



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: Policy for the Use of Influenza Vaccine for the 2006-2007 Influenza Season

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) have developed recommendations for the 2006-2007 influenza season which can be found at www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm. Their recommendations are based solely on clinical and epidemiological risk factors for mortality and morbidity from influenza, and do not address military readiness. Army Medical Surveillance Activity data from 2005-2006 showed influenza immunization to be 85-94 percent effective at preventing influenza-like illness in those immunized.

For the 2006-2007 influenza season, the Department of Defense (DoD) has contracted for a total of 3.86 million doses, which includes 2.65 million doses of inactivated (injectable) vaccine, and 1.21 million doses of live attenuated (intranasal) vaccine. The intranasal vaccine is expected to be available to the Services earlier, in fall 2006, than the injectable vaccine. As in the past, delivery of the vaccine is dependent on the priorities of the manufacturers and availability of approved lots.

The Services will reserve injectable vaccine for people in whom the intranasal vaccine is medically contraindicated, or where the intranasal vaccine is unavailable due to temperature constraints during shipping. Services will administer the intranasal vaccine to military personnel without a contraindication, subject to shipping constraints. Live, attenuated intranasal vaccine is also encouraged in eligible healthy beneficiaries 5-49 years of age, without a medical contraindication for receiving this vaccine.

Services will utilize the first-available vaccine doses to target high-priority groups, including deployed or deploying personnel, critical support staff, and high-risk groups as listed in the 2006-2007 recommendations of the Advisory Committee on Immunization Practices (published in the *Morbidity and Mortality Weekly Report*). Services will note and implement the new recommendations extending the age for general immunization of children to 6-59 months of age and to seek to immunize all healthcare workers.

Should an unanticipated shortage 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. Immunizations should begin as soon as the vaccine is received. Immunization of basic trainees should continue until the expiration date on the vaccine label. Steps to minimize vaccine wastage are important.

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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 Institute for Operational Health (AFIOH) will update the influenza surveillance Website <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 the AFIOH.

In addition to this laboratory-based surveillance data, AFIOH will analyze morbidity data from the Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) for influenza-like illnesses, and the DoD hospitalization data for influenza and influenza-related hospitalizations, and include these data in the weekly report. Weekly summary and final reports will be coordinated between AFIOH and DOD Global Emerging Infections System for submission to Health Affairs. The Air Force continues to be the executive agent for laboratory-based influenza surveillance.

I 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 might be called on in a pandemic. This should include reaching out to beneficiaries who do not routinely receive seasonal influenza vaccine.

DoD policy requires immunization of all active-duty and Selected Reserve personnel against influenza according to Service-specific guidelines. Services will monitor implementation via electronic reporting to the Defense Eligibility Enrollment Reporting System; our goal is 90 percent immunization of military personnel by December 31, 2006. The military departments are directed to begin implementation of this policy immediately.


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