



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

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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)
GENERAL COUNSEL OF THE DEPARTMENT OF
DEFENSE

SUBJECT: Policy Guidance for the Use of Seasonal Influenza Vaccine for the 2009–
2010 Influenza Season

The Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices (ACIP) have developed recommendations for the 2009–2010 influenza season, which, when published, will be found at <http://www.cdc.gov/flu/professionals/acip/index.htm>. Last year, the ACIP expanded the recommended pediatric age group to receive the influenza vaccine from 6 months to 18 years of age. Their recommendations are based solely on clinical and epidemiological risk factors for mortality and morbidity from influenza and do not address military readiness. Naval Health Research Center data from 2008–2009 showed the influenza vaccine to be 79 percent effective at preventing influenza-like illness in those immunized.

For the 2009–2010 influenza season, the Department of Defense (DoD) has contracted for a total of 3.6 million doses, which includes 1.8 million doses of inactivated (injectable) vaccine and 1.8 million doses of live attenuated (intranasal) vaccine. As in the past, delivery of the vaccine is dependent on the priorities of the manufacturers and availability of approved lots. Medical treatment facilities should expect several deliveries.

The Services will reserve injectable vaccine for people in whom the intranasal vaccine is medically or operationally contraindicated due to clinical or logistic concerns. Therefore, a portion of the initial supply of inactivated, injectable vaccine should be reserved for continuity of operations and continuity of Government personnel, as determined by the Combatant Commands and Services. Services will administer the intranasal vaccine to military personnel without a contraindication, subject to shipping

constraints. Although there have been some published reports comparing inactivated and live attenuated influenza vaccines, there is insufficient data to change this policy at this time. Live, attenuated intranasal vaccine appears to be more effective in pediatric and other naive populations and is recommended for the beneficiary population below 18 years of age and for new accessions that do not have a preexisting contraindication. The eligible age for the live, attenuated vaccine is 2 to 49 years of age.

DoD policy is that the Services will utilize the first-available vaccine doses to preserve operational effectiveness and protect our most vulnerable populations. We will immunize military units that are deployed or will deploy, and other DoD individuals who represent critical missions or support critical missions, as well as high risk groups as listed in the 2009–2010 recommendations of the ACIP (published in the *Morbidity and Mortality Weekly Report*). Services will implement the recommendations to immunize all children 6 months to 18 years of age. Services will also follow Health Affairs 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.”

Should an unanticipated shortage of vaccine occur, further direction regarding priority tiers will be provided, consistent with recommendations published in subsequent issues of the *Morbidity and Mortality Weekly Report*. Full-scale immunization campaigns for lower risk groups will begin after reasonable attempts are made to immunize higher priority groups and when vaccine supplies are adequate. It is anticipated that the immunization program targeting novel Influenza A (H1N1) will overlap with the seasonal influenza immunization campaign. Every attempt will be made to complete the seasonal campaign as quickly as possible, while ensuring that seasonal influenza immunization is offered to all eligible beneficiaries. Local installations should use this opportunity, in addition to other measures, to enhance community awareness and maximize immunization rates. Every attempt should be made to immunize all those requesting immunization. Unless significant local shortages preclude immunization, no eligible beneficiary will be denied immunization when requested. Immunizations should begin as soon as the vaccine is received. Immunization of basic trainees should continue until the expiration date on the vaccine label. Vaccine with the latest expiration date, to facilitate spring and summer immunization of basic trainees, should be obtained consistent with this projected requirement. Steps to minimize wastage of vaccine are important. Commanders have a responsibility to ensure policies and procedures are in place and followed to prevent the unnecessary and avoidable loss of government resources.

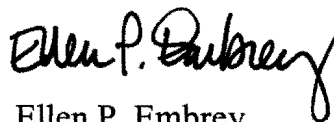
The Epidemiology Branch of the Air Force School of Aerospace Medicine (USAFSAM) will update the influenza surveillance Web site <https://gumbo.brooks.af.mil/pestilence/influenza> each week during the influenza season. Results from

laboratory surveillance are reported weekly during the influenza season in the DoD Weekly Influenza Surveillance Report published by USAFSAM.

In addition to these laboratory-based surveillance data, USAFSAM will analyze morbidity data from the Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) for influenza-like illnesses, DoD hospitalization data for influenza, and influenza-related hospitalizations. These data will be published in the weekly report and coordinated between USAFSAM and DoD Global Emerging Infections Surveillance and Response System for submission to Health Affairs. The Air Force continues to be the Executive Agent for laboratory-based influenza surveillance. Local facilities are encouraged to submit all suspected influenza samples to USAFSAM laboratory for analysis to improve our overall influenza surveillance data.

We applaud the many recent efforts of the Services and the Combatant Commands in pandemic influenza preparedness. Please use your seasonal influenza immunization program as an opportunity to test your installation-based processes that will likely be called on during the subsequent novel Influenza A (H1N1) campaign.

DoD policy requires immunization of all Active Duty and Reserve personnel against influenza according to Service-specific guidelines. Services will monitor implementation 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. Our goal is to exceed 90 percent immunization of military personnel by December 1, 2009. The Services are directed to begin implementation of this policy immediately.



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(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
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cc:
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