

# ORDER

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

3920.1

9 Nov 71

SUBJ: IMMUNIZATION OF KEY PERSONNEL

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1. PURPOSE. This order revises the system for immunization of certain agency key personnel who may be required, in the course of their duties, to visit extra-territorial areas where certain communicable diseases are prevalent or endemic.
2. DISTRIBUTION. This order is distributed to division level in FAA headquarters, regions and centers.
3. CANCELLATION. Order OA 9430.1, dated 12 January 1965, is canceled.
4. BACKGROUND. Generally, one, or, at most, two immunizations are sufficient to prepare most personnel for travel to foreign nations, particularly those in the temperate zone whose standards of preventive medicine and sanitation are similar to American practices. However, sanitation, and particularly mosquito control, may at times be ineffective in certain tropical and subtropical regions, thus introducing additional health risks which reasonable precautions on the part of travelers in attending to good sanitary practices, in avoiding uncooked or unprocessed foods and unboiled water, and in the matter of insuring protection against insects will not suffice to guarantee the preservation of health. When such situations are anticipated, certain preparatory immunizations shall be necessary.
5. DEFINITIONS. For the purpose of this order, the term "key personnel" includes the Administrator, Deputy Administrator, Associate Administrators, heads of offices and services, region and center directors, the deputies of the above officials, and such other personnel involved in frequent international travel as may be designated by any of them.
6. POLICY. It is the policy of the Federal Aviation Administration that designated key individuals be prepared to travel on short notice to any area of the world and function effectively at their destinations. This entails the maintenance of the highest possible level of protection from any incapacitating illness which sound preventive medical practices can afford.

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7. RESUME OF COMMUNICABLE DISEASES FOR WHICH IMMUNIZATION IS PRACTICABLE.

- a. Smallpox. The vaccination procedure against smallpox is the oldest and one of the most effective immunological procedures. The immunity produced will persist for at least three years and the vaccination is generally valid for this period of time. Re-vaccination at one-year intervals is occasionally necessary for personnel who plan to enter epidemic areas.
  - b. Typhoid. The basic series of two injections, separated by four or more weeks, is required, followed by a booster dose every three years, or, if entering an endemic area. The basic initial series need not be repeated.
  - c. Tetanus. Tetanus immunization is desirable as protection in case of accidents. The initial standard course consists of two to three injections at intervals of three to six weeks (depending on the type of toxoids used), followed by a booster dose twelve months after the initial series, and with repeated booster doses to be given at ten-year intervals thereafter and at the time of serious injury, or when a penetrating wound is sustained.
  - d. Poliomyelitis. Individuals who have not previously been immunized under either the Salk or Sabin vaccination programs should now be immunized, preferably by the Sabin method. A booster (trivalent Sabin) dose is indicated for vaccinated persons when traveling to areas where the incidence of polio is known to be high or where an epidemic is occurring, or where sanitation may be poor.
  - e. Yellow Fever. Inoculation is required for personnel visiting certain equatorial areas where the disease is endemic. Since the vaccination is valid for ten years, the problem of re-vaccination is relatively insignificant.
  - f. Cholera and Plague. Since the validity of the vaccination for these two diseases is only six months, it is considered to be impracticable from a professional medical standpoint to maintain a constant state of immunization against these disease entities. Accordingly, initial vaccination against plague and cholera is recommended and a booster vaccination should be administered only in the event that travel to a known plague or cholera area is contemplated.
8. APPLICATION OF POLICY. Smallpox, typhoid fever and tetanus immunizations will be kept current by all key personnel, regardless of whether travel overseas is contemplated. It is preferable, too, that key personnel be immunized against polio, and those who expect to travel world-wide will also maintain a current yellow fever immunity status.

The validity of this vaccination is ten years. Such individuals will also obtain the initial plague and cholera vaccinations, but the immunity status for these diseases need not be kept current because of the short duration of the protection afforded. Instead, booster doses for cholera and plague will be administered if travel is contemplated to any area in which one or more of these diseases is prevalent, as appropriate.

9. COLLATERAL RESPONSIBILITIES. The Federal Air Surgeon in Washington, the directors of the Aeronautical Center and NAFEC and the regional directors, with the assistance of and acting through their assigned clinical medical activity (i.e., FAA Medical Clinics, Regional Flight Surgeons, or other federal medical agency), shall:
- a. Advise personnel contemplating extra-continental travel of immunization requirements.
  - b. Arrange for necessary immunizations and vaccinations.
  - c. Issue required documentation, including the International Certificate of Vaccination.
  - d. Review the immunization records at the time of the annual or executive physical examination to ensure their currency.
  - e. Inform personnel that it is their responsibility to present themselves for the required immunizations with sufficient time to accomplish the immunizations prior to departure.



K. M. Smith  
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