BUMED NOTICE 6230

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: IMMUNIZATION REQUIREMENTS AND RECOMMENDATIONS

Ref: (a) BUMEDINST 6230.15
     (b) NAVMEDLOGCOM Port Detrick 051704Z Dec 97 (NOTAL)
     (c) ASD(HA) memo of 29 Oct 97 (NOTAL)
     (d) ASD(HA) memo of 12 Aug 96 (NOTAL)
     (e) Armed Forces Epidemiological Board (AFEB) memo
         15-1A/97-1 (NOTAL)
     (f) ASD(HA) memo of 5 May 97 (NOTAL)
     (g) AFEB memo 15-1A/98-1 (NOTAL)
     (h) BUMEDINST 6220.4

Encl: (1) Index of Current Recommendations of the Advisory Committee on Immunization Practices (ACIP)
     (2) ACIP Guidelines for Spacing Vaccines and Immune Globulin
     (3) National Vaccine Injury Compensation Program Vaccine Injury Table (VIT)
     (4) Vaccine Adverse Event Reporting System (VAERS) Form
     (5) Adult Dosages and Routes of Vaccine Administration
     (6) Recommended Childhood Immunization Schedule United States, January-December 1998
     (7) Preventive Medicine Points of Contact and Information Resources
     (8) Civilian Immunization Information Resources
     (9) Terms, Abbreviations, and Acronyms

1. Purpose. To update requirements and recommendations for administering immunizing agents to Navy and Marine Corps personnel, beneficiaries, civilian employees, and volunteers.

2. General Considerations

   a. Immunizations and Chemoprophylaxis. Reference (a) provides basic guidance on immunizations and chemoprophylaxis. Any requirements or recommendations of reference (a) not specifically modified by this notice remain in effect.

   b. Vaccine Recipients

      (1) This notice applies to active duty Navy and Marine Corps personnel, reservists coming on active duty for periods of
(3) Commands are also encouraged to identify and measure the presence of missed vaccination opportunities so they may make process improvements and raise coverage levels.

(4) Commands may obtain consultative assistance regarding vaccine assessment and delivery methods from their staff clinical epidemiologist or preventive medicine department, cognizant Navy environmental and preventive medicine unit (NAVENPVNTMEDU), or the Navy Environmental Health Center (NAENVIRNLTHCEN).

e. **Put Prevention into Practice (PPIP).** As part of the Navy's implementation of PPIP and other health promotion and wellness activities, immunization status should be reviewed as part of each patient's medical visit when vital signs are obtained and documented on the Chronological Record of Medical Care, standard form (SF) 600, or similar form. All personnel needing recommended immunizations should be promptly immunized, preferably during the same visit. Others should be encouraged to be vaccinated as soon as possible.

f. **Barriers to Immunization.** Obstacles to providing prompt, thorough vaccine coverage should be eliminated. For example, eliminate the requirement for:

(1) Appointments or prescriptions of those seeking routine (such as well baby) immunizations.

(2) Patients to see a physician and receive a prescription before receiving vaccinations.

(3) Immunizations to be given only by preventive medicine technicians (PMTs).

(4) Vaccinees to remain in the vaccine administration area after receiving a vaccine.

(5) Deferring administration of measles, mumps, and rubella (MMR) vaccine in accession settings (such as recruit training) to women who have verbally denied pregnancy, or the possibility of pregnancy, until a pre-vaccination pregnancy test is obtained.

(6) Deferring immunization for minor afebrile illnesses (such as those with upper respiratory infections and on antibiotic therapy).

g. **Jet Injectors.** The use of jet injectors is prohibited unless otherwise directed by the Bureau of Medicine and Surgery.
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This is in view of concerns regarding the potential spread of blood-borne disease when using the jet injector in the multiple dose mode (see reference (b)).

h. Automated Immunization Tracking

(1) Reference (c) directs immunization data for active duty service personnel be entered into the Defense Enrollment Eligibility Reporting System (DEERS). This requires an automated system be established for tracking and reporting immunizations. Over the long term, immunization tracking will be provided by the Preventive Health Care System (PHCS), with deployment scheduled to commence in 1999.

(a) Until this occurs, the Shipboard Non-Tactical ADP Program (SNAP) Automated Medical System (SAMS) will be the interim system for immunizations administered to service personnel at medical treatment facilities (MTFs). There is no requirement for the automated tracking of immunizations given to other beneficiaries.

(b) Ships will continue to use SAMS to collect and report immunization data. Marine Corps units will also use SAMS, however, only anthrax data is currently required to be tracked. Immunization data resides in a number of independent readiness systems used within the Marine Corps. When a SAMS converter engine to transfer this data into SAMS becomes available, all immunization data will then be tracked in SAMS.

(c) Immunization data on Navy Reserve personnel will be tracked and reported through the Reserve Standard Training, Administration, and Readiness Support (RSTARS) System. The choice of a tracking system for the Marine Corps Reserves has not been made at this time.

(2) A central repository for all SAMS immunization data resides at the Naval Medical Information Management Center (NAVMEDINFORMGMTCEN). Electronic transfer to NAVMEDINFORMGMTCEN of immunization data collected in SAMS will occur from MTFs on a weekly basis and from operational units on a monthly basis. Immunization data from the Navy Reserves will be transmitted directly to DEERS through a central interface. If electronic data transmission from a specific unit is not feasible, SAMS data may be saved to a 3.5 inch floppy disk and mailed to NAVMEDINFORMGMTCEN. MTFs will have the capability to query the DEERS database to obtain immunization information on service personnel, to update the local SAMS database.

(3) Twenty-four hour customer support for SAMS is available. East coast units should call (757) 523-8131 or DSN 565-8131. West coast units should call (619) 556-9092