

ROUTINE
 R 051700Z DEC 91
 FM DA WASHINGTON DC//SGFS-PSP//
 TO AIG 7406
 AIG 7446
 CORUSAHSC FT SAM HOUSTON TX//HSCL-P//
 CDR7THMEDCOM HEIDELBERG GE//AEMCL-PM//
 CDR18THMEDCOM SEOUL KOR//EAMC-PM//
 CORFOPSCOM FT MCPHERSON GA//FCMD//
 CORTRADOC FT MONROE VA//ATMD// CORAMC ALEXANDRIA VA//AMCSG//
 CORUSASOC FT BRAGG NC//AOMD//
 CORWESTCOM FT SHAFTER HI//APMD//
 CORUSARSO FT CLAYTON PM//SURG// DA WASHINGTON DC//DAAR-MA//
 CNGB WASHINGTON DC//NGB-ARS//
 INFO USCINCCENT MACDILL AFB FL//CCSG//
 USCINSOC MACDILL AFB FL//SOSG//
 DA WASHINGTON DC//DASG-HCL/PSA/PSC/PSP/PSZ//
 DA WASHINGTON DC//DAPE-HRM// COMDTAHS FT SAM HOUSTON TX
 CORUSAMMA FT DETRICK MD//SGMMA-RSR/RMM//
 CORUSAMRDC FT DETRICK MD
 DIRWRAIR WASHINGTON DC//SGRD-UNK//
 DEFENSE MED STANDARDIZATION BD FT DETRICK MD
 //CODE 11//
 COMNAVMEDCOM WASHINGTON DC//CODE 241//
 CMC WASHINGTON DC//MED//
 HQ USAF BOLLING AFB WASHINGTON DC //SGPA//
 COMDT COGARD WASHINGTON DC//GKOM//

BE USED TO IMMUNIZE ACTIVE DUTY INDIVIDUALS (WHICH INCLUDES BOTH AMEDD PERSONNEL AND SOLDIERS PCSING TO KOREA) UP THROUGH 30 YEARS OF AGE. THIS WILL PROVIDE ADEQUATE PROTECTION WHILE REDUCING THE COST OF THE PROGRAM. ANY INDIVIDUAL OVER 30 YEARS OF AGE SHOULD RECEIVE THE 1.0 ML INTRAMUSCULAR INJECTION DOSE. THE TIMING OF THE THREE DOSES (0, 1, AND 6 MONTHS) IS NOT AFFECTED BY THE REDUCED DOSE REGIMEN. THE RECOMBIVAX HB REDUCED-DOSE REGIMEN SHOULD ONLY BE USED IN ACTIVE DUTY PERSONNEL AGE 30 AND YOUNGER. THE 1.0 ML DOSE SHOULD BE USED FOR OTHER ADULT RECIPIENTS OF THE VACCINE.

6. THIS REDUCED DOSING REGIMEN DOES NOT CURRENTLY APPLY TO THE SMITH KLINE AND FRENCH (ENGERIX-B) PRODUCT WHICH MUST BE GIVEN AT THE PRESCRIBED DOSE OF 1.0 ML INTRAMUSCULAR INJECTION FOR INDIVIDUALS OVER 10 YEARS OF AGE..

7. FOR ACTIVE DUTY PERSONNEL (OTHER THAN AMEDD) ON PERMANENT CHANGE OF ASSIGNMENT TO KOREA (REF B AND D), THE PLASMA-DERIVED (I.E., MERCK SHARP & DOHME HEPTAVAX) HBV VACCINE HAS BEEN UTILIZED. THE HEPTAVAX IS ADMINISTERED INTRADERMALLY IN THE DELTOID AREA, 0.1 ML, AT 0, 30, AND 60 DAYS. HOWEVER, HEPTAVAX IS NO LONGER MANUFACTURED, AND ALL STOCKS IN THE SUPPLY DEPOTS HAVE BEEN EXHAUSTED.

8. SINCE 1987, THE INCIDENCE OF HEPATITIS B IN U.S. ARMY PERSONNEL HOSPITALIZED IN KOREA HAS DECLINED DRAMATICALLY, AND THIS IS IN PART DUE TO THE EFFECTIVENESS OF THIS PROGRAM.

9. THEREFORE, THE HEPATITIS B IMMUNIZATION PROGRAM FOR TROOPS ON PERMANENT CHANGE OF ASSIGNMENT TO KOREA WILL CONTINUE. ONCE INSTALLATIONS EXHAUST THEIR CURRENT SUPPLY OF HEPTAVAX OR IT EXPIRES, RECOMBIVAX HB SHOULD BE UTILIZED. THE DOSING REGIMEN AND SCHEDULE WILL BE AS DESCRIBED IN PARAGRAPH 5 (I.E., EITHER 0.5 ML INTRAMUSCULAR UP THROUGH 30 YEARS OF AGE OR 1.0 ML INTRAMUSCULAR IF OLDER THAN 30 YEARS OF AGE) GIVEN AT 0, 1, AND 6 MONTHS.

10. THE RECOMBIVAX HB SHOULD NEVER BE GIVEN INTRADERMALLY, AS THERE IS STRONG EVIDENCE THAT THERE IS AN INADEQUATE IMMUNE RESPONSE WHEN GIVEN IN THAT MANNER (REF E).

11. INDIVIDUALS ON ORDERS FOR KOREA SHOULD BEGIN THE HEPATITIS B SERIES AS EARLY AS POSSIBLE SO THAT THEY MAY COMPLETE IT PRIOR TO OR SOON AFTER ARRIVAL IN KOREA.

12. THE OFFICE OF THE SURGEON GENERAL REQUIRES THAT ACTIVE DUTY AMEDD PERSONNEL EITHER HAVE DOCUMENTED IMMUNITY TO HBV OR BE VACCINATED AGAINST HBV. DEPARTMENT OF THE ARMY CIVILIAN HEALTH CARE WORKERS SUSCEPTIBLE TO HBV ARE ENCOURAGED TO BE VACCINATED THROUGH THE ARMY OCCUPATIONAL HEALTH CLINIC OR IMMUNIZATION CLINIC AT NO COST TO THE HEALTH CARE WORKER.

13. THE AMEDD DOES NOT HAVE A POLICY TO VACCINATE ROUTINELY ALL PUBLIC-SAFETY WORKERS. THE DECISION TO VACCINATE ACTIVE DUTY ARMY OR DEPARTMENT OF THE ARMY CIVILIAN PUBLIC-SAFETY WORKERS (SUCH AS MILITARY POLICE, SECURITY AGENTS, GUARDS, AND OTHER LAW ENFORCEMENT PERSONNEL) MUST BE BASED ON A SUBSTANTIAL RISK OF HBV INFECTION. RECOMMENDATIONS FOR VACCINATION OF PUBLIC-SAFETY WORKERS AND OTHER BENEFICIARIES SHOULD BE MADE BY A PHYSICIAN AT THE LOCAL LEVEL DEPENDING ON THE DEGREE OF RISK AND IN ACCORDANCE WITH AMEDD AND PUBLIC HEALTH SERVICE RECOMMENDATIONS (REF F, G). NEW OSHA GUIDELINES CONCERNING PUBLIC SAFETY WORKERS WILL BE PUBLISHED SOON AND MAY INFLUENCE VACCINATION POLICY IN WHICH CASE FURTHER CLARIFICATION WILL FOLLOW THIS MESSAGE.

14. POC AT C7SG IS COL TOMLINSON, DISEASE CONTROL CONSULTANT.

- UNCLAS
- SUBJ: REVISED HEPATITIS B VIRUS (HBV) IMMUNIZATION PROGRAM FOR THE AMEDD AND FOR SOLDIERS PCSING TO KOREA.
- A. MEMORANDUM, HQDA, SGFS-PSP, 17 APR 89, SUBJECT: MANDATORY HEPATITIS B IMMUNIZATION POLICY.
- B. MESSAGE, HQDA, SGFS-PSP, 251600Z OCT 90, SUBJECT: HEPATITIS B ((HBV) IMMUNIZATION PROGRAM FOR THE AMEDD AND SOLDIERS PCSING TO KOREA.
- C. MESSAGE, ARMED FORCES EPIDEMIOLOGICAL BOARD, 3 OCT 89, SUBJECT: RECOMMENDATION ON THE REDUCED DOSE REGIMENS FOR RECOMBINANT HEPATITIS B VACCINES.
- D. AR 40-562, IMMUNIZATION AND CHEMOPROPHYLAXIS, 7 OCT 85.
- E. CDC, INADEQUATE IMMUNE RESPONSE AMONG PUBLIC SAFETY WORKERS RECEIVING INTRADERMAL VACCINATION AGAINST HEPATITIS B - UNITED STATES, 1990-1991, MMWR, 40(33), 569-572, AUGUST 23, 1991.
- F. CDC, GUIDELINES FOR PREVENTION OF TRANSMISSION OF HUMAN IMMUNODEFICIENCY VIRUS AND HEPATITIS B VIRUS TO HEALTH-CARE AND PUBLIC-SAFETY WORKERS, MMWR, 38, NO. 5-6, JUNE 23, 1989.
- G. CDC, PROTECTION AGAINST VIRAL HEPATITIS-RECOMMENDATIONS OF THE IMMUNIZATION PRACTICES ADVISORY COMMITTEE (ACIP), MMWR, 39, NO. RR-2, FEBRUARY 9, 1990.
1. PASS TO PREVENTIVE MEDICINE, IMMUNIZATION, INTERNAL MEDICINE, FAMILY PRACTICE, PRIMARY CARE, PHARMACY AND MEDICAL LOGISTICS DIVISIONS, SERVICES, CLINICS, AND SECTIONS, AND COMMAND/UNIT SURGEONS.
2. IN MAY 1989, THE SURGEON GENERAL, US ARMY (REF A), DIRECTED THAT