

VACCINOLOGIST UPDATE

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Tri-Care pit falls with Allergy Extract

Is your Facility outsourcing the Allergy part of your service? Please review AFI 44-102 Community Health Management, July 98 <<http://afpubs.hq.af.mil/pubsforms/pubs/af/44/44010200/44010200.pdf>> when accepting these patients back into your facility for Immunotherapy. The regional Allergist must approve, in writing, use of non- DoD extract prior to its use in your facility.

Section D--Allergy Treatment

1.11.2. Regional Consultants:

- Establish and monitor the allergy services for each MTF within their region.
- **Approve use of allergy extracts not provided by the regional allergy support facility.**
- Visit local MTFs as needed.

1.11.3. The MFC designates a physician responsible for the MTF allergy clinic.

Waiver Available

Do you have someone working in your facility that attended the WHMC Course in the time frame of Jan 97 to March 98? Do they want their A? They no longer have to go through WRAMC. A letter of acceptance has been forwarded to AFPC. Individuals applying will be addressed on a case by case bases. This process can be accomplished through your local MPF, Classifications and Training. Two have been approved already!

Consultant comments: (Col Freeman)

It is unfortunate that there exists today in the civilian world many borderline and at times outright wrong ways of practicing allergy. The only way we can assure the quality of allergy practice is to adhere to the AFI's and have the regional consultant review the use of extracts not provided through the military system. Unapproved extract should not be provided in our clinics. It is the duty of the 4N0X1A in any facility to ensure that only approved extracts are delivered in the facility or at least that the commander of the facility is aware of the AFI and has approved the use of the extract. Similarly civilian extracts approved for use at one facility are not necessarily portable and when patients travel to other locales a great deal more info should go with them than needs to go for a military extract. In this case the initial evaluation by the civilian allergist, the skin test results and the full antigenic contents of the extract should be included along with the dosing schedule. This will facilitate the delivery of extracts outside the local facility. Again it is the responsibility of the 4N0X1A to make sure this occurs.

Upcoming highlights: CDC conference in Dallas June 21-25, Manning, Training and Rumor Control. (Heard any good ones lately?)



"Attention to detail is a key to success, is it on your key chain?"