

ALARACT 099/2017

DTG: R 142000Z NOV 17

UNCLAS

SUBJ/ALARACT 099/2017 - 2017 - 2018 INFLUENZA PREVENTION PROGRAM- SURVEILLANCE AND VACCINATION

THIS ALARACT MESSAGE HAS BEEN TRANSMITTED BY JSP ON BEHALF OF HQDA OTSG//DASG-HSZ/DAMO-DASG//

1. (U) REFERENCES.

1.A. AR 40-562 IMMUNIZATIONS AND CHEMOPROPHYLAXIS, DTD: 07 OCTOBER 2013.

1.B. ASD (HA) POLICY 08-005, SUBJECT: POLICY FOR MANDATORY SEASONAL INFLUENZA IMMUNIZATION FOR CIVILIAN HEALTH CARE PERSONNEL WHO PROVIDE DIRECT PATIENT CARE IN DEPARTMENT OF DEFENSE MEDICAL TREATMENT FACILITIES, DTD: 04 APRIL 2008.

1.C. AR 40-5 PREVENTIVE MEDICINE, DTD: 25 MAY 2007.

1.D. ARMED FORCES REPORTABLE MEDICAL EVENTS GUIDELINES AND CASE DEFINITIONS, DTD: MARCH 2012.

1.E. IMMUNIZATION OF HEALTH CARE PERSONNEL - RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP), DTD: 25 NOVEMBER 2011.

1.F. AR 40-3 MEDICAL, DENTAL, AND VETERINARY CARE, DTD: 23 APRIL 2013.

1.G. AR 40-66 MEDICAL RECORD ADMINISTRATION AND HEALTHCARE DOCUMENTATION, RAR: 04 JANUARY 2010.

1.H. ASD (HA) MEMORANDUM, SUBJECT: GUIDANCE FOR THE 2017-2018 ANNUAL INFLUENZA IMMUNIZATION PROGRAM, DTD: 26 MAY 2017.

2. (U) SITUATION.

2.A. INFLUENZA, COMMONLY KNOWN AS THE FLU, IS A CONTAGIOUS RESPIRATORY ILLNESS CAUSED BY INFLUENZA VIRUSES. FLU SEASONS ARE UNPREDICTABLE AND HAVE THE POTENTIAL TO IMPACT DOD FORCE READINESS AND MISSION. IN THE US, INFLUENZA RESULTS IN OVER 40 MILLION CASES, OVER 750,000 HOSPITALIZATIONS, AND UP TO 50,000 DEATHS ANNUALLY. VACCINATION IS THE PRIMARY METHOD FOR PREVENTING INFLUENZA AND ITS COMPLICATIONS.

2.B. FOR THE 2017-2018 INFLUENZA SEASON, THE ARMY PURCHASED 1.6 MILLION DOSES OF INFLUENZA VACCINE. THIS AMOUNT WILL ENSURE THAT ALL SOLDIERS AND BENEFICIARIES HAVE ACCESS TO PROTECTION AGAINST INFLUENZA.

2.C. FOR THE 2017-2018 INFLUENZA SEASON, MANUFACTURERS BEGAN DELIVERING INFLUENZA VACCINE TO THE DEFENSE LOGISTICS AGENCY TROOP SUPPORT IN AUGUST.

2.D. THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND ACIP DEVELOP RECOMMENDATIONS FOR THE ANNUAL INFLUENZA SEASON. THE MOST CURRENT RECOMMENDATIONS CAN BE FOUND AT WWW.CDC.GOV/VACCINES/HCP/ACIP-RECS/VACC-SPECIFIC/FLU.HTML.

2.E. THE 2017–2018 INFLUENZA QUADRIVALENT VACCINE STRAINS ARE A/MICHIGAN/45/2015–LIKE, A/HONG KONG/4801/2014 (H3N2)-LIKE, B/BRISBANE/60/2008–LIKE, AND B/PHUKET/3073/2013–LIKE ANTIGENS.

3. (U) MISSION. ARMY COMMANDS INITIATE THE 2017–2018 INFLUENZA PREVENTION PROGRAM IMMEDIATELY UPON RECEIPT OF INFLUENZA VACCINE AND CONDUCT THE PROGRAM UNTIL ADVISED THAT FLU SEASON HAS ENDED IN ORDER TO PROTECT PERSONNEL AGAINST INFLUENZA AND ITS COMPLICATIONS.

4. (U) EXECUTION.

4.A. THE INTENT OF THE INFLUENZA PROGRAM IS TO PROTECT ALL ARMY ACTIVE COMPONENT (AC), ARMY NATIONAL GUARD (ARNG), U.S. ARMY RESERVE (USAR) PERSONNEL, MISSION–ESSENTIAL CIVILIANS, HEALTHCARE PERSONNEL, AND TRICARE BENEFICIARIES FROM INFLUENZA AND ITS COMPLICATIONS. THE KEY TASK IS TO IMMEDIATELY VACCINATE PERSONNEL LISTED ABOVE WITH INFLUENZA VACCINE UPON RECEIPT OF VACCINE, EXCLUDING THOSE WITH CONTRAINDICATIONS TO INJECTABLE INFLUENZA VACCINE. COMMANDERS ENSURE 100% OF AC, ARNG, USAR PERSONNEL, AND ALL MEDICAL TREATMENT FACILITY ASSIGNED EMPLOYEES (EXCLUDING THOSE CONTRAINDICATED) ARE IMMUNIZED BY 31 MARCH 2018, WITH A MILESTONE REQUIREMENT OF 90% OR GREATER NO LATER THAN (NLT) 15 DECEMBER 2017.

4.B. INFLUENZA PREVENTION IS A COMMANDER'S FORCE HEALTH PROTECTION RESPONSIBILITY. COMMANDERS FOLLOW GUIDANCE NECESSARY TO PROPERLY IDENTIFY AND EDUCATE SERVICE MEMBERS AND TRICARE BENEFICIARIES TO BE VACCINATED, TRACK IMMUNIZATIONS, AND ENSURE APPROPRIATE MEDICAL EVALUATION OF VACCINATED PERSONNEL IF THEY EXPERIENCE ADVERSE REACTIONS FOLLOWING VACCINATION.

4.C. POST AND TRACK ALL VACCINATIONS IN THE MEDICAL PROTECTION SYSTEM (MEDPROS) FOR UNIFORMED PERSONNEL, AND DEPARTMENT OF THE ARMY CIVILIANS IN THE ARMED FORCES HEALTH LONGITUDINAL TECHNOLOGY APPLICATION (AHLTA). IAW REF 1.G. FOR ALL OTHER BENEFICIARY CATEGORIES, THE AHLTA IMMUNIZATION MODULE WILL BE USED TO DOCUMENT VACCINATIONS. FOR THE PURPOSE OF CAPTURING WORKLOAD, ENTRY OF A CLINICAL ENCOUNTER INTO AHLTA SHOULD ALSO BE CONSIDERED. FOR LOCATIONS THAT HAVE TRANSITIONED FROM AHLTA TO MILITARY HEALTH SYSTEM (MHS) GENESIS, INFLUENZA IMMUNIZATIONS WILL BE DOCUMENTED IN MHS GENESIS, AND THE DATA WILL TRANSFER TO THE SERVICE–SPECIFIC IMMUNIZATION TRACKING SYSTEM.

4.D. DOCUMENT VACCINE ADVERSE EVENTS IN AHLTA AND SUBMIT ON–LINE VACCINE ADVERSE EVENT REPORTS AT [HTTPS://VAERS.HHS.GOV/](https://vaers.hhs.gov/).

4.E. UPON RECEIPT OF SEASONAL INFLUENZA VACCINE, ARMY COMMANDS (ACOMS), ARMY SERVICE COMPONENT COMMANDS (ASCCS), DIRECT REPORTING UNITS (DRUS), AND USAR AND ARNG UNITS WILL BEGIN VACCINATING.

4.F. PRECLUDING SHORTAGES, NO ELIGIBLE TRICARE BENEFICIARY IS DENIED IMMUNIZATION.

4.G. IAW AR 40–5 (REFERENCE 1.C.) AND REFERENCE 1.D., MEDICAL LEADERSHIP ENSURES PREVENTIVE MEDICINE ASSETS AT THE INSTALLATION LEVEL REPORT CASES OF HOSPITALIZED INFLUENZA AS WELL AS NOVEL INFLUENZA REGARDLESS OF HOSPITALIZATION THROUGH DISEASE REPORTING SYSTEM INTERNET (DRSI). ACCOUNTS FOR DRSI CAN BE ESTABLISHED BY EMAILING U.S. ARMY PUBLIC HEALTH CENTER (USAPHC) AT USARMY.APG.MEDCOM-PHC.MBX.DISEASEEPIDEMIOLOGYPROGRAM13@MAIL.MIL.

5. (U) SUSTAINMENT.

5.A. LEADERS REVIEW THE DEFENSE HEALTH AGENCY (DHA) –IMMUNIZATION HEALTHCARE BRANCH WEBSITE AT WWW.HEALTH.MIL/FLU FOR FREQUENTLY ASKED QUESTIONS, INFLUENZA EDUCATIONAL TOOLS AND REFERENCES.

5.B. VACCINATION STAFF WILL COMPLETE THE SEASONAL INFLUENZA TRAINING AVAILABLE AT [HTTPS://HEALTH.MIL/MILITARY-HEALTH-TOPICS/HEALTH-READINESS/IMMUNIZATION-HEALTHCARE/EDUCATION-AND-TRAINING](https://health.mil/military-health-topics/health-readiness/immunization-healthcare/education-and-training) PRIOR TO ADMINISTERING THE VACCINES.

5.C. PRIOR TO VACCINATION, SCREEN ALL POTENTIAL VACCINEES UTILIZING A LOCALLY APPROVED OR CURRENT STANDARDIZED SCREENING TOOL AVAILABLE VIA DHA - IMMUNIZATION HEALTHCARE BRANCH AND PROVIDE VACCINEE AN OPPORTUNITY TO READ THE VACCINE INFORMATION STATEMENT (VIS). THE CDC PUBLISHES VIS FOR THE INACTIVATED AND LIVE, ATTENUATED INFLUENZA VACCINES. THE VIS CAN BE DOWNLOADED AND REPRODUCED LOCALLY FROM [HTTPS://WWW.CDC.GOV/VACCINES/HCP/VIS/VIS-STATEMENTS/FLU.PDF](https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf). ENSURE USE OF CURRENT SEASON VIS ONLY.

5.D. THE DHA - IMMUNIZATION HEALTHCARE BRANCH IS AVAILABLE TO ASSIST PATIENTS AND HEALTHCARE PROVIDERS WITH ADVERSE REACTIONS POTENTIALLY RELATED TO VACCINATIONS VIA THE WORLDWIDE DHA IMMUNIZATION HEALTHCARE SUPPORT CENTER AT (877) 438–8222 OR SECURE MESSAGE AT [HTTPS://ASKVHC.AMEDD.ARMY.MIL/](https://askvhc.amedd.army.mil/) 24–HOURS A DAY.

5.E. THE DHA - IMMUNIZATION HEALTHCARE BRANCH, COM: (877) 438–8222, DSN: 761–4245 IS AVAILABLE FROM 0800 - 1800 HOURS (EASTERN STANDARD TIME), MONDAY THROUGH FRIDAY.

5.F. IMMEDIATELY POST AND TRACK IN MEDPROS ALL VACCINATIONS FOR UNIFORMED PERSONNEL AND DA CIVILIANS. ELECTRONIC ENTRY OCCURS AT THE TIME OF VACCINATION OR NLT CLOSE OF BUSINESS THE NEXT DUTY DAY FOLLOWING VACCINATION. PROPER DOCUMENTATION INCLUDES PATIENT IDENTIFICATION; VACCINATION DATE; THE VACCINE NAME OR CODE, MANUFACTURER, LOT NUMBER, VOLUME OF THE DOSE GIVEN, VACCINE ADMINISTRATION ROUTE AND ANATOMIC SITE; NAME, RANK, AND SSN OF PRESCRIBER; VACCINATOR NAME; THE DATE PATIENT WAS PROVIDED THE VIS; AND THE VIS VERSION DATE. USE ONLY THIS YEAR'S VACCINE CLINICAL VACCINE FORMULATION (CVX) CODES (150, 158, 171, AND 186) WHEN POSTING VACCINES TO MEDPROS, OR AHLTA IMMUNIZATION MODULE. DO NOT USE OBSOLETE VACCINE CVX CODES (015, 016, 111, 153) FROM PRIOR YEARS – THE VACCINE IS NOT THE SAME FROM YEAR TO YEAR (IT PROTECTS AGAINST DIFFERENT COMBINATIONS OF INFLUENZA STRAINS EVERY YEAR). DO NOT USE OF CVX CODES 149 AS NO INTRANASAL FLU VACCINE WILL BE USED THIS YEAR.

5.F.1. SERVICE MEMBERS WHO RECEIVE INFLUENZA VACCINATIONS FROM NON–MILITARY FACILITIES WILL PROVIDE IMMUNIZATION DOCUMENTATION, AS OUTLINED IN PARA 4.F. ABOVE, TO THEIR UNIT'S MEDPROS POINT OF CONTACT NLT THE NEXT DUTY DAY FOLLOWING VACCINATION. IF AN IMMUNIZATION EXEMPTION FOR INFLUENZA IS POSTED TO THE INDIVIDUALS MEDPROS RECORD

VALIDATION OF THAT EXCEPTION MUST BE CONDUCTED BY REVIEWING THEIR HEALTH RECORD AND IF NO LONGER VALID REMOVED FROM THEIR MEDPROS RECORD. SERVICE MEMBERS WILL NOT RECEIVE INTRANASAL FLU VACCINE FROM NON-MILITARY FACILITIES IN ACCORDANCE WITH ACIP RECOMMENDATIONS.

5.F.2. LEADERS AT ALL LEVELS CAN TRACK INDIVIDUAL SERVICE MEMBER AND UNIT COMPLIANCE USING MEDPROS, ACCESSED ON THE INTERNET AT WWW.MODS.ARMY.MIL/. USERS MAY OBTAIN A LOGON ID DIRECTLY FROM THE WEBSITE OR BY CALLING THE MEDICAL OCCUPATIONAL DATA SYSTEM (MODS) HELP DESK, COM: 1-888-849-4341, DSN: 761-4976 OR EMAIL MODS-HELP@ASMR.COM FOR ASSISTANCE. COMMANDERS DESIGNATE PERSONNEL TO ROUTINELY ACCESS MEDPROS TO KEEP THEIR UNITS' STATUS CURRENT.

5.F.3. SOLDIERS MAY MONITOR THEIR MEDPROS IMMUNIZATION RECORD BY ACCESSING THEIR ONLINE IMMUNIZATION RECORD IN ARMY KNOWLEDGE ONLINE (AKO).

5.F.4. THE TRICARE MANAGEMENT ACTIVITY FINAL RULE AUTHORIZING TRICARE RETAIL NETWORK PHARMACIES TO ADMINISTER SEASONAL INFLUENZA VACCINE AT NO COST TO THE BENEFICIARY REMAINS IN EFFECT FOR THE 2017-2018 SEASON.

5.F.5. SURVEILLANCE VIA CASE REPORTING, CLINICAL LABORATORY REPORTING OF RESPIRATORY TEST RESULTS, AND SENTINEL SITE PARTICIPATION WILL BE CONDUCTED IN ACCORDANCE WITH REFERENCE 1.H. CONTACT USAFSAM.PHRFLU@US.AF.MIL WITH QUESTIONS.

6. (U) COMMAND AND SIGNAL.

6.A. LTC KEITH PALM, COM: (703) 681-4752, DSN 761-4752 OR EMAIL KEITH.C.PALM.MIL@MAIL.MIL.

6.B. LTC MICHELE SOLTIS, COM: (703) 681-3447, DSN 761-3447 OR EMAIL MICHELE.A.SOLTIS.MIL@MAIL.MIL.

7. (U) THIS ALARACT MESSAGE EXPIRES ON 31 AUGUST 2018.