



THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

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MEMORANDUM FOR GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
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AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER
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ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
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DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR
MILITARY COMMUNITY AND FAMILY POLICY
COMMANDER, JOINT TASK FORCE, NATIONAL CAPITAL
REGION MEDICAL

SUBJECT: Guidance for the Use of Influenza Vaccine for the 2012–2013 Influenza Season

It is Department of Defense (DoD) policy that all Active Duty and Reserve Component personnel be immunized against influenza with vaccines approved for their intended use by the Food and Drug Administration and according to the recommendations of the Centers for Disease Control and Prevention (CDC) and their Advisory Committee on Immunization Practices (ACIP). The influenza immunizations will be administered in accordance with Service-specific guidelines and immunization regulations.

The ACIP recommendations for the prevention and control of influenza with vaccines are published in the Morbidity and Mortality Weekly Report (MMWR) every summer for the following influenza season. Components shall administer and follow routine immunization recommendations from CDC and ACIP, and the prescribing information in the manufacturers' package inserts.

For the 2012–2013 influenza season, the Services have requested 3,900,000 doses of vaccine. As in the past, delivery of the vaccine is dependent on the priorities of the manufacturers and availability of approved lots. Vaccine could become available as early as mid-August. Military medical treatment facilities (MTFs) should expect multiple deliveries over several months. Trivalent inactivated vaccines (TIVs) and live attenuated influenza vaccine (LAIV) have been demonstrated to be effective in children and adults and are both available for the 2012–2013 influenza season. All Service members must be immunized with either TIV or LAIV. LAIV is approved for use in healthy people 2–49 years of age who are not pregnant.

Immunization campaigns should begin immediately upon receipt of vaccine and continue to make vaccine available for all eligible beneficiaries until the expiration date on the vaccine label. Installations should use these campaigns, in addition to other measures, to enhance community awareness of influenza and maximize immunization rates. Commanders are responsible for ensuring policies and procedures are in place and followed to minimize wastage of vaccine and prevent unnecessary and avoidable loss of government resources. Service-level medical logistics agencies must be notified in accordance with Service-specific guidance when a potential loss of vaccine potency (e.g., vaccine is outside required temperature parameters of 2° to 8°C) is suspected.

Influenza Vaccine Priorities. DoD and the Services shall attempt to vaccinate all eligible beneficiaries requiring or requesting immunization. Should an unanticipated shortage of vaccine occur, Health Affairs (HA) will provide further direction regarding priority tiers, consistent with recommendations published in the CDC's MMWR.

Based on an organization's ability to vaccinate, use first-available vaccine supplies to immunize the following groups to preserve operational effectiveness and protect our most vulnerable populations.

- Military units that are deployed or will deploy, ships afloat, DoD personnel that represent or support critical missions.
- Continuity of Operations and Continuity of Government personnel, as determined by the Combatant Commands and Services.
- Eligible beneficiaries at high risk such as children aged 6 months to 4 years (59 months), pregnant women, and persons aged 50 years and older. Refer to the most current influenza prevention and control recommendations from ACIP for additional guidance.

Basic trainees. The Services shall continue to immunize basic trainees until the expiration date on the vaccine label. Obtain vaccine with the latest expiration date to facilitate spring and summer immunizations of basic trainees.

Beneficiaries. Protecting our beneficiaries is a priority of the Military Health System (MHS). Unless significant local shortages exist, eligible beneficiaries will not be denied vaccine upon request. In December 2009, DoD issued an interim rule authorizing TRICARE retail network pharmacies to administer seasonal influenza and pneumococcal vaccines at no cost to eligible beneficiaries. This initiative has been expanded to include all vaccines. Since the start of the program, over 550,000 beneficiaries, mostly family members and retirees, have received their seasonal influenza vaccination through this program which remains in effect.

Health care personnel. DoD and the Services shall vaccinate all military and civilian health care professionals (HCPs). HA policy, dated April 4, 2008, "Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities," remains in effect and directs local command emphasis. This policy requires all civilian HCPs who provide direct patient care in

MTFs to be immunized against seasonal influenza infection each year as a condition of employment, unless there is a documented medical or religious reason not to be immunized. The seasonal influenza immunization is strongly recommended for all other civilian MTF employees.

Influenza-like illness surveillance. DoD conducts global sentinel and population-based influenza-like illness surveillance in both Active Duty and civilian populations through reference laboratories and regional medical centers located in and outside the continental United States. The U.S. Air Force School of Aerospace Medicine (USAFSAM) serves as the lead laboratory for the sentinel surveillance. In addition to laboratory-based surveillance data, the Armed Forces Health Surveillance Center (AFHSC) analyzes MHS-based patient encounter data via the Electronic Surveillance System for Early Notification of Community-based Epidemics, as well as other sources for influenza-like illnesses, reportable medical events, hospitalizations, and outpatient encounters. Throughout the influenza season, both laboratory and MHS encounter-based data are summarized and published in the AFHSC Weekly Influenza Summary and submitted to the Office of the Secretary of Defense for HA. Current versions of this document are posted on the AFHSC Web site, <http://www.afhsc.mil/fluReports>, as well as on the DoD's Pandemic Influenza Watchboard, <http://fhp.osd.mil/aiWatchboard>. MTFs at designated sentinel sites are required to submit 6–10 representative weekly specimens to USAFSAM during the influenza season. All other MTFs are encouraged to submit representative influenza specimens for analysis to participating DoD diagnostic laboratories to improve overall influenza surveillance data. DoD reference laboratories include USAFSAM, the Naval Health Research Center, and regional Army Medical Centers.

Immunization tracking systems. Services will monitor influenza immunization performance via Service-specific electronic tracking systems. All systems must ensure and be able to validate that immunizations have been reported to the Defense Eligibility Enrollment Reporting System. Commanders will ensure Service members who receive influenza vaccinations from non-MTFs provide immunization data to their unit's Immunization Tracking System point of contact not later than close of business of the next duty day following vaccination.

We applaud the many efforts of the Services and the Combatant Commands in pandemic influenza preparedness. Please use this season's influenza immunization program as an opportunity to test installation-based pandemic influenza immunization plans. Our goal is to exceed 90 percent immunization of military Service members by December 17, 2012. The Military Departments are directed to begin implementation of this policy immediately.



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cc:

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