



THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER
AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER
AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR OF THE JOINT CHIEFS OF STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE
(CLINICAL AND PROGRAM POLICY)
DEPUTY ASSISTANT SECRETARY OF DEFENSE
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COMMANDER, JOINT TASK FORCE, NATIONAL CAPITAL
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SUBJECT: Guidance for the Use of Influenza Vaccine for the 2011–2012 Influenza Season

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) have developed recommendations for the 2011–2012 influenza season. This represents the second year of expanded recommendations for annual influenza vaccination to include all people aged 6 months and older. Seasonal vaccine effectiveness estimates continue to show good efficacy in years when there is a good match between circulating influenza viruses and vaccine strains.

Department of Defense (DoD) policy requires immunization of all Active Duty and Reserve Component personnel against influenza according to Service-specific guidelines. For the 2011–2012 influenza season, the Services have requested 4,117,000 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 Treatment Facilities (MTFs) should expect multiple deliveries over several months.

Trivalent inactivated vaccines (TIV) and live attenuated influenza vaccine (LAIV) have been demonstrated to be effective in children and adults and are both available for the 2011–2012 influenza season. All Service members must be immunized, but unlike last year, most Service members may now be immunized with either TIV or LAIV. However, LAIV is approved for use in healthy people 2–49 years of age who are not pregnant. LAIV is more effective and highly recommended for healthy beneficiaries below 18 years of age to include eligible children and new accession populations.

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 have a responsibility to ensure policies and procedures are in place and followed to minimize wastage of vaccine and prevent the unnecessary and avoidable loss of Government resources.

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 Morbidity and Mortality Weekly Report.

Based on a unit'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 the Services.
- Eligible beneficiaries at high risk, such as children aged 6 months–4 years (59 months) and persons aged 50 years and older. Refer to the most current influenza prevention and control recommendations from the 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 policy 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. More than 270,000 beneficiaries, mostly family members and retirees, took advantage of this program last year, and this program 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.

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 agent for this laboratory-based 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 and other sources for influenza-like illnesses, hospitalizations, and outpatient visits. At the beginning of 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 will be posted at <http://www.dod.mil/pandemicflu>. 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. Sentinel sites that usually provide specimens to USAFSAM are asked to submit all suspected influenza specimens during this influenza season to further enhance DoD's influenza surveillance data.

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 no 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 1, 2011. The Military Departments are directed to begin implementation of this policy immediately.

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cc:

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