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HEADQUARTERS UNITED STATES AIR FORCE  
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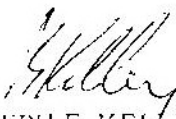
FROM: HQ USAF/SG  
110 Luke Avenue, Room 400  
Bolling AFB, DC 20032-7050

SUBJECT: Hepatitis B Immunization and Screening Policy for Air Force Medical and Dental Personnel (SG Policy Letter #03-004)

This memorandum provides Air Force Medical Service (AFMS) policy and instructions (Attachment 1) for immunizing medical and dental personnel at risk for hepatitis B virus (HBV) infection and for managing personnel who may be at risk of transmitting HBV, in accordance with Assistant Secretary of Defense (Health Affairs) memorandum, *Hepatitis B Immunization Policy for Department of Defense Medical and Dental Personnel*, 23 Oct 96 (Attachment 2). This policy is effective immediately and supersedes the following HQ USAF/SG policy memoranda: *Hepatitis B Immunization Policy for Air Force Medical and Dental Personnel*, 15 Jan 97; and, *Hepatitis B Immunization Policy Letter*, 20 May 96.

These requirements will be incorporated into the Hospital Employee Health Program, and apply to personnel who fall into the "exposure-prone" or "high-risk" categories, as defined in Attachment 1.

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JOSEPH E. KELLEY  
Major General, USAF, MC, CFS  
Assistant Surgeon General, Expeditionary  
Operations, Science and Technology

Attachments:

1. AFMS Instructions
2. ASD(HA) Memorandum, 23 Oct 96

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# AIR FORCE MEDICAL SERVICE INSTRUCTIONS FOR HEPATITIS B IMMUNIZATIONS FOR MEDICAL AND DENTAL PERSONNEL

## I. INTRODUCTION

These instructions provide policy guidance for identifying and immunizing medical and dental personnel at occupational risk for hepatitis B virus (HBV) infection (*high-risk* personnel), and for identifying and managing personnel who may be at occupational risk of transmitting HBV (*exposure-prone* personnel). These requirements apply only to personnel identified in one or both risk groups. Personnel writing the bloodborne pathogen exposure control plan for their military treatment facility (MTF) will use the following definitions to categorize employees within their organization.

## II. DEFINITIONS

1. *High-Risk* personnel: Personnel working in, or under jurisdiction of, Air Force MTFs and Guard and Reserve medical units, who have direct contact with patients or blood/body fluids, and are at ongoing risk for injuries with sharp instruments/needlesticks.
2. *Exposure-prone* personnel: Medical and dental providers, nurses, and technicians who perform invasive procedures, defined by the CDC as "surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with operating or delivery room, emergency department, or outpatient setting (dental and physician), cardiac catheterization and angiographic procedures; vaginal/cesarean delivery or other invasive obstetric procedure where bleeding occurs; or manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists." **All *exposure-prone* personnel are also *high-risk*.**
3. Serological evidence of immunity against HBV: Hepatitis B surface antibody (anti-HBs) titer  $\geq 10$  mIU/mL.

## III. REQUIREMENTS FOR *HIGH-RISK* PERSONNEL

1. *High-risk and exposure-prone* personnel will be monitored and tracked in the Hospital Employee Health Program function within the Preventive Health Assessment/Individual Medical Readiness (PIMR) application.
2. All *high-risk* personnel will have documentation of serological evidence of immunity against HBV, or a record of completion of the 3-dose hepatitis B vaccination series. All personnel who completed the series on, or after 1 Sep 02 will be tested for serological evidence of immunity. Those who completed the series prior to 1 Sep 02 do not require serological evidence of immunity and should be tested only in the event of a potential HBV exposure.

[NOTE: CDC recommends against "catch-up" programs to test for serological evidence of immunity for personnel vaccinated in the distant past. Current data show that vaccine-induced anti-HBs levels may decline over time; however, immune memory (anamnestic anti-HBs response) remains intact indefinitely following immunization.]

## AIR FORCE MEDICAL SERVICE INSTRUCTIONS FOR HEPATITIS B IMMUNIZATIONS FOR MEDICAL AND DENTAL PERSONNEL

3. New employees, classified as *high-risk*, who cannot provide documented serological evidence of immunity against HBV, or a record of completion of the three dose hepatitis B vaccination series, will begin the hepatitis B vaccination series, unless the vaccine is medically contraindicated. They are to begin the vaccination series after receiving OSHA-required bloodborne pathogen training and within 10 working days of initial assignment. Pre-vaccination serological screening for immunity is not recommended.
4. *High-risk* personnel who receive the vaccination will have anti-HBs titers drawn 1 to 2 months after completion of the three dose hepatitis B vaccination series. If serological testing is delayed by deployment or other operational considerations, testing must be accomplished within one-year after series completion.
5. Personnel who do not develop serological evidence of immunity after the initial vaccination series will complete a second 3-dose series.
6. Revaccinated personnel will be retested for anti-HBs titer 1 to 2 months after the last dose of vaccine. Personnel negative after a second vaccine series are considered non-responders to hepatitis B vaccination (and likely still susceptible to HBV infection), and should be documented susceptible in the Air Force Complete Immunization Tracking Application (AFCITA) and PIMR.
7. Periodic testing of anti-HBs titers and booster doses of vaccine are not recommended for either *high-risk* or *exposure-prone* personnel with normal immune status.
8. Personnel potentially exposed to HBV (e.g., needlestick or other blood product exposure) will immediately seek medical evaluation. Those individuals without serological evidence of immunity against HBV should be tested IAW published guidance on bloodborne pathogen post-exposure management.

### IV. REQUIREMENTS FOR *EXPOSURE-PRONE* PERSONNEL

*Exposure-prone* personnel are subject to the requirements listed above **and** the following:

1. *Exposure-prone* personnel who do not have serological evidence of immunity against HBV will be tested for hepatitis B surface antigen (HBsAg) and hepatitis B envelope antigen (HBeAg), regardless of when they completed the hepatitis B vaccination series.
  - a. If HBsAg and HBeAg positive, refer individual to the MTF's Credentials Committee for possible modifications of privileges/scope of practice.
  - b. No further screening is required once HBsAg and HBeAg negative status is established.
  - c. No clinical restrictions are warranted for personnel who are HBsAg positive and HBeAg negative.

[Categorical Listing] [Numerical Listing]



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

OCT 23 1996

MEMORANDUM FOR: ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Hepatitis B Immunization Policy for Department of Defense Medical and Dental Personnel

This memorandum prescribes interim policy for hepatitis B immunization of medical and dental personnel, pending issuance of a revision of Department of Defense Instruction 6205.2, Immunization Requirements, dated October 9, 1986.

All Service members who hold qualification or assignment in medical or dental career fields shall be required to complete a series of three immunizations against hepatitis B, or to show evidence of prior completion of three immunizations.

There is no requirement to screen Service members by testing for hepatitis B surface antigen or antibody in order to implement this policy. Existing hepatitis B serologic information documented in health records may permit exemption from immunization, or may require evaluation of clinical privileging, as described below.

Service members who have any of the three conditions below are exempt from the immunization requirement:

(1) Known positive serum hepatitis B surface antigen. Such personnel who are clinically privileged shall have documentation at each renewal of privileging that their Military Treatment Facility Credentials Committee has evaluated their potential for transmitting hepatitis B during invasive procedures. In delineating privileges, the privileging authority shall fully consider the clinical status of each individual, based on his or her specific situation and scope of practice. It is Department of Defense policy that Credentials Committees shall recommend curtailment of the privileges of providers who are at high risk for transmitting hepatitis B, as shown by positive serum hepatitis B E antigen or positive serum hepatitis B DNA, in such invasive procedures as cardiac surgery. In situations where a question of defining a provider's scope of privileges arises, Credentials Committees shall seek expert assistance from the facility's parent Service Consultant in Preventive Medicine. Limitation of clinical privileges under this policy is medical rather than administrative, and shall not be considered as an adverse action against the individual.

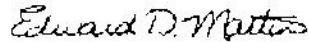
(2) A past history of recovery from hepatitis B, with known positive serum antibody to hepatitis B surface antigen. There is no requirement for Credentials Committee evaluation of this status.

(3) A disease or medical condition that would make hepatitis B immunization inadvisable in the judgement of the Service member's physician. Such a condition shall be adequately documented in the individual's medical record.

The same requirement, with the same provisions and exemptions, shall apply to all Department of Defense

civilian personnel, including trainees, volunteers, and other temporary staff, with duties involving direct patient contact who are hired or begin activity on or after January 1, 1997. Currently employed civilian personnel involved in direct patient contact are strongly encouraged to have hepatitis B immunization. The same requirement, with the same provisions and exemptions, shall be incorporated into contracts for civilian medical personnel who provide care within Department of Defense medical and dental treatment facilities.

This policy is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.



Stephen C. Joseph, M.D., M.P.H.

HA POLICY 97-006

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Last update: 1/5/1999