



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
USCG DIRECTOR OF HEALTH AND SAFETY

SUBJECT: Updated Policy Guidance for Influenza Vaccine for the 2004-2005 Season

The slow start to this year's influenza season has resulted in a low demand for influenza immunization by the medically high-risk (MHR) beneficiary population of the Department of Defense (DoD). Nationally, the Centers for Disease Control and Prevention (CDC) have noted this phenomenon as well. In response, the Advisory Committee for Immunization Practices (ACIP) met December 17, 2004, to update recommendations for use of influenza vaccine this year. The ACIP expanded the risk groups that should be immunized to include 50-64 year-olds and those who are close contacts with all other high-risk persons. Additionally, the ACIP recommended that Live Attenuated Influenza Vaccine (LAIV or FluMist) be encouraged for healthy 5-49 year-olds even if they do not fall into a risk category. The full text of the ACIP recommendations can be found on the CDC influenza web page at <http://www.cdc.gov/flu/>.

Consistent with CDC guidelines, the Services are instructed to increase their influenza immunization campaigns to include the new groups. Additionally, the Services are authorized to purchase additional LAIV (FluMist) to immunize service members who have not yet been immunized this year, even if they do not meet the criteria outlined in the October 25, 2004, policy letter for use of influenza vaccine in DoD. While there is not now a shortage of LAIV, it is unlikely there will be enough to initiate a total force campaign so the Services should maximally pursue this option as funds and availability of the supply allow.

Historically, influenza outbreaks peak each year in January or February. To be prepared for sudden increases in demand, military treatment facilities (MTFs) should retain enough Trivalent Injectable Vaccine (TIV) to cover 5 to 10 % of their MHR population for use during local outbreaks. Additionally, MTFs must ensure they have available enough TIV (or preferably LAIV) for personnel who will deploy to the U.S. Central Command area of operations or travel to Korea between now and March 31, 2005. Service Surgeons General should carefully monitor their influenza vaccine supply status, with the assistance of the Military Vaccine Agency, to ensure DoD uses the injectable (TIV, Fluzone) for those who do not qualify for the LAIV. Military treatment facility commanders with excess TIV may use this vaccine for non-high-risk persons and

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for military members only after they have verified with their Surgeon General's office that it is not needed elsewhere in the Military Health System.

Finally, MTF commanders should act now to encourage their MHR beneficiaries not yet vaccinated to be vaccinated. While we have been successful in getting the message out about non-medical methods of preventing influenza, we need to make every effort to further educate our beneficiaries about the importance of influenza immunization. The MTFs and operational surgeons have done an excellent job in protecting our deployed and deploying forces, our beneficiaries, and our military trainees in the past two months, despite the national influenza vaccine shortage. I encourage everyone to continue emphasizing all methods of protection against influenza.

My point of contact for this matter is LTC(P) Steve Phillips, 703-575-2669 (Stephen.phillips@ha.osd.mil).



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