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**From:** DMATNEWS@MEDICCOM.ORG on behalf of Gum, Robert [RGum@OSOPHS.DHHS.GOV]  
**Sent:** Friday, July 26, 2002 12:31 PM  
**To:** DMATNEWS@MEDICCOM.ORG  
**Subject:** Taking care of people

Reference the email traffic discussing immunizations. I am responsible for developing the policy, including the suspense date. When the document was signed I expected funding to follow in time for teams to meet the suspense. That isn't the case so the suspense date is now **31 Dec 2002**. Obviously, a series of immunizations may extend beyond that date before completion but they must be initiated by 31 Dec.

Attached again is the policy letter dated 26 April and a sample SOP. The excerpt from the MMWR below is one of the references identified in the SOP and discusses HBV titers, which seems to be a common question. These references will provide answers to most if not all of your medical questions.

Immunizations are an important part of taking care of our people. Members who will not or cannot take an immunization could be placing themselves at significant health risk in deployment situations. My intent in not permitting deployment without the immunizations specified was intentional and deliberate. An important caveat to team leaders who disregard this policy: if you choose to deploy an individual without the immunizations specified (or any additional immunizations required at the time of deployment) he/she must be properly informed of the risk (well documented) and sign a waiver. Even then you may be placing yourself in a legally compromising position, in addition to endangering the individual.

It was interesting to learn that 8 teams did not request funding for immunization. Those teams can still acquire funding but it will have to be worked differently

**MMWR December 26, 1997 / 46(RR-18);1-42**  
***Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)***

Prevaccination serologic screening for prior infection is not indicated for persons being vaccinated because of occupational risk. Postvaccination testing for antibody to hepatitis B surface antigen (anti-HBs) response is indicated for HCWs who have blood or patient contact and are at ongoing risk for injuries with sharp instruments or needlesticks (e.g., physicians, nurses, dentists, phlebotomists, medical technicians and students of these professions). Knowledge of antibody response aids in determining appropriate postexposure prophylaxis.

Vaccine-induced antibodies to HBV decline gradually over time, and less than or equal to 60% of persons who initially respond to vaccination will lose detectable antibodies over 12 years (28; CDC, unpublished data). Studies among adults have demonstrated that, despite declining serum levels of antibody, vaccine-induced immunity continues to prevent clinical disease or detectable viremic HBV infection (29). Therefore, booster doses are not considered necessary (1). Periodic serologic testing to monitor antibody concentrations after completion of the three-dose series is not recommended. The possible need for booster doses will be assessed as additional data become available.

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Chief Medical Officer

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