

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

HQ, U.S. Army Medical Command, 2050 Worth Road, Suite 10,
Fort Sam Houston, TX 78234-6010

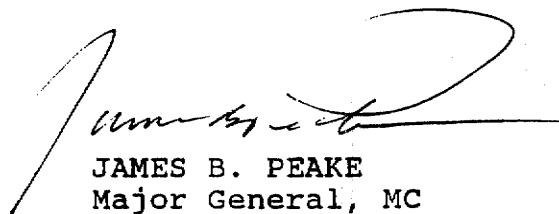
27 MAR 1997

FOR Commanders, MEDCOM RMCs

1. Reference memorandum, HQDA, SGPS-PSP, 17 April 1989, subject: Mandatory Hepatitis B Immunization Policy, with 1st Endorsement.
2. The Hepatitis B immunization policy (attachment) is forwarded for immediate implementation.
3. Federal regulations of the Occupational Safety and Health Administration (OSHA), Department of Labor (29 Code of Federal Regulations 1910.1030, Occupational Exposure to Bloodborne Pathogens) requires all employers who are subject to the regulations to offer Hepatitis B immunization to their employees, but makes it voluntary on the employee's part.
4. Policy directs that Department of Defense civilian personnel, including trainees, volunteers, and other temporary staff, with duties involving direct patient contact, who were hired or began activity on or after 1 January 1997 be covered on a mandatory basis. This condition of employment must be made clear in job announcements, job descriptions, and contracts. The new policy goes beyond the Department of Labor, OSHA regulations, and provides more secure protection.
5. Our points of contact are COL Forrest Oliverson, Directorate of Clinical Operations, Headquarters, U.S. Army Medical Command, DSN 471-6612 or Commercial (210) 221-6612; and MAJ Roberto N. Nang, Directorate of Clinical Preventive Medicine, U.S. Army Center for Health Promotion and Preventive Medicine, DSN 584-2714 or Commercial (410) 671-2714.

FOR THE COMMANDER:

Atch
nc



JAMES B. PEAKE
Major General, MC
Deputy Commander

MCHO-CL-W

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

CF (w/atch):

HQDA (DASG-HS-PM), 5109 Leesburg Pike, Falls Church, VA
22041-3258

Commander, U.S. Army Center for Health Promotion and Preventive
Medicine, 5158 Blackhawk Road, Aberdeen Proving Ground, MD
21010-5422

Commander, U.S. Army Dental Command, 2050 Worth Road, Suite 4,
Fort Sam Houston, TX 78234-6004

Commander, U.S. Army Medical Research and Material Command,
Fort Detrick, MD 21702-5012

Commander, U.S. Army Medical Department Center and School,
2250 Stanley Road, Fort Sam Houston, TX 78234-6100

DASG-ZA (OASD/5 Nov 96) (40a) 1st End

COL Oliverson/jf/

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

HQDA (DASG-ZA), 5109 Leesburg Pike, Falls Church, VA 22041-3258

FOR

26 MAR 1997

Commander, U.S. Army Medical Command, 2050 Worth Road, Suite 10,
Fort Sam Houston, TX 78234-6010
Commander, 18th Medical Command, APO AP 96205-0054

1. References:

a. Department of Defense Instruction 6205.2, 9 October 1986,
Immunization Requirements.

b. Memorandum, HQDA, SGPS-PSP, 17 April 1989, subject:
Mandatory Hepatitis B Immunization Policy.

2. The attached memorandum is forwarded for immediate
implementation. This interim policy is effective pending
issuance of a revision of reference 1a, above.

3. The 1989 Hepatitis B policy (reference 1b, above) currently
being followed directs that the three-dose series be administered
to all active duty Army Medical Department personnel or that
personnel provide proof of prior immunity. This same policy
offers the vaccine to reservists working in military hospitals
and to civilian employee health care providers and strongly
encourages them to receive the vaccine.

4. Interim policy directs that the same provisions and
exemptions outlined for Department of Defense (DOD) medical and
dental personnel shall apply to all DOD civilian personnel,
including trainees, volunteers, and other temporary staff, with
duties involving direct patient contact who are hired or began
activity on or after 1 January 1997. This is a change to
reference 1b, above.

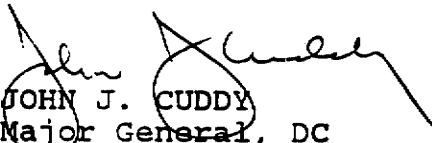
DASG-ZA

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

5. Our point of contact is COL Forrest Oliverson, Headquarters,
U.S. Army Medical Command, DSN 471-6612 or Commercial
(210) 221-6612.

FOR THE SURGEON GENERAL:

Atch
nc


JOHN J. CUDDY
Major General, DC
Deputy Surgeon General

CF (w/atc):

Assistant Secretary of the Army (Manpower and Reserve Affairs),
111 Army Pentagon, Washington, DC 20310-0111

Assistant Secretary of Defense (Health Affairs), Room 3E346,
Washington, DC 20301-1200

Commander, U.S. Army Training and Doctrine Command, Fort Monroe,
VA 23651-5000

Commander, U.S. Army Forces Command, Fort McPherson, GA
30330-6000

Commander, U.S. Army Materiel Command, 5001 Eisenhower Avenue,
Alexandria, VA 22333-0001



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
MANPOWER AND RESERVE AFFAIRS
111 ARMY PENTAGON
WASHINGTON DC 20310-0111

November 5, 1996

MEMORANDUM THRU ~~DIRECTOR OF THE ARMY STAFF~~ ^{4/11} ~~FROM LINDA L. MAI, CG. ADJCC~~

FOR THE SURGEON GENERAL

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

Reference memorandum, Assistant Secretary of Defense (Health Affairs), October 23, 1996, subject as above (attached).

Please ensure this policy is implemented and forward a copy of your implementing instruction through this office to the Office of the Assistant Secretary of Defense (Health Affairs).

Sara Lister

Sara E. Lister
Assistant Secretary of the Army
(Manpower and Reserve Affairs)

Attachment

CF: Dr. Joseph



HEALTH AFFAIRS

OFFICE OF 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.

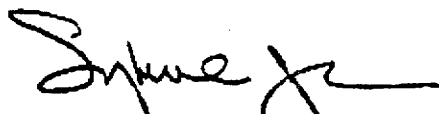
HAPOLICY 9700006

(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.

HSCL-P (SGPS-PSP/17 Apr 89) (40) 1st End Mrs. Wickham/tw/
AV 471-3167
SUBJECT: Mandatory Hepatitis B Immunization Policy

HQ, U.S. Army Health Services Command, Fort Sam Houston, TX
78234-6000 29 MAY 1989

FOR Commanders, HSC MEDCEN/MEDDAC

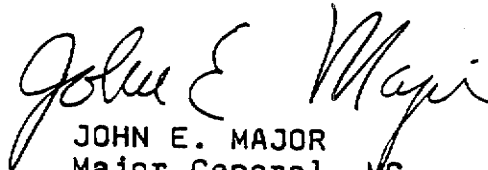
1. The Surgeon General and his staff have provided comprehensive guidance for initiation of a mandatory Hepatitis B Immunization Program for our active duty Army Medical Department (AMEDD) personnel. I ask for your personal involvement to ensure full implementation of the mandate by The Surgeon General to have all susceptible active duty AMEDD personnel receive at least two doses of the Hepatitis B vaccine (HBV) by 31 December 1989, and 100 percent to be fully immunized by 1 July 1990. An implementation date of 1 June 1989 has been suggested; however, it may be more feasible at your location to delay initiation of this program until after the summer permanent change of station moves have taken place.
2. This program to be fully successful requires a concerted effort on the part of all medical treatment facility personnel, particularly the preventive medicine physicians, and immunization clinic personnel. Public Affairs offices should be encouraged to include information on this program in post publications.
3. To ensure maximum participation in a minimum amount of time, consideration should be given to immunizing AMEDD personnel in conjunction with other programs; e.g., the first immunization could be administered in September at the fall Army Physical Fitness Test (APFT) and the second in October at the same time that the influenza immunization is given. These two killed vaccines can be administered simultaneously at different sites on the body. The third immunization can be administered at the spring APFT. Immunizations could also be scheduled during HIV blood screens or HIV education training sessions. Consideration should be given to adding a 10-15 minute segment on Hepatitis B for AMEDD personnel during the HIV education training sessions.
4. The Office of The Surgeon General will centrally fund plasma-derived HBV vaccine initial immunizations. The immunization of civilian health care workers at risk must continue to be encouraged. The vaccine administered to these individuals, however, must be funded locally.

HSCL-P

SUBJECT: Mandatory Hepatitis B Immunization Policy

5. The implementation and progress of your program will be closely monitored. Specifics on reporting requirements will be forwarded under separate cover. In the interim, suggest status reports of your program be included in your monthly Command Health Report.
6. Paragraph 1--Scope of Program on Enclosure should be corrected to read: "This mandatory program applies to active duty AMEDD personnel."
7. Points of contact from the Office of the Deputy Chief of Staff for Clinical Services are COL James H. Nelson, Chief, Preventive Medicine Division, AUTOVON 471-6612/3167 and Mrs. Teresa Wickham, Health Systems Specialist, AUTOVON 471-6337.

Encl
nc



JOHN E. MAJOR
Major General, MC
Commanding

CF:

HQDA (SGPS-PSP), 5109 Leesburg Pike, Falls Church, VA
22041-3258 (wo/encl)



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258



REPLY TO
ATTENTION OF

SGPS-PSP (40)

17 APR 1989

MEMORANDUM FOR

COMMANDER, U.S. ARMY HEALTH SERVICES COMMAND, ATTN: HSCL, FORT
SAM HOUSTON, TX 78234-6000
COMMANDER, 7TH MEDICAL COMMAND, ATTN: AEMCL-PM, APO NEW YORK
09102-3304
COMMANDER, 18TH MEDICAL COMMAND, ATTN: EAMC-PM, APO SAN
FRANCISCO 96301
COMMANDER, U.S. ARMY JAPAN, ATTN: SURG, CAMP ZAMA (SAGAMIHARA),
APO SAN FRANCISCO 96343

SUBJECT: Mandatory Hepatitis B Immunization Policy

1. Hepatitis B virus (HBV) causes a vaccine-preventable disease that accounts for approximately 200,000 cases of infection in the United States annually. About 6-10% of cases become chronic carriers, and about 25% of carriers develop chronic active hepatitis. As much as 80% of all cases of primary liver cancer are due to HBV infection. The U.S. Public Health Service estimates that at least 250 health care workers die annually from HBV infection.
2. The Occupational Safety and Health Administration (OSHA) identified HBV vaccination as an issue of concern in OSHA inspections of health care facilities. In a 19 April 1988 memorandum, this office strongly recommended vaccination of all military and civilian health-care workers at occupational risk of acquiring HBV. In response, several Army hospitals began highly commendable and aggressive immunization programs, and have already immunized the majority of their workers at greatest risk. Others have immunized selected personnel, but have been hampered by high-vaccine costs.
3. All active duty members of the Army Medical Department (AMEDD) will be immunized against HBV. It is my goal to have all susceptible active duty AMEDD personnel receive at least two doses of the HBV vaccine by 31 December 1989, and 100% to be fully immunized by 1 July 1990. It is essential that all uniformed AMEDD personnel be immunized because every one of us may be called upon to administer to the injured during peacetime or on the battlefield.
4. Civilian health-care workers at risk will be approached individually and encouraged to be immunized, unless immunization

SGPS-PSP (40)

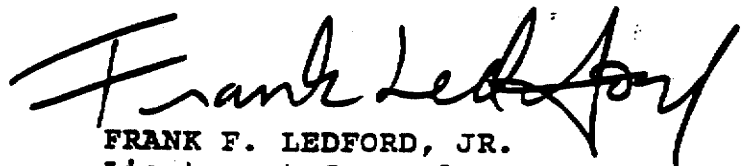
SUBJECT: Mandatory Hepatitis B Immunization Policy

is specifically mandated in their work agreement or job description. Army reservists serving in Army hospitals will be offered the vaccine also. Volunteer workers will be provided the immunization only if it has been determined that they are at risk of contracting HBV as part of their services.

5. AMEDD personnel who provide evidence of having had HBV infection previously, having serologic evidence of immunity, or having received at least three intramuscular doses of HBV vaccine will be exempted from the program. Personnel who have received HBV vaccine intradermally in the past cannot be assured of long-term protection, and are, therefore, recommended to receive one additional booster dose intramuscularly. As an alternative, these people can be tested for serologic evidence of immunity and should receive an intramuscular booster dose if titers are low (below 10 IU/l). Additional information about this program is in the enclosure.

6. Either plasma-derived or recombinant HBV vaccine produces immunity. However, use of the plasma-derived vaccine is encouraged since the Army is procuring this vaccine at considerable cost reduction. My office will centrally fund plasma-derived HBV vaccine requirements for initiation of the AMEDD program this fiscal year.

7. HBV infection is a serious threat to health-care workers. This expanded mandatory policy is clearly indicated. I greatly appreciate your assistance in reaching the very important goals I have outlined above.



FRANK F. LEDFORD, JR.
Lieutenant General
The Surgeon General

Encl

CF:
CDR, FORCES COMMAND, ATTN: FCMD
CDR, U.S. ARMY TRAINING AND DOCTRINE COMMAND, ATTN: ATMD
COMDT, ACADEMY OF HEALTH SCIENCES, U.S. ARMY
CDR, U.S. ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND
CDR, U.S. ARMY MEDICAL MATERIEL DEVELOPMENT AGENCY
CDR, U.S. ARMY MEDICAL MATERIEL AGENCY, ATTN: SGMMA
CDR, U.S. ARMY MATERIEL COMMAND, ATTN: AMCSG
CDR, NAVAL MEDICAL COMMAND, ATTN: NMC 241
SURGEON GENERAL, U.S. AIR FORCE, ATTN: SGPA
COMDT, MARINE CORPS, ATTN: MED
CHIEF, COAST GUARD HEALTH SERVICES, ATTN: GKOM

HEPATITIS B (HBV) IMMUNIZATION OF THE ARMY MEDICAL DEPARTMENT

- 1. Scope of Program.** This mandatory program applies to active duty Army personnel. It is estimated that as much as 90% of active duty AMEDD personnel may need HBV immunization. The program is strongly encouraged for civilian health-care workers and reservists serving in Army hospitals.
- 2. Dates.** The AMEDD program will begin on or about 1 June 1989. Target date for completion of all active duty personnel in the AMEDD is 1 July 1990.
- 3. Dosage Schedule.** The immunization schedule for active duty AMEDD personnel will consist of a three-dose 1.0 ml intramuscular (IM) series of either the plasma-derived or recombinant HBV vaccine. However, the plasma-derived vaccine is strongly encouraged and will be centrally procured for this program. Vaccine will be administered at 0, 30, and at least 180 days following initial vaccination. The decision to initiate this mandatory program now and use a 1.0 ml dosage regimen for AMEDD personnel is based on the need to maintain a high level of readiness to respond to crises, the need to provide the best possible long-term protection to health-care workers, and the need to ensure the most optimal antibody response in all individuals, regardless of age.
- 4. Intradermal Administration.** The intradermal (ID) HBV immunization program with the plasma-derived vaccine in Korea has been highly successful, but no data are yet available on long-term protection over several years. Therefore, AMEDD personnel who have completed a 3-dose (0.1 ml) ID series should receive an additional 1.0 ml IM dose. Prior screening for HBV antibody is not required, but can be performed if laboratory resources permit. Individuals with titers less than 10 IU/l should receive a 1.0 ml IM booster dose. Individuals need not be vaccinated if they have serological confirmation (presence of HBV antibody) in their medical records as a result of past HBV infection or previous immunization. AMEDD personnel who have recently begun receiving the vaccine ID should be changed to an IM schedule of vaccine administration to ensure the best possible long-term protection. Titers should be drawn at least one month following the third dose.
- 5. Prior Screening.** Prior testing for HBV antibody (or HBV antigen) is not required. However, health-care workers with a past history of HBV are encouraged to be tested for HBV antigen. Should they be identified as being a carrier of HBV virus, they should be medically evaluated and counseled as to risks of transmission and chronicity of infection.

6. New Personnel. Army MTFs should have well defined procedures for records screening and counseling of all AMEDD personnel reporting to supported TOE and TDA units and organizations. This counseling must provide information concerning the occupational risks of blood-borne infections such as HBV and HIV infections. This should be an integral part of the occupational health program for all medical personnel. HBV vaccine will be provided at this time to all appropriate AMEDD personnel who have not begun immunization or have no evidence of antibody to HBV.

7. Program Guidelines. USAMMA will publish logistical guidance, which will include instructions for requisition submission. Activities should immediately compute their requirements in order to comply with a short-notice call for unfunded requisitions. Success of this program depends upon expeditious and accurate submission of unfunded requisitions to USAMMA during rigidly defined submission windows, which will be identified by USAMMA in forthcoming logistical implementation instructions. (Logistics POC: CPT LoSardo at AV 343-7161)

8. Funding. OTSG will centrally fund MTF requirements for plasma-derived HBV vaccine for the AMEDD. OTSG will not centrally fund recombinant vaccine requests. Army medical commands are requested to fund the expendable costs; i.e., syringes, gauzes, and alcohol.

9. Program Inquiries. Questions on the program should be directed to COL Takafuji or MAJ(P) Driggers at AV 289-0125.