



8 Standards for Military Immunizations



Standard #1: Immunization availability

- Immunizations are available with minimum disruption of deployment or training schedules.
- Immunizations are available at convenient times, without unnecessary barriers. Immunization services are available on a walk-in basis, as staffing permits. Physical examinations and temperature measurements before immunization are not routinely required if they would delay or impede the timely receipt of immunizations. As clinically appropriate, beneficiaries receive simultaneously the vaccine doses required.
- Immunizations services are responsive to the needs of beneficiaries.
- Providers incorporate immunization screening and services as a routine part of clinical care for all beneficiaries. Standing orders with quality assurance procedures are implemented, rather than depending on individual written orders or referral from a primary care provider.

Standard #2: Information and education before immunization

- Current versions of DOD information brochures or CDC VISs are provided before immunization and conspicuously available in waiting areas of immunization clinics.
- Immunization personnel know how to readily obtain answers to patients' immunization questions. Personnel are available to accurately address questions and concerns posed by the vaccines.
- Before immunization, the vaccinee (individually or collectively) is given information about benefits and risks associated with immunization. For complicated topics (for example, anthrax, smallpox), detailed educational programs and brochures are provided. This information is culturally appropriate and at an appropriate level.

Standard #3: Vaccine storage and handling

- Staff members adhere to cold chain management principles, including both transportation and storage. A temperature monitoring process is used.
- Vaccine inventories exceeding \$25,000 are connected to temperature recording devices and alarm systems.

Standard #4: Indications and contraindications to immunization

- Each patient is asked about allergies, health status, and previous adverse events before immunization. Each patient is provided an opportunity to ask questions about potential contraindications. Patients are referred for appropriate medical evaluation as needed.
- During screening, the patient receives a comprehensive screening for all vaccine needs.
- Immunization personnel understand the patient's personal situation before immunization. If a contraindication to immunization exists, this information is documented in the health record and ITS. Women are screened with regard to pregnancy.

Standard #5: Immunization recordkeeping

- Immunizations are recorded accurately in a DOD-approved electronic tracking system according to Service-specific policy. Immunization records are updated at the time of immunization.
- The immunization clinic or military unit has 1 or more mechanisms for notifying patients when the next dose of an immunization series is needed (that is, a reminder system).
- The immunization clinic or military unit has 1 or more mechanisms for notifying patients when they are overdue for immunization (that is, a recall system).
- Electronic ITS are the preferred immunization record for DOD and USCG personnel. All Services record military immunization data into an electronic database that communicates with a centralized DOD registry. Reminder and recall systems may be automated or manual and may include mailed, emailed, or telephone messages.

Standard #6: Training

- Persons who administer vaccines must be appropriately trained.
- Medical personnel administer vaccines after training to a standard acceptable to the MTF commander, command surgeon, or other appropriate medical authority. Training will include vaccine storage and handling, vaccine characteristics, patient interviewing techniques, distinguishing valid and invalid contraindications, injection technique, documentation, managing and reporting of adverse events, and anaphylaxis.
- Persons who administer vaccines complete at least 8 hours of annual continuing education and training on current immunization recommendations, schedules, and techniques. Training resources include online and resident courses (<http://www.vaccines.mil/training>), the self-paced project immune readiness (<http://www.vhcinfo.org>), and video training from CDC.
- Persons who administer vaccines have ready access to information resources regarding current recommendations for childhood, general adult, travel, and military-specific immunizations.

Standard #7: Adverse events after immunization

- Epinephrine (such as auto-injectable epinephrine), properly stored, is readily available along with other supplies determined locally.
- Staff members have ready access to reporting options for the VAERS. For consultation or assistance contact the DoD Vaccine Clinical Call Center 24/7 at 1-866-210-6469.
- A quality improvement process assures adverse events are reported to VAERS promptly.
- Persons who administer vaccines are close to a telephone or radio, so emergency medical personnel can be summoned. Medical providers document adverse events in the health record at the time of the event or as soon as possible thereafter.

Standard #8: Vaccine advocacy to protect the military family

- The medical facility knows the extent of influenza and pneumococcal immunization coverage among its high risk patients and has a plan to optimize that level.
- The medical facility implements a plan to optimize immunization rates among cardiac, pulmonary, diabetic, asplenic, and other patient groups at elevated risk of complications from vaccine-preventable infectious diseases.
- The medical facility conducts a quality improvement program to optimize its performance in immunizing children, adolescents, and adults against the preventable infections that most threaten them.
- Commanders use immunization databases to identify and resolve the vulnerabilities of their units.
- Commanders have plans to help their beneficiaries optimize their personal protection against preventable infectious diseases and meet national goals for optimal delivery of influenza and pneumococcal vaccines. All health care providers (not just those in immunization clinics) routinely determine the immunization status of their patients, offer vaccines to those for whom they are indicated, and maintain complete immunization records.

