



DEPUTY SECRETARY OF DEFENSE
1010 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

NOV 02 2009

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Targeting of 2009-H1N1 Vaccine for the Department of Defense

The Federal Government is acquiring a vaccine for the 2009-H1N1 influenza virus. The Department of Health and Human Services began distributing the vaccine in mid-October. While the primary goal of DoD is to allocate vaccine to meet mission requirements, the Department will also strive to make vaccine available to all DoD personnel and beneficiaries as resources permit. The initial vaccine allocation to DoD will be available to deployed military and DoD civilian personnel, DoD contractor employees deployed with the force, new military accessions, and all healthcare workers assigned to military medical treatment facilities.

Subsequent distribution of the vaccine will be made available to active duty, Reserve Component, and National Guard personnel, and, additionally, to civilian employees with priority to those deemed mission-essential by their commanders or supervisors. Suggested criteria for identifying mission-essential civilian employees are attached.

The Office of the Assistant Secretary of Defense for Health Affairs will monitor vaccination status and advise commanders on the DoD Pandemic Influenza Watchboard (<http://www.dod.mil/pandemicflu>) when the vaccine can be made available to the remaining civilian workforce. Family members and others who may receive care in the Military Health System will receive vaccine allocated to their providers by the states. DoD will administer this vaccine in accordance with the guidelines established by the U.S. Centers for Disease Control and Prevention. Once the above requirements have been met, commanders and supervisors may offer the vaccine at their discretion.

Component Heads will develop additional guidance on vaccine allocation consistent with this memorandum. The Military Departments should prepare to administer vaccine to individuals identified in this policy who may not normally receive care at military medical treatment facilities. If the virus becomes more threatening, the Components may modify allocation guidance at their discretion. Pursuant to the authorities in 10 U.S.C. 2674, I direct the Director, Administration and Management to ensure the vaccine is allocated, consistent with this memorandum, to military and civilian employees working within the Pentagon Reservation and workspaces leased by the Washington Headquarters Services in the National Capital Region.



OSD 12059-09



Component Heads are requested to identify a point of contact for vaccine issues by November 6, 2009. Please direct this information to Dr. Mark Gentilman, (703) 845-8371, mark.gentilman@tma.osd.mil. For further information on the vaccine, you may also contact Mr. Brett Armstrong, (703) 693-7610, brett.armstrong@osd.mil or Ms. Sherry Smith, (703) 696-8903, sherry.smith@cpms.osd.mil.

A handwritten signature in black ink, appearing to read "W. R. C. H. G." with a stylized flourish at the end.

Attachment:
As stated

H1N1 Vaccination Priority Categories for Civilian Employees

1. Very High and High Exposure Risk¹: Healthcare workers, healthcare delivery and support staff and all individuals who are considered to have a higher risk of health complications from influenza.²
2. Emergency employees³: Personnel who are critical to agency operations (e.g., physical security, building maintenance, etc.)
3. Mission-Critical Emergency Employees¹: Personnel who are expected to report for work in order to maintain Continuity of Operations
4. Medium Exposure Risk¹: Employees with high-frequency contact with the general population (e.g., customer service, food service, and retail)
5. Lower Exposure Risk¹: Employees who have minimal occupational contact with the general public and other coworkers (e.g., office employees)

¹ These definitions of exposure risk come from the “classifying employee exposure” section in the 2009 Occupational Safety and Health Administration (OSHA) “Guidance on Preparing Workplaces for an Influenza Pandemic” (OSHA 3327-05R 2009).

² Guidelines from the CDC Advisory Committee on Immunization Practices (July 29, 2009)

³ These designations come from the Office of Personnel Management’s “Washington, DC, Area Dismissal or Closure Procedures” October 2009.

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