



Oregon Disaster Medical Team
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To: All ODMT Team Members
From: Jon Jui MD, Anita Katz RN
Re: ODMT IMMUNIZATION POLICY REQUIRMENTS

Effective December 31, 2002, NDMS is requiring proof of immunization in order for members to maintain deployable status. Each DMAT OR2 team member is responsible for (1) notification of the team of their immunization status and (2) maintaining their personal proof of immunization (International Certificate of Vaccination (Yellow Card)). Without this proof, NDMS will not allow DMAT members to deploy. Please see Appendix 1 Vaccine requirements for NDMS personnel.

If you already have most or all of your immunizations, then you are that much further along. If not, please indicate which immunizations you are missing on the *Immunization Tracking Form* (below). Due to our limited resources, ODMT will supply initially hepatitis A and B vaccine for those individuals not covered at place of employment. ODMT will supply all with official “Yellow Immunization cards”.

To be considered eligible for deployment, personnel must have immunizations identified below; current at the time of deployment or a record of recent titers that indicate the individual is protected from the disease:

ALL Personnel

IPV (polio)	One single lifetime IPV booster dose as an adult. Older members who received full series (3 doses) of oral polio doses also qualify.
Chickenpox	Serologic screening for those with negative HCW or uncertain of history, Members with known history of disease do not need screening.
MMR (measles, mumps, rubella)	All ODMT members recommended to have two doses regardless of age unless known history of the diseases.
Tetanus	Booster every 10 years
Influenza	Annually, Fall
PPD (TB)	Annually
Hepatitis A	One time two doses 6-12 months apart
Hepatitis B	Three doses at 0; 1 and 6 months.

All immunizations will need to be initiated or completed by January 1, 2003; those requiring a series of immunizations will be initiated prior to that date and completed according to the requisite schedule. It will be the responsibility of the team member to show proof of immunizations in writing (Yellow card) prior to the issuance of the deployment alert, to assure that this requirement is met.

ODMT IMMUNIZATION TRACKING FORM

Please fill in the dates and provide proof of immunizations and/or titers.

Name (First, Middle, Last Name) _____

One-time immunizations:

- 1. Hepatitis A: Vaccine #1 date _____
Vaccine #2 date _____
- 2. Hepatitis B: Vaccine #1 date _____
Vaccine #2 date _____
Vaccine #3 date _____
And/or Positive titer, date _____
- 3. Measles, Mumps and Rubella (MMR): Vaccine #1 date _____
Vaccine #2 date _____ And/or
Positive titer date _____
- 4. Poliovirus (IPV or OPV): Completion of basic series date _____
Booster date _____
- 5. Varicella: Completion of basic series date _____ OR reliable history of
Chicken pox (Yes/No)

Annual Immunizations:

- 6. Influenza (fall): Date _____
- 7. Intradermal Purified Protein Derivative (PPD): Date _____

Every 10 Years

- 8. Tetanus-diphtheria (Td): Last Booster date _____

Signature: _____

Date: _____

*When finished mail this form with copies of immunization records to:

**Anita M Katz
amkatza@msn.com
8025 SW 54th Ave
Portland, OR 97219**

Appendix 1 – Vaccine Requirements for NDMS Teams

Vaccine	Dose	Routine Schedule	Contraindications*	Notes
Hepatitis A	1.0 ml IM	Two doses 6-12 months apart	Anaphylactic reactions to alum or the preservative 2-phenoxyethanol	
Hepatitis B (HBV)	0.5 ml IM	Three doses at 0,1 and 6 months. Booster doses are not necessary	Anaphylactic reaction to baker's yeast. Pregnancy should not be considered a contraindication to vaccination.	Confirmation of positive titer required 1-2 months after completion of the 3 dose series
Influenza	0.5 ml IM	Annually (fall) with current vaccine	Allergy to eggs	
Measles, Mumps and Rubella (MMR)	0.5 ml SQ	Completion of basic two dose series. See note.	Pregnancy. Anaphylactic reactions to neomycin or gelatin. Known immunodeficiency.	All Health Care Workers recommended to have two doses regardless of age unless they can produce laboratory evidence of immunity.
Poliovirus (IPV)	0.5 ml SC or IM	Completion of basic series.	Anaphylactic reaction to neomycin, polymycin B or streptomycin	
Tetanus-diphtheria (Td)	0.5 ml IM	Completion of basic three dose series. Booster every 10 years.	Neurological reactions following a prior dose. Previous episode of Guillan-Barre Syndrome occurring within 6 weeks of vaccination.	
Varicella	0.5 ml SC	Two doses 4-8 weeks apart. Completion of basic series OR reliable history of chickenpox.	Pregnancy. Anaphylactic reaction to neomycin and gelatin. Infection with HIV. Known immunodeficiency.	Serologic screening should be done for HCW who have a negative or uncertain history of varicella.
Intradermal Purified Protein Derivative (IPPD)	0.1 ml ID	Annually		Three month post-exposure testing after deployment if known TB exposure.

*General Contraindications:

- Anaphylactic reaction to a vaccine / vaccine constituent contraindicates further doses of that vaccine
- Moderate or severe illness with or without a fever requires deferral to a later date.

- Although no conclusive evidence documents the adverse effects of killed or inactivated vaccines in pregnant women and their developing fetuses, vaccination of pregnant women should be avoided.

Routine immunization for typhoid is not recommended for sanitation workers or persons living in areas in which natural disasters have occurred. Vaccination is indicated only for persons living in typhoid endemic areas.

IPPD is a test rather than an immunization but will be addressed with the immunizations and tracked in the same manner as the immunizations.