



**Department of Defense (DoD)**  
**Policies for the Screening, Immunization, Identification and Treatment of**  
**Hepatitis A, B, and C Infections**  
**Responding to Requirements of the National Defense Authorization Act for Fiscal Year 2016**  
**Title VII - Health Care Provisions**  
**Items of Special Interest – Screening, Prevention, and Treatment of Hepatitis A, B, and C**



# Agenda

- **Screening: Appointment, Enlistment, or Induction**
- **Screening: Military Accessions**
- **Immunization**
- **Periodic Health Assessment (PHA)**
- **Identification and Treatment**
- **Discharge/Separations**
  - Disability Evaluation System (DES)
  - Separation History Physical Examination (SHPE)



# Screening: Appointment, Enlistment, or Induction

- **DoD policy establishing medical standards for appointment, enlistment, or induction in the Military Services excludes those with current acute or chronic hepatitis or those who are in a hepatitis carrier state from joining the Military Services (DoDI 6130.03).**
  - Established medical standards are intended to help ensure individuals under consideration for appointment, enlistment, or induction into the Military Services are:
    - 1) Free of contagious diseases that likely will endanger the health of other personnel.
    - 2) Free of medical conditions or physical defects that may require excessive time lost from duty for necessary treatment or hospitalization, or probably will result in separation from the Service for medical unfitness.
    - 3) Medically capable of satisfactorily completing required training.
    - 4) Medically adaptable to the military environment without the necessity of geographical area limitations.
    - 5) Medically capable of performing duties without aggravation of existing physical defects or medical conditions.



# Screening: Military Accessions

- **Per DoDI 6130.03, Enclosure 4, paragraph 13. d.(1), the following does not meet the standard by virtue of current diagnosis, or for which the candidate has a verified past medical history:**
  - “Current acute or chronic hepatitis, hepatitis carrier state (070), hepatitis in the preceding 6 months or persistence of symptoms after 6 months, or objective evidence of impairment of liver function.”
- **Service accession policies are compliant with DoD Instruction 6130.03.**



# Immunization

## DoD policy requires:

- Service members' required immunization status be monitored and kept current. The immunization requirement is met if the Service member is current for all his or her Service's required vaccines (DoDI 6025.19).
- For all employees with occupational exposure who are not immune, blood-borne pathogen education and administration of hepatitis B vaccination series is required. Required special procedures include verification of hepatitis B immunity (antibody testing or documentation of vaccination) (DoD 6055.05-M).



# Immunization

- Following acute exposure, hepatitis B vaccination should be administered if indicated. A written medical opinion is required as to whether hepatitis B vaccination is indicated and was received. Employees should be informed of the results of evaluation and counselled regarding potential consequences of exposure (DoD 6055.05-M).
- Per revised Joint Instruction, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” (AR 40-562/BUMEDINST 6230.15B/AFI 48-110/COMDTINST M6230.4G):
  - Serologic testing is conducted for health care workers who have direct contact with patients and those who have potential occupational risk for exposure to bloodborne pathogens 1 to 2 months after completion of the hepatitis B vaccine series, to determine serologic response according to Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) recommendations.
- Currently, no vaccine exists to prevent hepatitis C.



# Immunization

- Military Service immunization policy follows Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) recommendations and prescribing information on manufacturer package inserts, unless there is a military-relevant reason to do otherwise (Joint Instruction AR 40-562/BUMEDINST 6230.15B/AFI 48-110/COMDTINST M6230.4G).
- Per Joint Instruction, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases” (AR 40-562/BUMEDINST 6230.15B/AFI 48-110/COMDTINST M6230.4G), the Military Services administer hepatitis A and hepatitis B vaccines to basic trainees and accessions during initial entry training, unless seroimmune, and to all military and civilian personnel, when indicated, unless seroimmune or having evidence of appropriate complete vaccination.
  - Hepatitis A vaccine is also administered when indicated for locally designated food handlers and personnel under occupational risk, per ACIP guidelines.
  - Hepatitis B vaccine is also administered to susceptible personnel at risk of potential exposure to bloodborne pathogens per the Occupational Safety and Health Administration standards (29 CFR 1910.1030) (e.g., health care workers, correctional facility staff).



# Periodic Health Assessment

- DoD requires comprehensive, continuous and consistent health surveillance to enable continuous capture of individual and population data, including health status, occupational exposures, disease, and medical interventions (such as immunizations, treatments and medications), in order to implement early intervention and disease control strategies and reinforce provision of optimal medical care (DoDD 6490.02E).
- Each Service member is required to report significant health information (for example, information related to hepatitis infectivity, disease progression, and medical interventions) to their chain of command, verify documentation during each Periodic Health Assessment (PHA), and facilitate health information disclosure by any non-DoD health care providers in the Military Health System (MHS) (DoDI 6025.19).
  - Annual PHA includes review of current medical conditions, required immunizations, and update of medical readiness laboratory tests (DoDI 6025.19).
- Each member's Individual Medical Readiness (IMR) status is reported and monitored in military Service-specific IMR tracking systems. IMR reporting includes the PHA information, status of mandatory immunizations, and any deployment limiting conditions (for example, chronic hepatitis B or hepatitis C) (DoDI 6025.19).



# Identification and Treatment

- Baseline required exams should be conducted for all employees reasonably anticipated to be at risk of exposure (that include blood-borne pathogen education and administration of hepatitis B vaccination series to employees with occupational exposure who are not immune). Required special procedures include verification of hepatitis B immunity (antibody testing or documentation of vaccination) (DoD 6055.05-M).
  - Medical surveillance criteria includes all employees reasonably anticipated to be at risk for exposure to contaminated blood/body fluids via eyes, skin, mucus membranes, and parenteral routes (DoD 6055.05-M).
  - Baseline examinations are conducted prior to placement in a specific job to obtain baseline measurements for future comparison. As with preplacement examinations, these medical examinations should be done before the worker commences work, or within 60 days of assignment, unless more stringent requirements exist (DoD 6055.05-M).



# Identification and Treatment

- Emergency exposure requirements include a post-exposure evaluation and follow-up. The evaluation requires a detailed history of exposure event to determine health risk, as well as history of prior hepatitis B vaccine. Testing of employee's blood is required for hepatitis B and C serological status, as well as testing of source's blood for hepatitis B and C infectivity (DoD 6055.05-M).
- Unless a waiver is granted, Service members may not deploy with known, blood-borne diseases transmittable in a deployed setting (DoDI 6490.07).
- Across DoD, the Services encourage providers to adhere to current nationally-accepted, evidence-based identification and treatment guidelines, including recommendations issued by the CDC. Additionally, health promotion and education programs are also used to inform Service members on the prevention of disease transmission and risks of infection, to mitigate the impact of HBV and HCV infection.
- It is a strategic objective of the Military Health System to sustain the health of Service members and to restore the health and return to duty those who become ill or injured, if possible.



# Separation/Discharge

- Service members found unfit for duty are separated or retired in accordance with guidance established in DoDI 1332.18. These determinations are made based on evidence establishing their inability, due to physical disability, to reasonably perform the duties of their office, grade, rank, or rating.
  - DoDI 1332.18 and its supporting Manuals (DoD Manual 1332.18, Vol. 1, “Disability Evaluation System Manual: General Information and Legacy DES (LDES) Time Standards,” and DoD Manual 1332.18, Vol. 2, “Disability Evaluation System Manual: Integrated Disability Evaluation System (IDES)” were revised and published on August 5, 2014.
- Service members infected with hepatitis are not retired or separated solely on the basis of being infected.
  - A Medical Evaluation Board (MEB) documents a Service member’s medical conditions and full clinical information (including medical history, appropriate physical examination, indicated medical tests and results, necessary consultations, diagnoses, ongoing or recommended treatment and prognosis). The evaluation also documents the duty limitations of Service members (subject to Service departmental regulations).



# Separation/Discharge

- For instances in which Service members cannot perform assigned duties of their military occupational specialty, the MEB refers these cases to the DES. Criteria for referral into the DES within 1 year of diagnosis include:
  - Having one or more medical conditions that may, individually or collectively, prevent the Service member from reasonably performing the duties of their office, grade, rank or rating, including those duties remaining on a Reserve obligation for more than 1 year after diagnosis
  - Having a medical condition that represents an obvious medical risk to the health of the member or to the health and safety of other members
  - Having a medical condition that imposes unreasonable requirements on the military to maintain or protect the Service member
- A Service member is deemed unfit based on evidence establishing their inability, due to physical disability, to reasonably perform the duties of their office, grade, rank, or rating (including duties during a remaining period of Reserve obligation).
  - The Physical Evaluation Board (PEB) determines benefit entitlements for Service members deemed unfit due to duty-related medical impairments, under Chapter 61 of 10 U.S.C.



# Separation/Discharge

## Separation History and Physical Examination (SHPE) Policy and Procedures (DTM) 14-006:

- All members of the Military Services, to include Reserve Component (RC) service members, who are scheduled to be separated (deactivated) from active duty after serving for 180 days consecutively or more, will undergo a comprehensive SHPE prior to the scheduled date of separation (deactivation).
- The SHPE will be administered by the DoD if the Service member does not wish to file a disability claim with the Department of Veterans Affairs before separation.
  - When the SHPE is administered by DoD it will include optional Hepatitis C testing per CDC guidelines.
  - Completion of a SHPE facilitates continuity of medical care and the evaluation of disability claims
  - Information captured during SHPEs can be used by DoD to recognize and prevent illnesses and injuries arising from military service by mitigating or eliminating occupational exposures and physical hazards in military workplaces, where feasible.



# Separation/Discharge

- Across DoD, Service members with evidence of chronic hepatitis B or C after treatment are referred to the DES for disposition, and undergo MEB evaluation to determine whether they can perform assigned duties of their military occupational specialty.
- Service separation/discharge policies comply with DoDI 1332.18, DoD Manual 1332.18 Vol. 1, DoD Manual 1332.18 Vol. 2, and DTM 14-006.



# Back-Up Slides



# Relevant DoD Policies

- Department of Defense Directive 6490.02E, “Comprehensive Health Surveillance,” February 8, 2012 (Incorporating Change 1, Effective October 3, 2013).
- Department of Defense Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014.
- Department of Defense Instruction 6025.19, “Individual Medical Readiness (IMR),” June 9, 2014.
- Department of Defense Instruction 6130.03, “Medical Standards for Appointment, Enlistment, or Induction in the Military Services,” April 28, 2010 (Incorporating Change 1, September 13, 2011).
- Department of Defense Instruction 6490.07, “Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees,” February 5, 2010.
- Directive-type Memorandum (DTM) 14-006, “Separation History and Physical Examination (SHPE),” July 7, 2014 (Incorporating Change 1, July 21, 2015).



# Relevant DoD Policies

- DoD Manual 1332.18, Vol. 1, “Disability Evaluation System Manual: General Information and Legacy Disability Evaluation System (LDES) Time Standards,” August 5, 2014.
- DoD Manual 1332.18, Vol. 2, “Disability Evaluation System Manual: Integrated Disability Evaluation System (IDES),” August 5, 2014.
- DoD 6055.05-M, “Occupational Medical Examinations and Surveillance Manual,” May 2, 2007 (Incorporating Change 1, September 16, 2008).
- Joint Instruction (Army Regulation 40-562/ Bureau of Medicine and Surgery Instruction 6230.15B/Air Force Instruction 48-110/Coast Guard Commandant Instruction Manual 6230.4G, “Immunization and Chemoprophylaxis for the Prevention of Infectious Diseases,” November 7, 2013.