DETAINEE HOSPITAL GUANTANAMO BAY, CUBA Title: VACCINATIONS	SOP NO: 041 Page 1 of 7 Effective Date: 15 Oct 2003
SCOPE: Detention Hospital	

I. REFERENCES:

(1) Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings. MMWR, January 24, 2003, vol 52, RR-1. SOP Enclosure Hepatitis
(2) Measles, Mumps, and Rubella – Vaccine Use and Strategies for Elimination of Measles, Rubella and Congenital Rubella Syndrome and Control of Mumps. MMWR, May 22, 1998, vol 47, No. RR-8. SOP Enclosure MMR
(3) Prevention and Control of Influenza, MMWR, 2003, vol 52, RR-08. SOP Enclosure Influenza
(4) Prevention of Pneumococcal Disease, MMWR, 1997, vol 46, RR-08. SOP Enclosure Pneumococcal Vaccine
(5) Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals, Centers for Disease Control and Prevention, Jan 2001. SOP Enclosure Vaccine Management
(6) Recommended Adult Immunization Schedule – United States, 2002-2003, JAMA 2002, vol 288, p 2258-60.

II. BACKGROUND:

Detainees arrive from areas in which childhood vaccinations may not have been received, making them susceptible to several infectious diseases, including tetanus, diphtheria, measles, mumps and rubella. In addition, within the close living conditions of a detention environment, detainees may be at risk for the aforementioned diseases as well as hepatitis, influenza, and pneumococcus. These diseases can cause outbreaks in non-immune populations making the need for mass immunization an important public health measure.

III. PURPOSE:

To define policies and procedures for detainee vaccinations, both during in-processing and during their time within the camp.

IV. PROCEDURES:

A. Tetanus-diphtheria:

1. Each detainee will receive a single dose of Tetanus-diphtheria (Td) upon arrival, which will occur during the in-processing evolution (See SOP 037: *In-processing Medical Evaluation*).
2. Two additional doses of Td will be given to detainees at 1-2 months after the first shot and then again 6-12 months later.
3. Dose is administered IM (intramuscularly).
4. Detainees deficient in the number of Td injections (<3 doses obtained) will be given a dose of Td during out-processing if the vaccine is due at that time.
5. Detainees sustaining a tetanus prone wound will be assessed by medical per SOP 024: *Tetanus Prophylaxis in JTF Detainees*.
6. A Td booster every 10 years will be offered for those completing the 3-dose primary series.

B. Hepatitis:

1. Immunity to hepatitis A and B for each detainee will be ascertained during in-processing by drawing a Hepatitis A IgG level and Hepatitis B core and surface antibody tests.
2. Those found to be immune to both hepatitis A and B will not receive hepatitis vaccination.
3. Those immune to hepatitis A, but non-immune to hepatitis B will receive the 3-dose hepatitis B vaccine series given at 0, 1, and 6 months. This will be given in an involuntary manner to protect detainees from acquisition of hepatitis B.
4. Those immune to hepatitis B, but non-immune to hepatitis A will receive the 2-dose hepatitis A vaccine series given at 0 and 6 months. This will be given in an involuntary manner to protect detainees from acquisition of hepatitis A.
5. Those non-immune to both hepatitis A and hepatitis B will receive the 3-dose hepatitis A and B vaccine (twinrix) series given at 0, 1, and 6 months. This will be given in an involuntary manner to protect detainees from acquisition of both hepatitis A and B.
6. Hepatitis B vaccine is given by IM injection into the deltoid (not in buttocks). Hepatitis A vaccine and twinrix (combined Hepatitis A and B vaccine) are also given IM.
7. Titers for response will not routinely be checked.
8. Possible side effects of hepatitis A vaccination include soreness at the injection site, headache, and malaise; no serious reactions have been

reported. Giving the vaccine to a person who is already immune to hepatitis A does not appear to increase the risk of side effects.

9. Contraindications for hepatitis A vaccination include an adverse reaction to prior hepatitis A vaccination.

10. Possible side effects of hepatitis B vaccination include soreness at the injection site, fever, and anaphylaxis (1/600,000). No deaths have been reported. Giving the vaccine to a person who is already immune to hepatitis B does not appear to increase the risk of side effects.

11. Contraindications for hepatitis B vaccination include an adverse reaction to prior hepatitis B vaccination

12. Those with a serious adverse reaction to vaccination will be reported to Vaccine Adverse Events Reporting System (VAERS) and the vaccine series will be discontinued.

13. For further information regarding hepatitis vaccinations see Encl 1.

C. Measles-Mumps-Rubella (MMR):

1. Detainees from developing countries are unpredictably vaccinated and documentation of prior natural infections is not available; hence, detainees may remain at risk for these infectious diseases unless vaccinated. The CDC recommends that adults without documentation of receipt of MMR vaccine should receive one dose of MMR vaccine.

2. Each detainee who does not have a contraindication for vaccination will receive a single-dose of MMR (0.5ml subcutaneously) on an involuntary basis for protection of measles, mumps and rubella. This is important for the individual protection of detainees as well as the public health of the camp.

3. The MMR vaccine is a live-virus vaccine and is contraindicated in pregnant females and the immunocompromised. Additional considerations for this vaccine are as follows:

   a) Each detainee will be screened for HIV upon arrival using a HIV ELISA test. Those who are seronegative and do not have other contraindications for vaccination (immunosuppressed, chemotherapy, steroids or other immunosuppressants) will receive a dose shortly after entrance into the camp.

   b) Any detainee who received immune globulin or blood transfusion should wait 3-11 months for vaccination since these products may blunt the immune response to MMR.

   c) PPD's should be placed prior to or simultaneously as vaccination with MMR, since the MMR can interfere with the immune response to PPD. Otherwise, the PPD should not be placed for 4-6 weeks after MMR vaccination.

d) Allergies to neomycin or gelatin are contraindications to MMR vaccination; each detainee should be asked about previous severe reactions to vaccinations.

4. Potential adverse events to vaccination may include local pain or edema in the area of the vaccination, fever, rash, or local temporary lymphadenopathy. Uncommon reactions would be joint pain or reactions such as a seizure caused by fever. Extremely rare reactions may include anaphylaxis (<1 case per 1 million doses administered), low platelets (1:100,000), or meningitis/encephalitis (1 case in 2 million doses). See Encl 2.

5. Each medical personnel should be aware of these potential side effects when assessing detainees during the 1-2 weeks after vaccination. Serious reactions will be reported to the chain of command and to VAERS.

D. Influenza:

1. Each detainee will involuntarily receive a single-dose of influenza vaccine during in-processing.

2. Each detainee will also involuntarily receive annual vaccinations during the months of October-December.

3. Dose is 0.5ml IM.

4. Side effects include local pain or swelling; fever and myalgias may occur. Very rarely anaphylaxis has been reported. Allergic reactions are uncommon and may be related to an allergy to eggs.

5. Contraindication to vaccination includes significant adverse reactions to a prior influenza vaccine or allergy to eggs.

6. For further information, see Encl 3 and the CDC Influenza vaccine information at www.cdc.gov/nip/flu.

E. Pneumococcal:

1. Those detainees meeting the Advisory Committee on Immunization Practices (ACIP) criteria to receive the pneumococcal vaccination will be offered this vaccine on a voluntary basis.

2. Indications for vaccination include age>=65 years, chronic medical conditions involving the heart, lung, liver, kidneys (ESRD, nephrotic syndrome) as well as diabetes, cancer, sickle cell disease, immunodeficiency, and asplenia.

3. Dose is 0.5 ml subcutaneously as a single dose.

4. Side effects are typically mild and may include local soreness, erythema or edema. Rarely fever and myalgias may occur. Very rarely anaphylaxis has been reported.
5. Revaccination x 1 after 5 years of the initial dose will be offered to those who are greater than age 65 years, immunocompetent patients with anatomic/functional asplenia, as well as to immunocompromised persons due to HIV-infection, malignancy, or nephrotic syndrome.
6. Contraindication includes prior adverse reaction to the pneumococcal vaccine.
7. See Encl 4 for further information.

F. Vaccine Adverse Reactions:

1. Medical personnel will immediately assess any detainee having a possible adverse reaction to vaccination.
2. Serious reactions will reported to Vaccine Adverse Events Reporting System (VAERS) [1-800-822-7967] and the vaccine series will be discontinued.
3. Reactions to vaccines will be clearly recorded within the detainee's medical record and the chain of command will be notified of the adverse event.

G. Strategies to facilitate vaccine administration in Camp Delta include:

1. Usage of the ID database to track required vaccines for each detainee since not all detainees receive the same shots at the same times. Included in this database is the date of administration and lot number of vaccine, which is also recorded in the medical record. The Internal Medicine/Infectious Disease physician maintains this database.
2. Prior to the exercise, a brief should be performed regarding the plan, proper administration/handling/storage of the vaccine, and potential side effects.
3. Continuous communication should be maintained with JDOG for organization of the vaccine program in terms of the day of the immunization exercise, other scheduled camp activities, movement within the camp, blocks to begin with, appropriate medical escorts, etc.
4. Early involvement with the linguists to announce two to three days in advance of the upcoming immunization; emphasizing the reasons for the vaccine and the benefits offered to each detainee.

5. Supplies include: syringes, alcohol swabs, appropriate vaccine storage containers (on ice if cold chain required), 2x2 dressings, bandages, sharps container, gloves, and an alpha roster of detainees requiring immunization.

6. Just prior to the exercise, preparation of syringes with vaccine maintaining appropriate cold chain storage if indicated.

7. Following completion of the exercise, the immunizations will be transcribed from the database to the medical record.

8. Personnel required for immunization exercises

   a) A nurse coordinator to organize the corpsmen and vaccine supplies.

   b) Teams constructed consisting of four individuals (1-2 to administer vaccines, 1 for organization of supplies, and 1 for administrative purposes to log immunizations). Linguists should be available to assist as needed.

   c) An adequate number of corpsmen and nurses (from Detention hospital, the Joint Aid Station, and NH-Prev Med) to administer the vaccines and to then record all the shots in both the medical records and the database.

F. Reporting Requirements: at the end of each month the NCO of the S1 Processing Line will be given an updated disk of the Infectious Disease database. The S1 is housed in [redacted] b2

G. Vaccine Information:

1. CDC, National Immunization Program: www.cdc.gov/nip
2. Reference 1.
3. FDA, Vaccine Adverse Reactions: 1-800-822-7967 or www.fda.gov/cber/vaers/vaers.htm
4. National Network Immunization Information: 877-341-6644 or www.immunizationinfo.org

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

_____ _____
Officer In Charge Date

IMPLEMENTED BY:

_____ _____
Director for Administration Date

_____ _____
Senior Enlisted Advisor Date

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