MAB ADMINISTRATIVE OVERVIEW & READINESS REQUIREMENTS FOR THE PUBLIC HEALTH OFFICER

Presented by

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OBJECTIVES:

- To provide a general overview of how MAB interfaces with headquarters.
- To delineate required readiness immunizations.
- To highlight individual immunization schedules.
- To underscore safe immunization practices.
- To explain when and which titers are acceptable.
- To explain the current criteria for Tuberculosis screening (PPD/TST) compliance.
- To reiterate the importance of timely submission of required data to Medical Affairs Branch **(MAB).**
- To provide answers to immunization questions you may have.

MAB interface with Headquarters

Branch Chief participates in:

- Monthly Senior management team meetings
- Quarterly budget reviews, including funding, projects, goals, etc
- Monthly Medical Advisory Review Board meetings
- And, maintains open communication with key members and Leadership of OCCO, OCCFM, OFRD & Office of the Surgeon General

Required Readiness Immunizations:

Currently, there are 7 required immunizations

1. PPD (Purified Protein Derivative)/TST (Tuberculin Skin Test)
2. Tetanus
3. Chicken Pox
4. Hepatitis A
5. Hepatitis B
6. Influenza
7. MMR (Measles/rubeola, mumps & rubella)

Immunizations & Schedules:

1. PPD

- PPD is required annually, unless you have documentation of two negative readings no greater than 12 months apart, or a single negative interferon-gamma release assay (IGRA) test, e.g., one negative QuantiFERON—TB Gold Test result is sufficient evidence of the absence of infection with TB.

- Per CDC guidelines, the two-step PPD negative results are not a qualifier for a permanent exemption as explained in the next slide.

- To be complaint with TB screening requirement, a positive PPD result must be followed by an initial medical evaluation, TB chemoprophylaxis & a normal/negative chest x-ray (CXR) report.

- N.B. – N.B.- Exposure to TB, pre/post deployment, training or job TB requirement overrides the above exemption criteria and should be complied with.

Two-Step PPD/TST Disqualification for Permanent waiver

Per CDC Guidelines, the Two-Step Testing is conducted to diagnose a boosted reaction to TST as described below:

- A boosted reaction explained: in some persons who are infected with *M. tuberculosis*, the ability to react to tuberculin may wane over time. When given TST years after infection, these persons may have a false-negative reaction. However, the TST may stimulate the immune system, causing a positive, or boosted reaction to subsequent tests. Giving a second TST after an initial negative TST reaction is called two-step testing.

- Two-step testing is useful for the initial skin testing of adults <u>who are going to be **retested periodically**</u>, such as health care workers or nursing home residents.

- This two-step approach can reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection.

2. TETANUS

- **Tetanus Diphtheria (Td) — <u>one booster shot</u> every 10 years.**
- **Tdap is similar to Td but provides additional protection against Pertusis in adults.**
- **A single dose of Tdap is recommended in place of one decennial Td booster for adults ages 19 through 64.**
- **Dose & Route: 0.5ml intramuscularly (IM)**
- **Schedule: Every ten years, or sooner per physician's recommendation.**
- ***Please note: DTaP is not the same as Tdap-"Upper-case letters in these abbreviations denote full-strength doses of diphtheria (D) and tetanus (T) toxoids and Pertusis (P) vaccine. Lower-case "d" and "p" denote reduced doses of diphtheria and Pertusis used in the adolescent/adult-formulations. The "a" in DTaP and Tdap stands for "acellular," meaning that the Pertusis component contains only a part of the Pertusis organism."--CDC***

3. CHICKEN POX (*live virus*)

- **Two shots** or **positive titer**
- Dose & Route: 0.5 ml Subcutaneous (SC or SQ)
- Schedule: #1 Day 0
  #2 4 to 8 weeks later
- History of disease requires a titer to confirm naturally acquired immunity.

4. HEPATITIS A – *there are 2 types*:

- **HAVRIX (Adult Hep A) — <u>Two shots</u>**
  or
- **TWINRIX (Hepatitis A & B combination)—<u>Three shots</u>**

- **HAVRIX—** Dose, Route & Age: 1ml IM for 19 years & older.
  Schedule: #1 day 0
  #2 6 to 12 months later

- **TWINRIX—**Dose, Route & Age: 1 ml IM for 18 years & older.
  Schedule: #1 day 0
  #2 1 month
  #3 6 months
  *****Please avoid mixing the two*****

5. HEPATITIS B — *there are 2 types*:

- **RECOMBIVAX HB (Adult Hep B) — three shots**

Dose, Route & Age: 1 ml IM for 20 years & older.

Schedule: #1 day 0
#2 1 month
#3 6 months

- **TWINRIX (Hepatitis A & B)—three shots**

Dose, Route & Age: 1 ml IM for 18 years & older.

Schedule: #1 day 0
#2 1 month
#3 6 months

If receiving the Twinrix vaccine, there must be a minimum interval of 5 months between dose # 2&3.

6. INFLUENZA

- Dose, Route & Age: 2 to 49 years old & in good health, 0.2ml, intra-nasal (***live virus***)
- Dose, Route & Age: 50 years and older, 0.5 ml, IM
- Schedule: Annually, in the Fall.

7. MMR (Measles [rubeola], Mumps & Rubella)

- **MMR (*live virus*)—two shots**
- Dose & Route: 0.5 ml, sq
- Schedule: #1 Day 0
  #2 1 month

TITERS:

- Positive titers can be used to satisfy readiness requirements for ALL the above immunizations except PPD, Tetanus and Influenza.
- Titers may be obtained if you have a documented history of disease, or have received immunizations but unable to produce supporting documentation.
- ***Titers drawn for MMR must report results for all three diseases (measles or rubeola, mumps & rubella)***
- ***A negative or non-reactive titer means you do not have immunity to that particular disease, and must obtain or complete required immunization series.***

WAIVERS

- A temporary, or a permanent waiver will be granted only if it is:
  - Medically indicated
  - Or, if you have started the series, but due to date of activation, you do not have enough time to complete series prior to the readiness review date.

- When indicated, you are responsible for requesting the waiver in writing & promptly submitting request with appropriate supporting documentation to the attention of Dr. Alvin Abrams.

- Waiver request can be mailed, hand delivered, or faxed to MAB (fax # 301-594-3299).

DATA SUBMISSION TO MAB

- Attention to detail is vital when submitting hard copies of your medical documents to MAB.

- When sending immunization documents from the yellow international card, copying the cover with your name, and faxing it with the inside data without your name is not good enough; MAB receives large volumes of faxes each day and documents could become separated.

Please ensure your full name & PHS number appear on each document you submit to MAB

- ***Avoid highlighting data prior to faxing because the faxed copies come out obliterated; you may circle or check the immunization received, if you need to.***

FAXING TO MAB:

- Only immunization data and Waiver requests can be faxed to MAB without prior authorization.

  FAX # 301-594-3299.

- All other faxed documents must be pre-approved by MAB staff member, and faxed document should be sent to the approving staff member.

- Each document submitted must contain a full name including middle initial, PHS (SERNO) number, and the last four of your SSN.

Please do not reference your last four as being on file because omission of pertinent identifiers delays your record update

PROMOTIONS

- For promotions, submission of immunization data, 5 year medical exam (DD FORM 2808), if due, & medical history report (DD FORM 2807-1) by the end of October will enhance timely updates in your electronic record, and decrease officer frustration at the end of the year.

- Annual self-updated Report of Medical History (2807-1), required for permanent promotion does not require a physician’s signature, but must be signed and dated by the submitting officer prior to submission to MAB .

FIVE YEAR PHYSICAL:

The five year physical requires completion of documents below, signed and dated by the examining provider:

- Medical History-DD FORM 2807 - 1,
- Medical Exam-DD FORM 2808 -1, and
- Dental Exam- PHS FORM 6355,
- And all pertinent laboratory and radiographic reports.

- Completed physical documents may be submitted in person, or by certified mail to MAB prior to your fifth anniversary.

OFRD UPDATES:

◆You are no longer required or able to self-report your immunizations on the OFRD database. You are now required to submit all immunization data to MAB promptly, via fax/mail/hand-delivery for electronic updates.

N.B., Immunization data submitted to OCCO as an applicant do not automatically upload into the MAB database; therefore, all data must be submitted to MAB upon commissioning into the corps.

****Realize that Readiness and Promotion boards certify your immunization/deployable status based exclusively on MAB immunization data replicated in Direct Access****

OTHER VACCINES:

Polio—one booster dose as an adult traveling to polio endemic area, or are laboratory worker who might handle polio virus, or healthcare worker treating patients with polio.

- Dose & Route: 0.5 ml S.Q. or I.M. ***(per vaccine insert)***

Pneumococcal Polysaccharide (Pneumovax)—recommended for all adults 65 years & older, but may be recommended for persons older than 2 years with chronic health problems.

- **Dose & schedule:0.5 ml IM or SQ (per package insert)— one dose, if received at age 65 or older.**

- **If 1st dose was received under age 65, a second dose is recommended 5 years or later from 1st dose.**

N.B., Please do not receive this vaccine every year with your influenza vaccine at any age!

RABIES:

- Pre-exposure schedule: 3 doses— 1 ml, IM
  1st dose: Day, 0
  2nd dose: 7 days after 1st dose
  3rd dose: 21 or 28 days after 1st dose

- Post-exposure schedule: 5 doses
  1st dose: Day, 0
  2nd dose: 3rd day from 1st dose
  3rd dose: 7th day from 1st dose
  4th does: 14th day from 1st dose
  5th dose: 28 days from 1st dose

*Booster depends on exposure risk category; every 2 to 5 years when antibody titer falls below acceptable level

* Please call facility before going for this vaccine; it's in short supply and may not be available*

SHINGLES —(Licensed in 2006)

A single dose of shingles vaccine is indicated for adults 60 years & older.

- Dose & Route: unit dose (approx. 0.7 ml) sq (*live virus*)

Typhoid– recommended for age 2 years & older; booster dose two weeks prior to traveling to an endemic area.

- Dose & Route: 0.5 ml I.M.

<u>or</u>

- 4 capsules oral (*live virus*)— 1 capsule every other day until completed (please follow the insert guidelines).

- When necessary, booster is needed every 2 years for IM typhoid, or every 5 years for oral typhoid.

Yellow Fever —one booster dose every ten years is recommended for age 9 months & older, when traveling to or living in an endemic area.

- Dose & Route: 0.5 ml sq (*live virus*).

Please call facility ahead of time to schedule an appointment for this vaccine because it's not given everyday, and each facility has its own schedule

H1N1 Influenza

- Dose, Route & Age: <= 49 years old & in good health & not pregnant, 0.2ml, intra-nasal (***live virus***)
- Dose, Route & Age: >= 50 years and older, 0.5 ml, IM
- Schedule: Per CDC Instruction.

MAB Telephone Directory

- **Medical Affairs Branch (MAB):**
  MAB Main Number---------301/594-6330 or 1-800/368-2777#0
  MAB Main Fax Machine ------301/594-3299 or 1-800/733-1303

- **Beneficiary Medical Programs (BMP) Section:**
  MAB Patient Care (PHS) ------301/594-6425 1-800/368-2777 #2
  Fax Machine----------301-594-2973 or 1-800/733-1303

- **Medical Evaluation Section:**
  Phone Number ----------301/594-2052 or 1-800/368-2777 #3
  Fax Number ----------301/594-9060 or 1-800/733-1303

- **Immunizations & Waiver Guidance:**
  Sally Bentsi-Enchill----------301-594-6746 or 1-800/368-2777 # 4
  Samuel Bell----------301-594 – 5113

- **Waiver Approval:**
  Dr. Alvin Abrams----------301-594-6575

DO'S AND DON'TS

- Each handwritten vaccine must have dose, route, and provider signature.
- Each PPD should include results, date read and provider signature. For positive PPD, a negative CXR report should be submitted with the PPD conversion date, or documented positive PPD as indication for the CXR, and record of chemoprophylaxis completion, if indicated.
- You cannot sign your own vaccines as the administering provider; and records submitted must be authentic or they will be rejected.
- CDC AIMS record often assigns the same date for all the series of Hepatitis A and Hepatitis B, so send copies of original dates or a laboratory print-out of titer with documented results .
- Please **do not** highlight vaccines prior to faxing as this obliterates the record at the receiving end.
- Early submission of data would ensure timely electronic record updates .
- Please contact MAB if you have any questions.