
 - (d) DoD Directive 6205.3, "DoD Immunization Program for Biological Warfare Defense," November 26, 1993
 - (e) through (j), see Enclosure 1

1. REISSUANCE AND PURPOSE

This Directive:

1.1. Reissues Reference (a) as a DoD Directive to update policy and responsibilities for immunization services provided by the Department of Defense.

1.2. Provides immunization policies for the Armed Forces to increase military readiness, decrease the risk of preventable infections, and decrease time lost from training and work by military and civilian personnel, DoD healthcare beneficiaries, and eligible contracted workers.

1.3. Provides direction to protect military personnel, civilian personnel, healthcare beneficiaries, and eligible contracted workers from vaccine-preventable diseases, across the spectrum of peacetime, contingency, and wartime situations.

1.4. Establishes the military immunization program, a program of educational, public health, and clinical services to deliver and assess immunizations for military personnel, civilian personnel, healthcare beneficiaries, and eligible contracted workers in coordination with References (b), (c), (d), and DoD Instruction 6055.5 (Reference (e)).

1.5. Designates the Secretary of the Army as the DoD Executive Agent, consistent with DoD Directive 5101.1 (Reference (f)), for DoD's military immunization program.

2. APPLICABILITY

This Directive:

Applies to the Office of the Secretary of Defense, the Military Departments (including the Coast Guard when, by agreement with the Department of Homeland Security, it is operating as a Military Service of that Department), the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the “DoD Components”).

3. DEFINITIONS

3.1. Immunization. The process of rendering an individual immune to specific disease-causing agents. Immunization most frequently refers to the administration of a vaccine to stimulate the immune system to produce an immune response (i.e., active immunization). That process may require weeks to months and administration of multiple doses of vaccine. Passive immunization occurs with administration of antibodies to provide prompt but relatively short-term immunity (i.e., passive immunity).

3.2. Immunization Healthcare. A subset of the military immunization program that involves pre-immunization screening, administration of immunizations, and health services for people who experience adverse events after immunization.

3.3. Military Immunization Program. The program of educational, public health, and clinical services to deliver and assess the effect of immunizations for military personnel, civilian personnel, healthcare beneficiaries, and eligible contracted workers. This program includes immunizations to counter both naturally occurring diseases and biological weapons. These services include disease surveillance, vaccine supply monitoring, pre-immunization education and screening, clinical administration of immunizations, post-immunization follow-up, and safety surveillance.

3.4. Vaccine. A preparation that contains one or more components that, when administered, induces a protective immune response against a pathogen.

4. POLICY

It is DoD policy that:

4.1. The recommendations for immunization of the Centers for Disease Control and Prevention and its Advisory Committee for Immunization Practices shall generally be followed, consistent with requirements and guidance of the Food and Drug Administration and consideration for the unique needs of military settings and exposure risks.

4.2. For military-specific vaccine preventable diseases and vaccine-related activities, Military Services shall develop appropriate immunization procedures, consulting as necessary with the Joint Preventive Medicine Policy Group (JPMPG) according to DoD Directive 6490.2 (Reference (g)), the Military Vaccine (MILVAX) Office, the Armed Forces Medical Intelligence Center according to Directive 6420.1 (Reference (h)), the Armed Forces Epidemiological Board (AFEB) and other subject matter experts.

4.3. Military personnel, civilian personnel, healthcare beneficiaries, and eligible contracted workers shall be advised of the availability and uses of immunizing agents for vaccine-preventable diseases. They will be informed of the personal and collective (i.e., military or community) benefits, health risks, and proper use of any immunization.

4.4. DoD healthcare workers will report adverse events after immunization to their respective Service preventive-medicine activities and through the Vaccine Adverse Event Reporting System.

4.5. People with specific occupational exposures or with underlying health conditions may need other immunizations in addition to those routinely recommended. Immunizations shall be provided, at government expense, when necessary for military personnel, civilian personnel, and healthcare beneficiaries to ensure prevention of disease related to occupation or environment, as addressed in Reference (e). Immunizations shall be provided to contracted workers as specified by policy and the relevant contract.

4.6. Immunizations shall be recorded in individual health records and in a centralized electronic database in a manner suitable for standardized tracking and surveillance of force health protection practices.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the Under Secretary of Defense (Personnel and Readiness) (USD(P&R)), shall:

5.1.1. Have overall responsibility for implementing policies, programs, and priorities of the military immunization program, monitoring and evaluating the implementation and adequacy of the program, making appropriate recommendations to the Secretary of Defense, and issuing implementing guidance.

5.1.2. Identify the military-unique clinical needs for vaccine research, development, and production against diseases having an impact on Force Health Protection (Reference (b)), based on input from the JPMPG according to Reference (g) and the MILVAX Office, and in coordination with the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)).

5.1.3. Coordinate with Heads of other DoD Components on other matters relating to the military immunization program, including activities carried out under DoD Instruction 6205.4 and DoD Directive 5160.5 (References (i) and (j)).

5.1.4. Use the Defense Health Program to fund immunization healthcare and the Army's Executive Agent responsibilities under this Directive, through the DoD Planning, Programming, Budgeting, and Execution process.

5.2. The Deputy Under Secretary of Defense for Installations and Environment, under the USD(AT&L), may issue guidance, subject to medical review by the ASD(HA), for the use of immunizations in prevention and/or amelioration of disease related to occupation or environment under Reference (e).

5.3. The Assistant Secretary of Defense for Reserve Affairs, under the USD(P&R), shall ensure that policies for immunization for the Reserve and National Guard are consistent with the policies for the active component.

5.4. The Secretary of the Army shall serve as Executive Agent for the military immunization program, funded through the centralized Defense Health Program. The Executive Agent shall:

5.4.1. Establish a MILVAX Office to synchronize, integrate, and coordinate efforts in immunization services for all DoD Components. The purpose of these efforts is to facilitate and promote the quality of immunization policy, implementation, education, distribution, risk communication, administration, clinical services, safety surveillance, and program evaluation.

5.4.2. Provide a comprehensive access point for information, education resources, and coordination of immunization-related activities for the Military Services.

5.4.3. Monitor resources used in performing assigned responsibilities and functions.

5.4.4. Develop uniform procedures to identify, report, and evaluate vaccine-associated adverse events.

5.4.5. In cooperation with the other Military Services, develop metrics to assess implementation of the military immunization program. These metrics shall be developed as indicators of readiness, effectiveness, safety, and compliance with overall policies.

5.4.6. In cooperation with the other Military Services, establish joint clinical quality standards for immunization delivery, for immunization healthcare, and for the education and training of personnel involved in immunization healthcare. The goals of these standards are to promote clinical excellence and decrease practice variability.

5.4.7. Periodically report to the ASD(HA) and the AFEB on the status of the military immunization program.

5.5. The Secretaries of the Military Departments shall:

5.5.1. Develop and implement specific procedures for immunization services within the Military Services.

5.5.2. Use Service-designated automated immunization tracking systems, contributing to common registries with the Defense Eligibility Enrollment Reporting System and/or a common clinical data repository.

5.5.3. Implement DoD policies to identify, report, and evaluate vaccine-associated adverse events.

5.5.4. Assess implementation of immunization policies as indicators of readiness, effectiveness, and safety.

5.5.5. Implement joint clinical quality standards for immunization delivery and for education and training of personnel in immunization healthcare.

5.5.6. Provide an immunization healthcare capability to deliver medical specialty consultation, case management, and clinical investigation.

5.5.7. Designate a single office or agency to coordinate with the Executive Agent in joint efforts described in paragraph 5.5.

5.5.8. Identify requirements and resources necessary to execute assigned responsibilities and functions, to be included as part of the Planning, Programming, Budgeting, and Execution process.

5.6. The Commanders of the Combatant Commands shall implement the policies of this Directive in their areas of responsibility.

6. EFFECTIVE DATE

This Directive is effective immediately.



Gordon England

Enclosures – 1

E1. References, continued

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Instruction 6055.5, "Industrial Hygiene and Occupational Health," January 10, 1989
- (f) DoD Directive 5101.1, "DoD Executive Agent," September 3, 2002
- (g) DoD Directive 6490.2, "Comprehensive Health Surveillance," October 21, 2004
- (h) DoD Directive 6420.1, "Armed Forces Medical Intelligence Center (AFMIC)," October 9, 2004
- (i) DoD Instruction 6205.4, "Immunization of Other than US Forces (OTUSF) for Biological Warfare Defense," April 14, 2000
- (j) DoD Directive 5160.5, "Responsibilities for Research, Development, and Acquisition of Chemical Weapons and Chemical and Biological Defense," May 1, 1985