

Department of Defense Immunization Awareness Month Toolbox



Table of Contents

Getting Started	3
Suggestions	3
Disease Prevention.....	4
Vaccine-preventable Diseases	4
Immunization Coverage.....	5
Partnerships.....	5
MILVAX.....	6
VHC	6
Schedules	9

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 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.

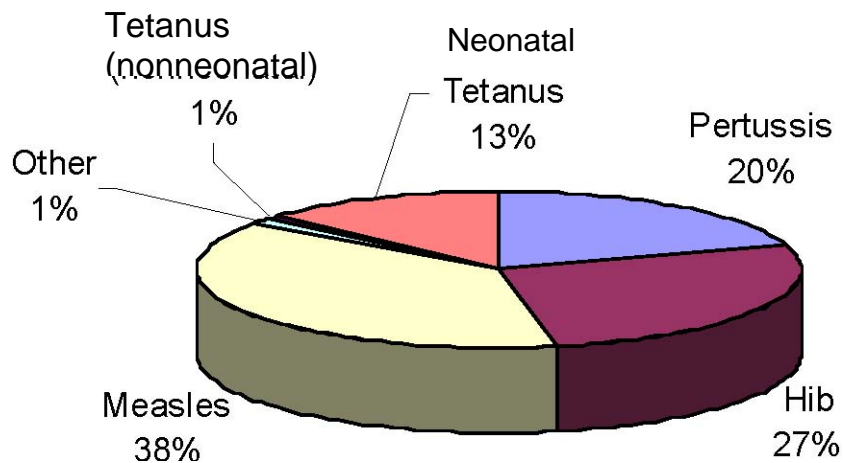
Disease Prevention:

Advancement in immunization science has been touted as one of the top public health achievements of the 20th century through the last decade. Smallpox 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, illustrated by outbreaks of pertussis and measles in the past year, almost all among unvaccinated populations. We need to ensure everyone, everywhere, understands the role vaccines play in his or her preventive health practice.

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/>).



*Other - Polio, Diphtheria, Yellow Fever

In the past decade, new vaccines such as rotavirus, human papillomavirus, herpes zoster, and others, were introduced, bringing to 17 the number of diseases targeted by U.S. immunization policy. A recent analysis indicated that vaccination according to the current childhood schedule prevents 42,000 deaths and 20 million cases of disease. The pneumococcal conjugate vaccine alone has prevented more than 200,000 infections and 13,000 deaths since 2000. Routine rotavirus vaccination now prevents up to 60,000 hospitalizations per year.

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.

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.

Mission:

To enhance military medical readiness and protect human health by synchronizing, integrating, and coordinating DoD/Service vaccine policies and information, increasing scientific understanding of vaccine safety and effectiveness, promoting excellence in immunization standards of practice, developing and implementing communication strategies and activities, delivering vaccine information, educational resources and training, and providing specialized clinical consultative services and case management.

Services provided:

- Online training
- Webcasts
- Immunization Basic Course
- Immunization Leaders Course

Vaccine Healthcare Centers (VHC) Network:

The Vaccine Healthcare Centers (VHC) Network was established in September 2001 as a network of congressionally-directed centers of excellence that support programs and services that enhance vaccine safety, efficacy and acceptability for service members and Department of Defense beneficiaries. The original effort was a rewarding collaboration between the Centers for Disease Control and Prevention (CDC) and the Department of Defense (DoD). The VHC Network now supports the entire DoD immunization and readiness mission.

Mission:

The mission of the Vaccine Healthcare Centers (VHC) Network is to enhance vaccine safety, efficacy and acceptability within the Military Health System through programs and services that provide expert clinical consultation, care, safety surveillance, education, and research.

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 experience an adverse event related to a vaccine.

Locations:

Walter Reed Regional VHC

Walter Reed National Military Medical Center
Vaccine Healthcare Centers Network
8901 Wisconsin Avenue
Building 19, 4th Floor
Bethesda, MD 20889-5600 20012-0605
Phone: 301-319-2904

Richard E. Shope Regional VHC

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

Fort Bragg Regional VHC

Bldg 1-2539 Hamilton Street, Rm 203
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
2201 Pepperrell Street Bldg. 3550, Ste.1
Lackland AFB, TX 78236-5344
Phone: 210-292-0482 DSN: 554-0482
Fax: 210-292-0493

Fort Belvoir Community Hospital

Vaccine Healthcare Centers Network
Meadows Pavilion
9300 DeWitt Loop
Fort Belvoir, VA 22060
Phone: TBD

Recommended Immunization Schedules:

Pediatric Recommendations 2011

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

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			HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	<small>see footnote⁹</small>	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPSV	
Inactivated Poliovirus ⁶				IPV	IPV			IPV				IPV
Influenza ⁷								Influenza (Yearly)				
Measles, Mumps, Rubella ⁸								MMR		<small>see footnote⁸</small>		MMR
Varicella ⁹								Varicella		<small>see footnote⁹</small>		Varicella
Hepatitis A ¹⁰								HepA (2 doses)				HepA Series
Meningococcal ¹¹												MCV4

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

Childhood Schedule:

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2011

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			Tdap	Tdap	Range of recommended ages for all children
Human Papillomavirus ²	see footnote ²		HPV (3 doses)(females)	HPV Series	
Meningococcal ³		MCV4	MCV4	MCV4	Range of recommended ages for catch-up immunization
Influenza ⁴		Influenza (Yearly)			
Pneumococcal ⁵		Pneumococcal			Range of recommended ages for certain high-risk groups
Hepatitis A ⁶		HepA Series			
Hepatitis B ⁷		Hep B Series			
Inactivated Poliovirus ⁸		IPV Series			
Measles, Mumps, Rubella ⁹		MMR Series			
Varicella ¹⁰		Varicella Series			

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines.

Adult Immunization Schedule:

Recommended Adult Immunization Schedule UNITED STATES • 2011

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

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
Influenza ^{1,*}		1 dose annually				
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Varicella ^{3,*}		2 doses				
Human papillomavirus (HPV) ^{4,*}		3 doses (females)				
Zoster ⁵						1 dose
Measles, mumps, rubella (MMR) ^{6,*}		1 or 2 doses		1 dose		
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 doses				1 dose
Meningococcal ^{9,*}		1 or more doses				
Hepatitis A ^{10,*}		2 doses				
Hepatitis B ^{11,*}		3 doses				

*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 previous infection)

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

 No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at <http://www.hrsa.gov/vaccinecompensation> or by telephone, 800-338-2382. Information about filing a claim for vaccine injury is available through the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination also is available at <http://www.cdc.gov/vaccines> or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

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

VACCINE ▼	INDICATION ▶	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus) (HIV) ^{12,13}	HIV infection ^{14,15,16}		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia ¹⁷ (including selective splenectomy) and persistent complement component deficiencies	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Healthcare personnel
				CD4 ⁺ T lymphocyte count						
Influenza ^{1,*}				<200 cells/µL	≥200 cells/µL					1 dose TIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}										Td Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs
Varicella ^{3,*}										Contraindicated 2 doses
Human papillomavirus (HPV) ^{4,*}										3 doses through age 26 yrs
Zoster ⁵										Contraindicated 1 dose
Measles, mumps, rubella (MMR) ^{6,*}										Contraindicated 1 or 2 doses
Pneumococcal (polysaccharide) ^{7,8}										1 or 2 doses
Meningococcal ^{9,*}										1 or more doses
Hepatitis A ^{10,*}										2 doses
Hepatitis B ^{11,*}										3 doses

*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 previous infection)

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

 No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2011. For all vaccines being recommended on the adult immunization schedule, a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/pubs/acip-list.htm>).

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



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. Vigilance about vaccine coverage is paramount. Every opportunity to educate and exemplify the need to maintain current vaccine status is important.