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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

APR 19 1995

MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Recommendations Regarding the Use of the Newly Licensed Hepatitis A Vaccine in Military Personnel

Reference: [Armed Forces Epidemiological Board memorandum of February 28, 1995 \(copy attached\)](#)

I have reviewed and approved the recommendations concerning the subject vaccine contained in the reference. Please ensure that your Service takes appropriate steps to begin use of this new vaccine as soon as practical. I am confident that the use of the Hepatitis A vaccine will prove to be a great benefit to maintaining optimal readiness and the health of those we serve.

A handwritten signature in black ink, appearing to read "Stephen C. Joseph". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Stephen C. Joseph, M.D., M.P.H.

HA POLICY 95-004

AFEB (15-1a) 95-2

28 February 1995

MEMORANDUM FOR: THE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
THE SURGEON GENERAL, DEPARTMENT OF THE ARMY
THE SURGEON GENERAL, DEPARTMENT OF THE NAVY
THE SURGEON GENERAL, DEPARTMENT OF THE AIR FORCE

SUBJECT: Recommendations Regarding the Use of the Newly Licensed Hepatitis A Vaccine in Military Personnel

1. In response to your request for recommendations regarding the use of the newly licensed hepatitis A vaccine in military personnel, the Board reviewed available data on clinical trials at its recent meeting and provides the following conclusions:

- a. HEPATITIS A VACCINE IS SAFE AND HIGHLY EFFICACIOUS AND OFFERS CERTAIN DISTINCT ADVANTAGES OVER IMMUNE GLOBULIN FOR PREVENTION OF HEPATITIS A:
 1. THE SCHEDULE FOR ADMINISTRATION OF VACCINE IS NOT TIED TO THE TIME OF DEPLOYMENT AND WILL SIGNIFICANTLY ENHANCE READINESS.
 2. RECENTLY EXPERIENCED SHORTAGES OF IG CAN BE EXPECTED TO CONTINUE FOR THE FORESEEABLE FUTURE.
 3. ACQUISITION COSTS OF IG ARE EXPECTED TO INCREASE.
 4. VACCINE PRODUCES RAPID (2-3 WEEKS AFTER A FIRST DOSE) AND LONGER LASTING (AT LEAST 4 YEARS) ACTIVE IMMUNITY
- b. THE COST OF VACCINE IS CURRENTLY HIGHER THAN IG BUT VACCINE MAY BE MORE COST EFFECTIVE DEPENDING ON RISK AND LOGISTICAL FACTORS.
- c. BASED ON THE LIMITED DATA PRESENTED, CONCURRENT USE OF THE VACCINE WITH OTHER VACCINES USED IN MILITARY PERSONNEL APPEARS TO HAVE NO RECOGNIZED ADVERSE EFFECTS OR INTERFERENCE WITH IMMUNE RESPONSES. INDEED, A COMBINATION HEPATITIS A AND B VACCINE MAY BE COST EFFECTIVE.
- d. IN OUTBREAK SITUATIONS, IG IS THE PREVENTIVE MEASURE OF CHOICE. IF PROVIDING LONG TERM PROTECTION IS DESIREABLE, VACCINE MAY BE GIVEN SIMULTANEOUSLY.
- e. BASED ON THESE FINDINGS, USE OF HEPATITIS A VACCINE IN MILITARY PERSONNEL IS RECOMMENDED. SPECIAL PRIORITY CAN BE GIVEN TO USE IN THE FOLLOWING GROUPS IN DESCENDING ORDER:

1. MILITARY FORCES ASSIGNED OR DEPLOYED TO GEOGRAPHIC AREAS WITH KNOWN HIGH RISK.
2. DEPLOYABLE FORCES, ACTIVE AND RESERVE, FOLLOWING ALERT LEVEL RANKING.
3. FAMILY MEMBERS AND DOD CIVILIANS ASSIGNED ABROAD OR WITH RECURRENT TRAVEL TO HIGH RISK AREAS.
4. ALL OTHER FORCES.

f. USE OF THE VACCINE IN DEPENDENTS INCLUDING CHILDREN, FOOD HANDLERS, AND DAY CARE WORKERS SHOULD FOLLOW ACIP RECOMMENDATIONS, WHICH WILL BE ISSUED IN THE NEAR FUTURE.

g. SCREENING TO DETECT PREEXISTING IMMUNITY MAY BE COST EFFECTIVE IN UNITS WITH HIGH PREVALENCE OF ANTIBODY TO HA. STUDIES TO DETERMINE THE VALUE OF SCREENING OF NEW UNIT MEMBERS AND RECRUITS ON AN ONGOING BASIS ARE RECOMMENDED.

2. A second vaccine preparation is expected to be licensed. At that time, these recommendations will be reviewed and modified, if necessary.

LEWIS H. KULLER, M.D., DrPH
President, AFEB

MICHAEL R. PETERSON, DVM, MPH, DrPH
Colonel, USAF, BSC
Executive Secretary

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[\[Top\]](#)

Last update: 12/18/1998