DEPARTMENT OF THE ARMY
106TH MEDICAL DETACHMENT VETERINARY SERVICE SUPPORT/
PUBLIC HEALTH ACTIVITY KOREA
UNIT 15252
APO AP 96271-5252

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Standard Operating Procedures for Privately Owned Animal Vaccine Protocol

1. **PURPOSE:** To standardize vaccination schedules for POA's (Privately Owned Animals).

2. **SCOPE:** This SOP applies to all active duty military, retired military, dependents, and other authorized patrons of the VTF that own pets.

3. **REFERENCES:**

a. AR 40-905, Veterinary Health Services
b. VMSB Vaccine Guidelines 2013
c. AAHA Canine Vaccine 2017
d. AAFP/AFM Advisory Panel on Feline Vaccines 2013
e. World Small Animal Veterinary Association Vaccine Guidelines 2015
f. OTSG/MEDCOM Policy Memo 20-008, 20FEB2020

4. **RESPONSIBILITIES:** The Veterinary Corps Officer (VCO), Animal Health Assistants (AHA), Veterinary Technicians, or civilian veterinarians will provide preventative care to POAs during patient care hours. A VCO or civilian veterinarian must be in the building while immunizations are being performed.

5. **PROCEDURES:**

a. Dogs will receive the following preventive care:

(1) Rabies vaccine may be given at 12 weeks of age or older. Ideal vaccination time is at 14-16 weeks in order to coincide with final puppy vaccines. For dogs > 16 weeks of age, one dose with booster 1 year later, then every 3 years. The initial vaccine must be boostered in 1 year, then every 3 years, or as mandated by local regulations. Confirmation of working microchip or administration of microchip is recommended prior to rabies vaccination.

(2) Distemper, Adenovirus-2, and Parvovirus (with or without Parainfluenza virus), (MLV or recombinant). Dogs will be vaccinated starting not earlier than 6 weeks with booster vaccinations given every 2-4 weeks until at least 16 weeks of age. Dogs

over 16 weeks will receive a single dose with a booster 1 year later. Vaccines are then given annually or triennially after the final booster vaccination.

(3) Bordetella vaccine (with or without Parainfluenza virus) is not recommended unless exposure potential exists (i.e. boarding at a kennel). Intranasal vaccination is recommended 1-3 weeks prior to boarding and is licensed for 1 year. Subcutaneous vaccination is available and is a series of two immunizations given 2-4 weeks apart. The injectable vaccination series may be started as early as 8 weeks of age. Both intranasal and subcutaneous vaccines are boostered annually, although some boarding facilities may require semi-annual boosters depending on the vaccine; contacting the boarding facility prior to boarding in order to verify their policies is highly recommended.

(4) Leptospirosis vaccine will be offered to all at-risk patients starting at 12 weeks of age and boostered in 3-4 weeks. If >16 weeks of age also administer two doses 2-4 weeks apart. Vaccines are then given annually.

(5) Lyme vaccine is available upon request for animals at risk. This vaccine however is not normally stocked, so contacting the VTF at least 8 weeks prior to the desired date of vaccination is mandatory. The initial vaccination is a series of two vaccinations, 2-4 weeks apart starting at 12 weeks of age. If >16 weeks of age also administer two doses 2-4 weeks apart. Subsequent vaccinations are due annually for at-risk dogs.

(6) Canine Influenza Virus (H3N8 and/or H3N2) should only be given to at-risk patients starting at 6-8 weeks of age and boostered in 2-4 weeks. If >16 weeks of age also administer two doses 2-4 weeks apart. Subsequent vaccines are due annually for at-risk dogs. Some boarding facilities may require this vaccine, however this vaccine is not consistently stocked at all locations; so contacting the VTF at least 8 weeks prior to the desired date of vaccination is mandatory.

b. Cats will receive the following preventive care:

(1) Rabies vaccination at 12-16 weeks of age, but is recommended to coincide with final kitten series at 16 weeks. For cats > 16 weeks of age, one dose with booster 1 year later, then every 3 years. The initial vaccine must be boostered in one year, then every 3 years, or as mandated by local regulations. Confirmation of working microchip or administration of microchip is recommended prior to rabies vaccination.

(2) Distemper combination (HCP) vaccines start at 6-8 weeks of age. Kittens will receive a series of vaccinations that are 3-4 weeks apart until 16 weeks of age. Cats over 16 weeks old will receive two vaccines dosed 3-4 weeks apart. Revaccinate one year after the initial series, then booster triennially thereafter.

(3) Feline Leukemia test is strongly encouraged for all kittens/cats that are 8 weeks of age or older.

(4) Feline Leukemia (FeLV) vaccination is only offered following a negative test to cats at-risk of exposure (outdoors or FeLV positive cat in household). Vaccines can be given to cats 8 weeks or older. Initial vaccine series consists of two doses given 3-4 weeks apart. Booster at 1 year then annually thereafter for all at-risk cats.

c. Administration of Vaccines:

(1) Vaccinations will be administered at the following specific body sites on dogs and cats:

(a) Distemper combination vaccines over the right shoulder; cats below the elbow or as far distally as possible.

(b) Rabies vaccine on right rear hip; cats below the stifle or as far distally as possible

(c) Lyme vaccine over the left rear hip

(d) Bordetella injectable over left shoulder.

(e) Canine Influenza over left rear leg in the stifle region

(f) Feline leukemia vaccine as distally as possible on the left rear limb.

(2) The immunization sites will be annotated in each patient's record using the ROVR computer record keeping system including deviations and explanations as to why the deviation occurred (i.e. fractious patient).

(3) AHAs (veterinary technicians) are authorized to give boosters for Distemper, (canine and feline), Lepto, Bordetella (subcutaneous), Lyme, and FeLV without a veterinarian present in the exam room as long as the patient has been seen within the last year and has a valid veterinary-client-patient relationship. A VCO, or a civilian veterinarian must be in the building while immunizations are being performed.

(4) Rabies vaccines are the only vaccines required by US law to be administered by a veterinarian.

d. Vaccine Reactions:

(1) All vaccine reactions, including difficulty breathing, vomiting, diarrhea, local tissue reaction (lump), swelling, etc., will be annotated in the patient's record.

(a) An Adverse Event-Veterinary (AE-V) is any occurrence or condition associated with the provision of care or services that caused harm or injury to the veterinary patient, client or AVS staff member. Adverse events may be due to acts of commission or omission.

(b) A Sentinel Event-Veterinary (SE-V) is an unexpected occurrence involving the death or serious physical injury to a veterinary patient, or the risk thereof, that is not related to the natural course of the patient's illnesses or underlying condition. Serious injury specifically includes loss of limb or function.

(2) Any clinical symptom(s) that can confidently be labeled as a vaccine reaction(s) and which requires any medical intervention will typically be considered an Adverse Event-Veterinary (AE-V) but in a worst case scenario might be defined as a Sentinel Event-Veterinary (SE-V); and therefore requires the following follow-up actions:

(a) A Patient Safety Report-Veterinary (PSR-V) will be initiated electronically and submitted through the routing chain in the Master Control document control system within 24 hours of the event.

(b) The PSR-V will be generated for both Government Owned Animals (to include mascots, non-DOD federal government-owned animals, and strays) and POAs.

(c) The PSR-V Report within Master Control can be found at the Army Veterinary Services mil/suite page: (https://www.milsuite.mil/book/community/spaces/armyveterinaryservices).

(d) Region-specific links and detailed instructions for completion of the report can be accessed by clicking on the "Patient Safety Report - Veterinary" link in the left column under the Animal Health section.

(e) The PSR-V may be initiated by any VTF staff member. Although the system has been set up to allow for anonymous reporting of any PSR-V, it is strongly recommended that the submitter provide as much detail as possible to allow for an appropriate medical review of the case and case materials.

(f) The Regional Veterinary Clinical Consultant (AOC 64F) serves as the clinical subject matter expert with regards to case management and disposition. The 64F will review each reported event objectively and ensure an After Action Review (AAR) has been completed and submitted to specifically include corrective actions that need to be taken (if any) by the VTF providers or staff. Additional 64Fs within the regional area of responsibility may assist with the PSR-V process.

(g) In the event of an SE-V leading to death or major harm of a veterinary patient, a PSR-V will be initiated electronically and submitted by the responsible Veterinary Corps Officer (VCO) or Government Schedule (GS) Veterinary Medical Officer (VMO) through the routing chain in the Master Control document control system within 24 hours of the event. The term "responsible veterinarian" will generally refer to the facility Officer-In-Charge/Supervisor. In addition, telephonic notification will be made to the chain of command and supporting clinical consultant (MOS 64F) within four hours. An Executive Summary (EXSUM) will also be created and routed through the appropriate chain of command to the APHC Veterinary Services and Public Health

Sanitation Directorate. The clinical consultant can be a First Year Graduate Veterinary Education (FYGVE) program 64F cadre or other 64F Veterinary Corps Officer (VCO) when the Regional Clinical Consultant is otherwise unavailable.

(h) An AAR must be completed and uploaded to the PSR-V within the Master Control for each PSR-V initiated. The AAR may be completed by the responsible veterinarian or by the Regional Clinical Consultant. AARs will be in a Memorandum for Record (MFR) format and will be completed within 30 days of the event to advise the chain of command on liability issues, corrective actions and training measures. The VCO/VMO completing the AAR will interview personnel associated with the case, review all records and reconcile procedures with Veterinary Medical Standardization Board (VMSB) guidelines, where applicable. The required elements of the AAR can be found in reference “f”.

(i) Veterinary staff members will provide continued medical care in response to an event that causes adverse effects during the course of treatment of the animal, to the extent that staffing and facilities allow and keeping the best interest of the patient in mind (i.e., treatment/monitoring of vaccine reactions, etc.).

(j) The electronic Veterinary Health Record (eVHR) (i.e., Remote Online Veterinary Record) entry for the animal for which the event occurred will be documented to completely capture the occurrence of the event and any communication made with associated animal owners or handlers. If paper-form veterinary treatment records exist they will be uploaded into the eVHR, and secured by the responsible veterinarian in a location separate from other patient records to safeguard the record against loss of information or destruction and allow review by other parties as deemed necessary while the review is conducted.

(k) Any procedures performed or supplies, pharmaceuticals and biologics utilized during the case will be entered into the eVHR to appropriately document all information related to the case. Removal of charges related to these entries in the eVHR for the purposes of accommodating financial compensation to an owner is not authorized and will be considered falsification of the patient's medical record. Financial compensation requests related to an AE-V or SE-V will be routed through the Regional Clinical Consultant and the Global Veterinary Medical Practice for further action and final decision.

(l) All the facts surrounding the event must be fully disclosed to the client by the responsible veterinarian as soon as possible after the event occurs. A statement by the responsible veterinarian documenting the circumstances surrounding the event as relayed to the client will be entered in the eVHR.

(m) Owners of POAs indicating to veterinary staff that a legal claim will be made for an actual adverse or sentinel event will be advised to contact the installation Judge Advocate General (JAG) office, as AVS personnel do not process claims. JAG personnel will notify the AVS office when a claim is filed. Once notified, claims made will

be reported through the RHC JAG office to the Global Veterinary Medical Practice Fund Manager.

(n) All animal reactions to veterinary products will be reported to the manufacturer and then the specific federal agency overseeing the product. Any assigned report number should be entered into the patient's eVHR and included in the AAR. For vaccine reactions contact the USDA Center for Veterinary Biologics (800-752-6522); reactions to veterinary drugs, medicated feeds, and animal devices are regulated by the FDA Center for Veterinary Medicine (888-FDA-VETS/888-332-8387). See the following FDA website for more information: https://www.fda.gov/animal-veterinary/report-problem/how-report-animal-drug-side-effectsand-product-problems.

6. **SUPERSESSION NOTICE:** This SOP supersedes all other versions

7. Point of contact for this memorandum is the undersigned at patti.k.glen.mil@mail.mil or DSN: (315) 737-9755.

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