



DEPARTMENT OF THE NAVY
NAVAL MEDICAL RESEARCH CENTER DETACHMENT
LIMA, PERU
UNIT NUMBER 3800
APO AA 34031 - 3800

IN REPLY REFER TO

NMRCINST 5100.3A
08 Mar 2004

NMRCD INSTRUCTION 5100.3A

From Officer-in-Charge, Naval Medical Research Center Detachment
To: All Personnel

Subj: ZOONOSES SURVEILLANCE PROGRAM

Ref: (a) OPNAVINST 5100.23F
(b) HHS Publication No. (CDC) 93-8395, Biosafety in Microbiological and Biomedical Laboratories, 4th Edition.

Encl (1) Voluntary Participation Consent Form
(2) Consent to Draw Blood Form
(3) Animal Incident Report

1. Purpose. To ensure that all Laboratory Animal Medicine and Science Personnel working with animals are regularly monitored for the presence of zoonotic diseases and are protected from zoonoses per references (a) and (b).

2 Cancellation. NAMRID Instruction 5100.3 is cancelled

3 General.

a. The Infectious Disease Officer will coordinate the accomplishment of these procedures for all employees, assigned to duty at NMRCD. These procedures will be coordinated with the NAMRID Occupational Health Physician. The Occupational Health Physician will arrange a schedule to insure that all personnel receive any Occupational Health Procedures necessary.

b. Any newly recruited employee must not begin working until he or she has received an Initial Health Review for Animal Handlers, including the following:

(1) Physical examination including history of TB status, hepatitis status, allergies to animals, etc.

(2) Baseline serum sample (10-15ml blood) for serum bank and for prior evidence of infection.

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Fecal sample for bacteriology and parasitology

(4) Skin test for TB (x-ray if positive reaction, or history of positive reactions).

(5) Immunization, including rabies, tetanus, hepatitis and yellow fever, others as required.

(6) Counseling as required, (e.g. recognition of zoonotic disease symptoms; special precautions to take should employees become pregnant, the importance of reporting disease symptoms to supervisors; etc

c. All persons working with animals must undergo an Annual Health Review. This review may consist of the following:

1 Serum sample for titer (10ml of blood biannually for rabies

(2) Fecal sample for bacteriology and parasitology indicated in some groups.

(3) Skin test for TB every 6 months for primate handlers (x- ray, if positive, or x-ray every year if employee has history of positive TB reactions).

Immunization update, if indicated.

Counseling as required

d. All personnel terminating their employment or being reassigned to another duty station will undergo a Termination Health Review, which will be identical to the Annual Health Review with the exception of item (4), Section C.

3 Occurrence of Zoonoses.

a. In the event of an occurrence of a zoonoses, the following procedures will apply:

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(1) If the screening program detects a disease pathogen, personnel involved will undergo treatment for this disease as prescribed by the Occupational Health Physician or by the individual's own physician. Treatment provided by a personal physician must be documented and provided to the NAMRID Occupational Health Physician. The Infectious Disease Office will be informed of all pathogenic or communicable diseases, animal bites/scratches or allergies diagnosed in an animal handler.

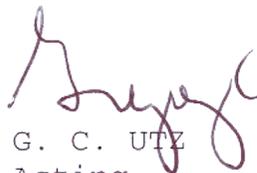
(2) All personnel involved in animal handling are required to report any acute febrile illnesses, skin rashes or episodes of diarrhea to the Occupational Health Physician and the Infectious Disease Officer.

(3) In the event of a zoonotic disease outbreak among the animals or the animal handlers at NMRC, special testing may be required and will be performed as needed through the Occupational Health Physician and with the informed consent of the Infectious Disease Officer.

4. Vaccination Program

a. This program is designed to provide NMRC employees prophylactic protection against rabies, tetanus, yellow fever, hepatitis, others as required, during the course of their regular duties. Participation is voluntary.

b. Personnel will be immunized with these vaccines and will be tested for antibody titers after vaccination. Booster shots will be given as required when titers fall below protective levels.


G. C. UTZ
Acting



VOLUNTARY PARTICIPATION CONSENT FORM

DATE: _____

1. I, _____, have been asked to voluntarily participate in a rabies, tetanus, yellow fever, hepatitis, other _____ .Vaccination Program.

2. This program is designed to provide protection against rabies, tetanus, yellow fever, hepatitis, other(s) _____ for personnel who are normally required to handle animals or work in disease endemic areas during the course of their regular duties.

3. Pre-exposure rabies, tetanus, yellow fever, hepatitis, other immunization for high risk personnel is recommended because these diseases may cause severe or fatal infections. The newly licensed Human Diploid Cell (Rabies) Vaccine (HDCV), which is given as 3 doses over the course of 1 month, has proven highly effective.

4 The risks involved with these vaccinations are as follows:

a. Mild pain erythema and swelling in not more than 25 percent of recipients.

b. Mild transient headache, abdominal pains, nausea, muscle aches and dizziness in less than 20 percent of recipients.

c. No serious anaphylactic, systemic or neuroparalytic reactions have been reported. Although no instances of an encephalitic syndrome or Guillain Barre syndrome have been reported so far, such an event developing in the future cannot be excluded.

I understand and accept these risks

5. I am aware that this immunization program may involve risks to me, which are currently unforeseeable.

6. If I have any questions concerning this program I contact the NAMRID Occupational Health Physician

Enclosure

7. I understand that participation is voluntary, and if I do refuse to enroll, no loss of benefits or care to which I am entitled will occur.

8. If I should decide to withdraw from this program, I will notify my supervisor, and the Occupational Health Physician.

9. Any new significant finding during the course of the program, which may affect my willingness to participate further will be explained to me.

10 I certify that I have received a copy of this consent form.

EMPLOYEE

TYPED NAME - STATUS

OCCUPATIONAL HEALTH PHYSICIAN

TYPED NAME

WITNESS

DATE SIGNED

Enclosure (1)

CONSENT TO DRAW BASELINE BLOOD FOR
ANTIBODY TITER DETERMINATION

I give my consent to have a blood specimen of 10-15cc drawn by personnel at the Naval Medical Research Center Detachment.

I understand that this blood sample will be used for laboratory testing purposes and will provide an assessment of my protective status against rabies, tetanus, yellow fever, hepatitis. Other(s) _____

I have been informed that this is a voluntary procedure, which I may refuse, but will impact on the variety of job tasks that I can be assigned to perform.

I understand that there is minimal risk from the blood drawing procedure and that the blood will be drawn by venipuncture. The risks include bleeding at the site of the venipuncture after the needle is withdrawn and the development of a hematoma of a black and blue mark at this site. These problems happen rarely and are not dangerous.

I understand that I should advise the person drawing the blood if I have had a blood specimen drawn during the past 2 weeks.

DATE: _____

VOLUME OF BLOOD: _____

EMPLOYEE

WITNESS

PRINT NAME

ANIMAL INCIDENT REPORT

DATE _____

TIME _____

PLAC. _____

ANIMAL SPECIES _____

PERSONNEL INVOLVED _____

DESCRIPTION OF THE INCIDENT: _____

PERSON _____

(PRINT)

(SIGNATURE)

EVENT AND

FECHA. _____

HORA _____

CHAR. _____

SPECIE ANIM _____

PERSONAL HERIDO _____

TIPO DE INCIDENTE _____

REPORTED BY _____

(PRINT)

(SIGNATURE)