



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCPO-NCR

07 AUG 2002

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: Vaccination of New Recruits Against Hepatitis B Virus

1. References:

a. Memorandum from ASD-HA, Subject: "Vaccination Of New Recruits," dated 29 April 2002 (enclosure).

b. Army Regulation 40-562, 1 November 1995, Immunizations and Chemoprophylaxis.

c. Morbidity and Mortality Weekly Report, Volume 39, Number RR-2, 9 February 1990, subject: Protection Against Viral Hepatitis: Recommendations of the Advisory Committee on Immunization Practices (ACIP).

d. Morbidity and Mortality Weekly Report, Volume 50, Number 37, 21 September 2001, subject: FDA Approval for a Combined Hepatitis A and B Vaccine.

e. Morbidity and Mortality Weekly Report, Volume 48, Number 2, 22 January 1999, subject: Update: Recommendations to Prevent Hepatitis B Virus Transmission —United States.

2. The USA MEDCOM will vaccinate all new enlisted and officer accessions against hepatitis B virus (HBV) beginning in Sep 02. Existing policies remain unchanged, including vaccination of health care workers, personnel on orders for assignment to Korea, or others requiring HBV vaccine IAW guidelines from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

3. This policy does not direct vaccination of the total force against HBV. Military personnel whose first day of initial military training precedes 1 Sep 02 and who do not require HBV vaccine IAW other existing policies or guidelines do not require HBV vaccination.

4. Vaccine Logistics and Administration.

a. Any FDA-approved HBV vaccine, including combination vaccines, may be used to vaccinate new accessions against HBV.

b. Because this initiative involves a high volume of vaccine doses, it is imperative that Medical Treatment Facilities (MTFs) at Army Training Centers and elsewhere remain knowledgeable of and execute the best purchase price available. The Defense Support Center Philadelphia (DSCP) is currently entering into Blanket Purchase Agreements (BPAs) with manufacturers of hepatitis vaccines. These agreements will be finalized in the very near future. Other BPAs may be entered into by contractors in your region and be available at your facility. MTFs will validate the best price available before executing hepatitis vaccine purchases.

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c. Vaccine dosage will be IAW FDA-approved product information. No reduced dosage regimens will be used in recruits or in any other beneficiary except when administered under an Investigational New Drug (IND) protocol. Administer vaccine to age-appropriate personnel IAW product information.

d. After completion of the primary series, there is no requirement to perform serologic screening to verify that vaccination has induced immunity.

5. Applicability

a. All US Armed Forces accessions for whom Army MTFs provide medical support will be vaccinated IAW with the following guidance.

b. New enlisted accessions will receive their first dose of HBV vaccine as soon as practical, normally in the reception station. The second dose of vaccine will normally be administered during IET and the third dose at the next duty station IAW the schedule published in the FDA-approved product information.

c. Officer accessions will receive their first dose of HBV vaccine as soon as practical during initial training (Officer Basic Course). Subsequent doses will be administered IAW with the schedule published in the FDA-approved product information.

d. West Point cadets will receive all three doses of the primary series while at the United States Military Academy. The first dose will be administered as soon as practical after arrival and subsequent doses will be administered IAW FDA-approved product information.

e. Direct accessions to active service will receive the primary series from the MTF at the first duty station. MTFs will coordinate with local in-processing stations to assure that direct accessions are referred to the MTF for vaccination. Direct accessions to Reserve Component units will receive the primary series ASAP after arrival at their first unit of assignment.

6. Exemptions. New accessions may be exempted from vaccination for one of the following reasons:

a. Serologic evidence of immunity (positive hepatitis B surface antibody)

b. Documentation of having received a complete primary series of HBV vaccine.

7. Individuals with documentation of having received only one or two doses of the primary series can resume the primary series with the next scheduled dose. For example, an individual who has documentation of having received a single dose may resume with the second dose in the primary series, as long as the required interval between the first and second dose has transpired.

8. Serologic Screening for Pre-existing Immunity.

a. Some new accessions are already immune to the hepatitis B virus due to prior infection or vaccination. The proportion of new accessions who will have completed the hepatitis B vaccine primary series prior to initial military training will increase with time. It is expected that in 5 years, this proportion will approach 50% and continue to increase after that.

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b. Serologic screening for hepatitis B virus infection is not required at this time. However, supporting MTFs may choose to initiate serologic screening to detect pre-existing immunity if this is determined locally to be beneficial.

9. Documentation.

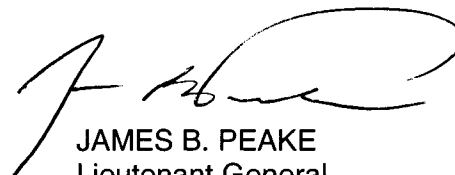
a. All doses of vaccine (including manufacturer and lot number information) will be documented in individual health and shot records.

b. Vaccination data (date, provider, lot number, and route of administration) will be entered into the Medical Protection System (MEDPROS) database of the Military Occupational Database System (MODS) for all personnel. Documented doses received prior to accession will also be recorded in MEDPROS, as appropriate. Individuals exempted from vaccination due to serologic evidence of pre-existing immunity will have medical exemption documented in MEDPROS.

c. The medical facility or activity that provides medical support is responsible for ensuring that vaccine data is entered into MEDPROS. Data entry may be accomplished using the MEDPROS web base (www.mods.army.mil), the MODS mainframe, or other systems/processes in coordination with the MODS Support Team. Data entry support may be obtained from the MODS Help Desk at DSN 761-4976, Commercial (703) 681-4976 or (888) 849-4341.

10. My point of contact for this action is COL Jeffrey Gunzenhauser in the Proponency Office for Preventive Medicine, E-mail Jeffrey.Gunzenhauser@otsg.amedd.army.mil, DSN 761-3160, comm. 703-681-3160.

Encl



JAMES B. PEAKE
Lieutenant General
Commanding

CF:

18th MEDCOM

HQDA (DASG-PPM-NC), 5109 Leesburg Pike, Falls Church, VA 22041-3258
FORSCOM (AFMD), 1777 Hardee Ave, S.W., Fort McPherson, GA 30330-1062
TRADOC (ATMD), 7 Fenwick Road, Fort Monroe, VA 23651-5000
AMC (AMCSG) 5001 Eisenhower Avenue, Alexandria, VA 22333
ATEC, Park Center IV, 4501 Ford Avenue, Alexandria, VA 22301-1458
ARCENT (AFRD-MD), 1881 Hardee Avenue, Fort McPherson, GA 30330
USARSO (SOMD), Bldg. 1314, Ft Buchanan, PR 00934-3400
USASOC (AOMD), Fort Bragg NC 28307-5200
USARC, (AFRC-MD), 1401 Deshler St, S.W., Fort McPherson, GA 30330-2000
NGB, (NGB-ARS), 111 South George Mason Dr, Arlington, VA 22204-1382



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

APR 29 2002

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (SAF/MI)
CHAIRMAN, JOINT CHIEFS OF STAFF
EXECUTIVE DIRECTOR, TRICARE MANAGEMENT ACTIVITY

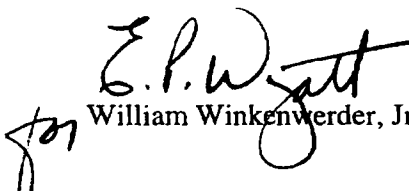
SUBJECT: Vaccination of New Recruits Against Hepatitis B

In the 2002 DoD Appropriations Conference Report, Congress requested DoD to begin vaccinating all new recruits against Hepatitis B, to be funded through a "carve out" of \$8.4 million from the 2002 appropriations to begin the vaccination program.

In response to this Congressional request, I direct the Services to plan and implement a vaccination program to vaccinate all new recruits. Current DoD policy requires that all health care personnel, Army personnel assigned to Korea, and military personnel traveling to high-risk areas of the world, be immunized against hepatitis B. The Centers for Disease Control and Prevention's Advisory Committee on Immunizations Practices recommends that all health care workers and all infants be vaccinated against hepatitis B, and a catch-up program to immunize older children be instituted as feasible. In addition, adolescents with high-risk factors should be immunized. Many states have required vaccination against hepatitis B as a requirement for school or childcare entry. As a result, the Services should consider serologic testing as part of the immunization program if it is cost beneficial. The Services should submit their implementation plans to this office within 30 days. The vaccination programs should be implemented NLT July 1, 2002.

Attached are vaccination program cost estimates that may be useful to the Services in developing and implementing Service-specific programs.

Because current funding is for FY 02, the Services should submit requirements for the program for FY 03, and include program-specific funding requirements in the FY 04-09 POM submission. Please note that preliminary program estimates far exceed the initial \$8.4 million "carve-out."


for William Winkenwerder, Jr., MD

Attachment:
As stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
USMB
USCG

Encl

Hepatitis B Vaccination Policy US Army
DoD
Strategy

WRAIR Prev Med
LTC David Niebuhr
301-319-9833
1-Mar-02

1. Serologic screen

Year	2002	2003	2004	2005	2006	5 YR Total
Accessions	257190	257190	257190	257190	257190	1285950
Cost Titers	\$2,571,900	\$2,700,495	\$2,829,090	\$2,957,685	\$3,086,280	\$14,145,450
% Vaccinated	6%	10%	19%	37%	50%	
Non-immune	241759	231471	208324	162030	128595	972178
Cost Vaccinate	\$17,164,861	\$17,256,163	\$16,270,097	\$13,229,725	\$10,956,294	\$74,877,139
Total Cost	\$19,736,761	\$19,956,658	\$19,099,187	\$16,187,410	\$14,042,574	\$89,022,589

2. Universal vaccination

Year	2002	2003	2004	2005	2006	5 YR Total
Accessions	257190	257190	257190	257190	257190	1285950
Total Cost	\$18,260,490	\$19,173,515	\$20,086,539	\$20,999,564	\$21,912,588	\$100,432,695

3. Vaccinate those not vaccinated as a child

Year	2002	2003	2004	2005	2006	5 YR Total
Number	241759	231471	208324	162030	128595	972178
Total cost	\$17,164,861	\$17,256,163	\$16,270,097	\$13,229,725	\$10,956,294	\$74,877,139

Includes 5% amortization of the cost of titer and vaccine

Assumes cost of 3 dose vaccine at \$71 and titer at \$10

Assumes constant accession number per year and age/home state distribution from 2002 to 2006