



DEFENSE HEALTH AGENCY
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FALLS CHURCH, VIRGINIA 22042-5101

DHA-IPM 18-005
August 14, 2018

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 STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES
ASSISTANT COMMANDANT FOR HUMAN RESOURCES,
U.S. COAST GUARD

SUBJECT: Interim Procedures Memorandum 18-005, 2018–2019 Seasonal Influenza Vaccination Program (IVP)

References: See Attachment 1.

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (p):

- Provides guidance for the Seasonal IVP. Please disseminate this message to all military activities to include, but not limited to, Commanders of Medical Treatment Facilities (MTFs), immunization clinics, patient-centered medical homes, public health offices, pharmacy services, ships, aid stations, and medical logistics/supply sections that administer or order/receive/store influenza vaccine.
- This DHA-IPM is effective immediately and will expire 12 months from the date of issue.

Applicability. This DHA-IPM applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the

DoD (referred to collectively in this DHA-IPM as the “DoD Components”).

Policy Implementation. It is Defense Health Agency (DHA) policy, pursuant to References (g) and (i), that all Active Duty (AD) and Reserve Component personnel will be vaccinated against influenza. Individual Ready Reserve and Retired Reserve personnel are not subject to this DHA-IPM.

Responsibilities

- Director, DHA. The Director, DHA, will track, collect, and analyze immunization data and all confirmed vaccine compromises in coordination with the DoD Components.
- Surgeons General of the Military Departments. The Surgeons General of the Military Departments will monitor influenza immunization compliance data.

Procedures. See Attachment 2.

Releasability. **Cleared for public release.** This DHA-IPM is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.


R. C. BONA
VADM, MC, USN
Director

Attachments:

As stated

cc:

Acting Assistant Secretary of Defense for Health Affairs

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Medical Officer of the Marine Corps

Joint Staff Surgeon

Director of Health, Safety, and Work-Life, U.S. Coast Guard

Surgeon General of the National Guard Bureau

Director, National Capital Region Medical Directorate

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 21, 2015
- (d) Assistant Secretary of Defense for Health Affairs Memorandum, “Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance,” January 25, 2006
- (e) United States Code, Title 42, Sections 300aa-1–300aa-34
- (f) Centers for Disease Control and Prevention, “Vaccine Information Statements (VIS), Influenza (Flu) Vaccine: Inactivated or Recombinant; Live, Intranasal,” August 7, 2015
- (g) Army Regulation 40-562, BUMEDINST 6230.15B, AFI 48-100_IP, CG COMDTINST M6230.4G, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” October 7, 2013
- (h) Assistant Secretary of Defense for Health Affairs Policy 08-005, “Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities,” April 4, 2008
- (i) Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for the 2018-2019 Annual Influenza Immunization Program,” July 5, 2018
- (j) DoD Instruction 4000.19, “Support Agreements,” April 25, 2013, as amended
- (k) Navy Aeromedical Reference and Waiver Guide, April 9, 2018
- (l) Official Air Force Aerospace Medicine Approved Medications, June 13, 2017
- (m) Centers for Disease Control and Prevention, “Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP),” *Morbidity and Mortality Weekly Report Recommendations and Reports*, November 25, 2011; 60(RR07); 1-45
- (n) Code of Federal Regulations, Title 5, Part 339
- (o) Coast Guard Medical Manual, COMDTINST M6000.1 (series)
- (p) Coast Guard Occupational Medicine Manual, COMDTINST M6260.32

ATTACHMENT 2

PROCEDURES

1. 2018–2019 SEASONAL INFLUENZA INFORMATION

a. Influenza or “flu” has the potential to adversely impact force readiness and mission execution. The Centers for Disease Control and Prevention (CDC) estimates that influenza has resulted in between 9.2 million and 35.6 million illnesses; between 140,000 and 710,000 hospitalizations; and between 12,000 and 56,000 deaths annually since 2010 in the United States. Vaccination is the primary method for preventing influenza and its complications.

b. In accordance with Reference (g), the DoD and the Coast Guard generally follow the CDC and Advisory Committee on Immunization Practices (ACIP) vaccine recommendations, requirements, and guidance of the U.S. Food and Drug Administration (FDA), while considering the unique needs of military populations. The most current CDC and ACIP recommendations can be found at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>. The DoD uses only FDA-approved vaccines. Information on the DoD Seasonal IVP can be found on the Defense Health Agency-Immunization Healthcare Branch (DHA-IHB) seasonal influenza website: <https://www.health.mil/flu>.

c. The CDC and the ACIP recommend seasonal influenza vaccine for all people 6 months of age and older. Special efforts should be made to vaccinate those at high risk from influenza complications to include pregnant women, children under 5 years of age, adults 65 years and older, and those with certain medical conditions outlined in the ACIP guidelines.

d. 2018–2019 U.S. trivalent influenza vaccines will contain A/Michigan/45/2015 (H1N1) pdm09-like virus, A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage). Quadrivalent vaccines will also include B/Phuket/3073/2013-like virus (Yamagata lineage). The 2018–2019 vaccine represents a change in the influenza A (H3N2) and the B/Colorado virus strains. The ACIP has not expressed a preference for quadrivalent or trivalent vaccine in any age group, nor has it expressed a preference for “High-Dose” vaccine or any other licensed influenza vaccine for use in persons 65 years and older. Vaccinate all individuals with available product in accordance with the package insert. Influenza vaccinations will continue until all required personnel have received the vaccine, or the vaccine expires.

e. Additional influenza vaccine formulations, not available through the Defense Logistics Agency (DLA) bulk purchase contract (e.g., specific vaccines for adults age 65 years and older, egg protein free etc.) are available for purchase through the Defense Logistics Agency-Troop Support Medical (DLA-TSM) Direct Vendor Delivery (DVD) program, as described in paragraph 2d. Clinics must contact their supply/logistics support personnel for more details. The ACIP included live attenuated influenza vaccine, or Flumist®, in the 2018–2019 Influenza Vaccine Recommendations after the DoD’s annual contract was initiated. For this reason, live attenuated influenza vaccine will only be available through the DLA-TSM DVD program.

2. ORDERING, DISTRIBUTION, AND COLD CHAIN MANAGEMENT

a. For the 2018–2019 influenza season, DoD purchased 3.4 million doses of influenza vaccine. This amount will ensure that all Service members and beneficiaries have access to protection against influenza. Additional information about ordering influenza vaccine can be found in the Service-specific appendices at the end of this DHA-IPM. Activities should expect several deliveries to fulfill requirements.

b. The following vaccines have been contracted for by DoD for the 2018–2019 season:

NDC	Name	Presentation	Price/package/vial
19515-0909-52	Flulaval®	PFS	138.20
19515-0900-11	Flulaval®	MDV	129.18
58160-0898-52	Fluarix®	PFS	138.20
33332-0318-01	Afluria®	PFS	110.78
33332-0418-10	Afluria®	MDV	121.68

c. The manufacturers will ship to the DLA Distribution Depot per the following delivery schedule (% is of total DoD and USCG order):

Contracted Delivery Schedule	17 AUG	30 AUG	31 AUG	14 SEP	28 SEP	30 SEP	19 OCT	15 NOV
6505-01-670-7649, Peds, FluLaval® PFS			50%		30%		20%	
6505-01-670-7372, FluLaval®, MDV			50%		30%		20%	
6505-01-670-8188, Fluarix®, PFS						50%		50%
6505-01-670-7769, Afluria®, PFS	40%	25%		25%	10%			
6505-01-670-8005, Afluria® MDV	40%	25%		25%	10%			

d. Influenza vaccines not purchased through the annual DoD contract may be available through the DLA-TSM DVD program, via Military Standard Requisitioning and Issue Procedures (MILSTRIP). Requisitions may be submitted via the Defense Medical Logistics Standard Support (DMLSS) or via the DoD-FEDMALL system. Information on the DoD-FEDMALL system can be located at: <https://www.fedmall.mil/index.html>.

e. Logistics and immunization personnel should register to receive influenza vaccine updates by way of the DoD Medical Materiel Quality Control (MMQC) messages. Personnel can register at: <http://www.usamma.army.mil/SitePages/MMQCMsgSubscriber.aspx>

f. DoD Components will ensure that logistics and immunization personnel are properly trained in the storage and handling of influenza vaccines, and are present to receive and store vaccines upon arrival. These vaccines will be promptly posted in the facilities' requisition processing system.

g. To ensure proper receipt, DLA-TSM will ship vaccine to Outside Continental United States (OCONUS) locations on Mondays and Fridays, and to Continental United States (CONUS) locations on Mondays, Tuesdays, and Wednesdays. DLA-TSM does not ship on holidays or weekends, and will only ship on Thursdays on a case-by-case basis.

h. All vaccine shipments will include temperature monitoring devices. These items should be returned to DLA-TSM as soon as possible after receipt, per instructions included in each vaccine shipment. All DoD activities that receive and administer influenza vaccine will use the pre-paid/pre-addressed Federal Express materials provided with shipping containers to physically return the temperature monitors to DLA-TSM.

(1) No-Alarm temperature monitors: The material is released for immediate use. Disposition is not needed from DLA-TSM, but the temperature monitor must be returned for audit purposes.

(2) Alarmed temperature monitors: Activity will segregate the vaccine in the refrigerator with a sign saying, "DO NOT USE," return temperature monitor to DLA-TSM, and await disposition instructions.

(3) Un-started or malfunctioning temperature monitors: Activity will treat the shipment as alarmed.

(4) If an activity currently has the Template Monitor Software loaded on a computer and is using Version 7.2, please contact your Service/Information Technology point of contact for the updated version (7.4), as Version 7.2 is not compatible with Windows 10.

i. Influenza vaccines will be stored and transported correctly within the temperature parameters of 2° to 8°C (36° to 46°F), at all times. If the vaccine is not stored correctly within the correct temperature parameters, it may lose potency. Any time a temperature compromise is suspected:

(1) The vaccine will be placed immediately in a refrigerator approved for vaccine storage and marked "DO NOT USE."

(2) Notify your DHA-IHB Immunization Healthcare Specialist (<http://health.mil/ContactYourIHS>), and complete the Potentially Compromised Vaccine/Temperature Sensitive Medical Products response worksheet, dated on or after August 1, 2018, located on the DHA-IHB website at www.health.mil/coldchain. The worksheet must be submitted online to DLA-TSM, United States Army Medical Materiel Agency-Distribution Operations Center (USAMMA-DOC), and to your local medical logistics directorate.

(3) Do not assume the vaccine is unusable, and do not discard potentially compromised vaccine(s) until directed by DLA-TSM and/or USAMMA-DOC.

(4) An Executive Summary for all confirmed compromises will be submitted through the Service medical headquarters (if required by Service policy) and to the Director, DHA.

j. All DoD Components, Coast Guard activities, as well as other organizations eligible to participate in DLA-TSM's Pharmaceutical Prime Vendor programs, will participate in the DLA-TSM Pharmaceutical Reverse Distribution Program for returning unused, expired, and/or compromised influenza vaccines, at the end of the season, June 30, 2019. This program provides

a safe option for the disposal of unused, expired, and/or compromised influenza vaccines while maintaining full compliance with Federal regulations. Credit for returned vaccines will be posted to the activity's Pharmaceutical Prime Vendor credit account. Credits can be used for future purchases or to cover disposal costs. DoD activities should make every effort to return influenza vaccine in its original box. Pharmacies or logistics activities can provide more guidance on the use of this program.

3. FUNCTIONAL CONSIDERATIONS

a. The Assistant Secretary of Defense for Health Affairs (ASD(HA)) has directed that all uniformed personnel receive an annual influenza vaccination, with a recommended goal of greater than 90% of personnel immunized by January 15, 2019, per Reference (i). The Services may designate earlier dates for the 90% completion goal in the Service specific appendices at the end of this IPM.

b. In the event of an influenza pandemic, target populations will be prioritized per Reference (d). Should unanticipated shortage of vaccine or unforeseen distribution delays occur, the ASD(HA) will provide direction regarding priority tiers, consistent with CDC and ACIP guidelines.

4. VACCINE ADMINISTRATION

a. In accordance with Reference (g), only appropriately trained and qualified medical personnel working within their scope of practice, upon the order (including standing orders) of an appropriately privileged healthcare provider, will administer the influenza vaccine.

b. The DHA-IHB will provide online training modules via Joint Knowledge Online, which will include patient screening, documentation, administration, and cold chain management procedures. The 2-hour Influenza Vaccination Training (DHA-US069) and 1-hour Cold Chain Management of the Influenza Vaccine for Logistical Personnel (DHA-US070) can be found at <https://jkosupport.jten.mil/Atlas2/page/login/Login.jsf>. This online training may be incorporated into local or regional training programs.

c. Prior to vaccination, all potential vaccine recipients will be screened utilizing locally-approved or current standardized screening questions available via the CDC or DHA-IHB website. In accordance with Reference (e), individuals receiving a vaccine will be provided the current influenza Vaccine Information Statement (VIS), in accordance with Reference (f), for the inactivated, injectable, or intranasal influenza vaccines. When minors are vaccinated, the VIS will be provided to their legal representative.

d. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. Any licensed and recommended influenza vaccine that is otherwise appropriate for the recipient's age and health status may be used. Persons who report having had reactions to egg involving symptoms other than hives, such as angioedema,

respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may similarly receive any licensed and recommended influenza vaccine that is otherwise appropriate for the recipient's age and health status. The selected vaccine should be administered in an inpatient or outpatient medical setting (including, but not necessarily limited to, hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.

e. Patients reporting an allergic reaction to an excipient of the influenza vaccine (example: neomycin) should be referred to an allergist/immunologist for further evaluation and to identify risk of reaction to other vaccines with similar excipients. The Medical, Temporary (MT) exemption code should be entered into the Service-specific Immunization Tracking System (ITS) when vaccination is deferred in these cases.

5. DOCUMENTATION

a. Documentation of immunization for Service members is required in the appropriate Service-specific ITS: Medical Protection System (MEDPROS) for Army, Medical Readiness Reporting System (MRRS) for Navy, Marine Corps, and Coast Guard, and Aeromedical Services Information Management System (ASIMS) for the Air Force, in accordance with Reference (g). When documenting immunizations in the Armed Forces Health Longitudinal Technology Application (AHLTA), the immunization module will be used. 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 ITS.

b. In accordance with Reference (e), proper documentation of an immunization includes: patient identification, date vaccine was administered; vaccine name or CVX code, manufacturer and lot number, dose administered, route of administration, anatomic site of vaccination, date the VIS was provided; and VIS version date.

c. Due to the number of vaccine products available each year, staff should verify all product names and CVX codes before documentation. CVX codes 15 (influenza, split), 16 (influenza, whole), 111 (influenza, live, intranasal), and 153 (influenza, MDCK, PF) are inactive and should NOT be used to document vaccines administered this season. CVX code 88 (influenza unspecified) should be used for historical documentation only when vaccine specifics are not known. The CVX codes for the DoD purchase 2018–2019 vaccine include:

(1) CVX Code 150: For documenting single dose, injectable quadrivalent, preservative free. (Afluria®, FluLaval®, and Fluarix® pre-filled syringes)

(2) CVX code 158: For documenting multi-dose injectable, quadrivalent, containing preservative. (Afluria® and FluLaval® multi-dose vials)

d. Service members who receive influenza vaccinations from non-military facilities will provide immunization data to their unit's ITS point of contact for transcription no later than close of business the next duty day (next drill weekend/battle assembly for Reserve Component members), following the immunization. All available information should be transcribed into the ITS. Contract providers will document immunization information, as noted in Section 5.b., into the ITS at the time of immunization delivery. Personnel who receive the seasonal influenza vaccine through the Reserve Health Readiness Program (RHRP) may not (or do not) need to provide immunization data directly to their unit's ITS point of contact; the RHRP contractor will update the ITS.

e. Do not use exemption codes "Medical, immune (MI)," "Medical, assumed (MA)," "Medical, declined (MD)," "Not required (NR)," "Medical, permanent (MP)", or "Medical, reactive (MR)" to defer seasonal influenza vaccinations for military personnel. Due to the variety of influenza vaccines available each year and scientific evidence providing options for those individuals previously identified as having a contraindication to influenza vaccine, the risk/benefit of influenza vaccine should be reviewed on an annual basis by a treating physician. The MT exemption code should have an expiration date of no later than June 30, 2019.

6. ADVERSE EVENTS

a. Local swelling, soreness at the injection site, and headache are common side effects that are self-limiting, resolve quickly, and do not constitute an allergic reaction. Soreness at the immunization site lasting up to 2 days, fever, malaise, myalgia, and other systemic symptoms may occur. These begin 6–12 hours after immunization and can persist for 1–2 days. Immediate allergic reactions including hives, angioedema, allergic asthma, and systemic anaphylaxis are rare.

b. All suspected serious or unexpected vaccine-related adverse events (e.g., events resulting in hospitalization, life-threatening events, one or more duty shifts lost due to illness, or an event related to suspected contamination of a vaccine vial) must be reported through the Vaccine Adverse Event Reporting System at: <https://vaers.hhs.gov/reportevent.html>. The DHA-IHB Immunization Healthcare Support Center is available at: 1-877-GET-VACC (1-877-438-8222) to answer questions regarding vaccine screening and potential vaccine-related adverse events.

7. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. Influenza vaccinations are mandatory for all Active and Reserve Component members, in accordance with Reference (g), and Service-specific guidance (see Appendices 1–4). Exemptions can be granted on a case-by-case basis for medical or administrative (such as religious) reasons in accordance with Reference (g).

b. Influenza vaccination is a required condition of employment for all civilian healthcare personnel (HCP), in accordance with Service-specific guidance, who provide direct patient care

in DoD MTFs, unless there is a documented medical or administrative reason not to be immunized, in accordance with References (g) and (h) and (n).

(1) Service points of contact will provide Service-level civilian HCP compliance reports to DHA-IHB no later than February 15, 2019, including the total number of the following: HCPs, HCPs immunized, and medical and administrative exemptions.

(2) The DHA-IHB will provide the ASD(HA) with the consolidated annual report detailing DoD HCP influenza immunization compliance, in accordance with Reference (h), no later than March 1, 2019.

c. Activities should advise all DoD civilian employees that the influenza vaccination is available without cost or copay as a benefit of the Federal Employee Health Benefit program.

d. Activities are authorized to use DoD purchased influenza vaccine for the immunization of:

(1) Active/Reserve Component members;

(2) DoD beneficiaries;

(3) Contracted HCPs in accordance with the terms of their contract;

(4) DoD civilian personnel who are employed under the Defense Health Program (DHP). (DHP-funded civilian employees provide for the delivery of medical and dental care to DoD Service members and beneficiaries); and

(5) Non-DHP-funded DoD civilian personnel (including DoD Education Activity and Non-Appropriated Fund (NAF) employees), on a reimbursable basis.

(a) Activities may waive reimbursement, in accordance with Reference (j), if it is determined that the reimbursement process would be impractical or prohibitively expensive.

(b) Activities may direct specific limitations associated with the vaccination of non-DHP-funded employees (e.g., only at mass vaccination events or during set times).

8. RESOURCES. The Influenza Resource Center located on the DHA-IHB website (<http://www.health.mil/flu>) contains templates and additional documents for the management of the Seasonal IVP to include standing orders, suggested screening questions, staff competency forms, dosing algorithms, vaccine cold chain management tools, and vaccine product guides. Product package inserts (e.g., ACIP guidelines, Service policies, and other references) to support the Seasonal IVP are posted on the website upon publication.

9. QUESTIONS. For DoD Seasonal IVP questions, please contact the DHA-IHB at: 1-877-GET-VACC (1-877-438-8222), or via email: DoDVaccines@mail.mil.

APPENDIX 1

ARMY

1. VACCINE ORDERING AND DISTRIBUTION

a. USAMMA-DOC is the Army's inventory control point for the influenza vaccine which is an Acquisition Advice Code Service regulated item. DLA contracts with manufacturers, acquires the vaccine, and distributes it to activities based on the priorities submitted to them by USAMMA. USAMMA follows all requisitions until they are fulfilled. USAMMA-DOC will notify units of the quantities ordered and the document numbers being used when vaccine is being shipped. Additional quantities required must be coordinated with USAMMA-DOC, Defense Switched Network (DSN) 343-4128/4318, Commercial 301-619-4128/4318.

b. Questions or concerns, including ordering influenza vaccines which are not centrally contracted by DoD should be directed to USAMMA-DOC: Email: usarmy.detrick.medcom-usamma.mbx.vaccines@mail.mil; Commercial: (301) 619-4128/4318; DSN: 343-4128/4318; Fax: (301) 619-4468, or call the after-hour number at (301) 676-1184.

2. FUNCTIONAL CONSIDERATIONS

a. All locations will initiate seasonal immunization operations upon receipt of influenza vaccine in accordance with national guidelines as outlined in the most recent ACIP recommendations on the Prevention and Control of Influenza, <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>.

b. Exemptions for civilian employees based on the need for accommodation will be documented in the Civilian Employee Medical Record (CEMR).

c. Logistics personnel will verify their DoD Activity Address Code (DODAAC) with the Army Influenza Manager at USAMMA-DOC prior to the start of the influenza vaccine season.

d. Organizations/units will report vaccine loss and destruction. Complete and submit DA Form 3161 for any influenza vaccine that is lost or destroyed in excess of 1% of the total order received (due to expiration, validated compromise due to temperature excursion, or other reasons requiring destruction). Completion of the loss/destruction report is a cost saving tool that aids in assessing program vaccine requirements. Email these forms to usarmy.detrick.medcom-usamma.mbx.vaccines@mail.mil. Email subject is: Influenza Loss and Destruction report.

e. Regional Health Commands (RHCs) will provide their civilian HCP compliance reports to Deputy Chief of Staff-Public Health (DCS-PH), Public Health Directorate, using the following format.

RHC Name	Total # of mandatory HCP	Total # of mandatory HCP vaccinated	Total # of mandatory HCP with exemptions
RHCA(P)	0	0	0

f. Civilian employees who choose to receive an influenza vaccine outside of an MTF or Army occupational health clinic may bring vaccination documentation to the occupational health clinic to be filed in their CEMR.

3. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. In order to increase efforts to protect the workforce, patients and beneficiaries, all MTF personnel, as defined below, should receive influenza immunization, with the exception of those medically or administratively exempt. Medical exemptions will be validated by a health care provider and documented in the MEDPROS, AHLTA, MHS-GENESIS, and the CEMR as appropriate. An exemption excusing a healthcare worker from a mandatory vaccination may impose additional infection control practices on the worker as a result, such as wearing a mask. While an employer may not impose such practices for discriminatory or retaliatory reasons, it may do so for legitimate, non-discriminatory and non-retaliatory reasons.

b. HCPs are defined as all paid and unpaid persons working in healthcare settings who have the potential for exposure to patients and/or infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCPs might include (but are not limited to), physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

c. The table below references mandatory immunization employees per Reference (h). RHC Commanders retain the flexibility and authority to add to the minimum list.

Occupational Title	Job Series
Psychologists	0180
Social Workers	0185
Chiropractors	0601
Physicians	0602
Physician Assistants	0603
Registered Nurses	0610
Licensed Practical Nurses/Licensed Vocational Nurses	0620
Nursing Assistants	0621
Nutritionists/Dietitians	0630
Occupational Therapists	0631
Physical Therapists	0633
Physical Therapy Assistants	0636
Health Technicians	0640
Nuclear Medicine Technicians	0642
Medical Technologists	0644
Medical Technicians	0645
Diagnostic Radiologic Technicians	0647
Therapeutic Radiologic Technicians	0648
Medical Instrument Technicians	0649
Medical Technician Assistants	0650
Respiratory Therapists	0651
Pharmacists	0660
Pharmacy Technicians	0661
Optometrists	0662
Audiologists	0665
Speech Pathologists	0665
Orthotists and Prosthetists	0667
Podiatrists	0668
Medical Support Assistants	0679
Dentists	0680
Dental Technicians	0681
Dental Hygienists	0682
Dental Lab Aids	0683

APPENDIX 2

NAVY

1. VACCINE ORDERING AND DISTRIBUTION

a. The Naval Medical Logistics Command (NAVMEDLOGCOM) is responsible for ordering and distributing influenza vaccine for all Navy and Marine Corps activities. Additional quantities required must be coordinated with the NAVMEDLOGCOM Influenza Vaccine Manager, Ms. Barbra Rosenthal, email: barbra.r.rosenthal.civ@mail.mil, Commercial: (301) 619-8054, DSN: 343-8054 or the VIALS helpdesk at: usn.detrick.navmedlogcomftdmd.list.vialhelp@mail.mil.

b. Vaccine Information and Logistics System (VIALS) is the online requisition system for seasonal influenza vaccines. VIALS is used to electronically track requisitioned vaccines via Military Standard Requisitioning and Issuing Procedures, and simplify vaccine requisitions to enable electronic tracking of vaccine orders from requisition to receipt. Activities submit requirements into the VIALS found at https://gov_only.nmlc.med.navy.mil/int_code03/vials/.

c. Navy influenza vaccine is batch-ordered by NAVMEDLOGCOM from the DLA using command requirements in VIALS. Navy influenza vaccine is centrally funded.

d. Questions or concerns, including ordering influenza vaccines which are not centrally contracted by DoD should be directed to the Navy Influenza Vaccine Manager noted above in section 1a.

2. FUNCTIONAL CONSIDERATIONS

a. Personnel in an active flying status will observe the grounding period guidance provided in section 18.5 of Reference (k). For Service members in an active flying status exposed to altitude as part of their career field, injectable vaccine is preferred for its shorter post-administration grounding period (12 hours versus 72 hours) and milder side effect profile.

b. Service members in an active diving status are authorized to receive intranasal vaccine; however, injectable vaccine remains the preferred vaccine.

c. Previous influenza seasons have been used to exercise and evaluate mass vaccination scenarios. These coordinated mass vaccination campaigns provide rapid and efficient vaccinations to protect the maximum number of susceptible persons. Based on lessons learned, process improvements are made to delivery and reporting procedures.

d. Vaccination administration compliance will be monitored via the MRRS. Designated command personnel will access MRRS to track their personnel to ensure compliance.

Shore-based commands will request access to MRRS based on their unit identification code by calling the MRRS program office at the number below. Ship-based commands may utilize Navy Medicine Online (NMO) or the Shipboard Non-Tactical Automated Data Processing Program (SNAP) Automated Medical System (SAMS) to populate MRRS. All commands requesting MRRS access must submit a System Access Authorization Request (SAAR) form. MRRS can be accessed at: <https://mrrs.dc3n.navy.mil/mrrs> (note: MRRS web address is case sensitive). Point of contact/MRRS program office/email: mrrspo@navy.mil/ (800) 537-4617/ (504) 697-7070/ DSN: 647-7070.

3. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. In order to maximize force medical readiness before peak influenza season, the Navy's seasonal influenza vaccination goal will remain to exceed 90 percent immunization of all active and reserve component personnel by December 15, 2018.

b. Mandatory influenza vaccination is a condition of employment for all civilian HCPs providing direct patient care in a DoD MTF, per Reference (h). Influenza vaccination is mandatory for all civilians where it is written in their position description as a condition of employment. Other Navy civilian personnel are highly encouraged to receive influenza vaccinations.

APPENDIX 3

AIR FORCE

1. VACCINE ORDERING AND DISTRIBUTION

a. Air Force Medical Operations Agency, Medical Force Health Protection Manpower Equipment Force Package (AFMOA/SGMX) is responsible for ordering and distributing influenza vaccine for Air Force activities. AFMOA/SGMX will notify units of the quantities ordered and the document numbers being used. Additional quantities required must be coordinated with AFMOA/SGMX, DSN 343-4170, Commercial (301) 619-4170.

b. Questions or concerns, including ordering influenza vaccines which are not centrally contracted by DoD should be directed to TSgt Adrienne Kramer: Email: adrienne.m.kramer2.mil@mail.mil, Commercial: (301) 619-4164; DSN: (312) 343-4164; Fax: (301) 619-2557; or Mr. Scotti Smith: Email: scotti.j.smith.civ@mail.mil, Commercial: (301) 619-4183; DSN: 343-4183.

2. FUNCTIONAL CONSIDERATIONS

a. Aeromedical impact: Aircrew are in duties not to include flying status for 4 hours following influenza vaccination in accordance with Reference (l): “Access to medical care on the ground is recommended for a period of 4 hours for all personnel after immunization unless operational needs dictate otherwise.”

b. Individual Mobilization Augmentees should be immunized at their first opportunity, or by their supporting MTF and should be included in requirements for the MTF. Alternatively, they can provide full information about the immunization received to be transcribed into the ASIMS at <https://asims.afms.mil/WebApp2/MainMenu.aspx>.

3. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. In order to maximize force medical readiness before peak influenza season, the Air Force seasonal influenza vaccination goal will remain to exceed 90 percent immunization of all active and reserve component personnel by December 17, 2018.

b. All civilian HCP will be immunized annually against influenza virus in accordance with recommendations of the CDC and the ACIP. Local bargaining obligations will need to be satisfied prior to full implementation of this program guidance.

c. The Air Force endorses the CDC’s definition of HCP found in Reference (m) in which HCPs are defined as “all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances,

contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to); physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers), not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.”

APPENDIX 4

COAST GUARD

1. VACCINE ORDERING AND DISTRIBUTION

a. The Health, Safety, and Work-Life Service Center (HSWL SC) is responsible for ordering and monitoring influenza vaccine distribution to Coast Guard units. The HSWL SC will notify unit points of contact of forthcoming shipments that will include estimated quantity, date of arrival, and tracking number supplied by DLA. The receiving unit point of contact will contact the HSWL SC upon receipt of shipment to verify the quantity received and the status of the alarm.

b. For questions or concerns about ordering, distribution, and the receipt of influenza vaccine, the HSWL SC contact is CAPT Daniel Hasenfang.

2. FUNCTIONAL CONSIDERATIONS

a. Influenza vaccination is mandatory for all Coast Guard AD and Selected Reserve (SELRES) personnel to ensure force medical readiness and avoid disruption of Coast Guard missions. In accordance with References (g), (o), and (p), the seasonal influenza vaccine is also mandatory for Child Development Services personnel (including certified Family Child Care Providers); civilian, contract, and Auxiliary HCP who provide direct patient care; and recreation personnel in the youth programs at Borinquen, Cape Cod, Kodiak, and Petaluma.

b. Influenza vaccinations are available at Coast Guard clinics for AD personnel and for Auxiliary health care personnel assigned to Coast Guard clinics. Contract personnel will obtain the flu vaccine according to the terms of their contract.

c. Remotely located AD and SELRES personnel may receive their influenza vaccination via the RHRP through an RHRP contracted clinic or the RHRP Walgreens Walk-In option. Personnel desiring to use RHRP for their influenza vaccination must request an order from the Coast Guard clinic responsible for their unit; a list can be found at https://www.reserve.uscg.mil/Portals/2/Resources/USCG-Clinic_Lookup.PDF?ver=2018-05-11-110428-050. The RHRP contractor will ensure the vaccination is properly recorded in MRRS.

d. Coast Guard civilian employees enrolled in the Federal Employees Health Benefits Program (FEHBP) can be immunized through their health plan at no out-of-pocket cost. Many FEHBP health plans make the influenza vaccine available in pharmacies and other convenient community locations. Coast Guard civilian employees who are not insured through the FEHBP and who are required to be immunized against influenza shall complete the Claim for Reimbursement for Expenditures on Official Business, Form OF 1164, to obtain reimbursement

from COMDT (CG-832). Ms. Regina Cash and Mr. Felix Edozie are the COMDT (CG-832) points of contact regarding the reimbursement process. Civilian employees who are required to have the influenza vaccine must provide the following information to the cognizant clinic administrator no later than January 17, 2019: the date the vaccine was administered, the vaccine name or code, the manufacturer and lot number, the dose administered, route and anatomic site of vaccination, the date the VIS was provided, and the VIS version date.

e. NAF employees should obtain the influenza vaccination through their NAF health insurance or other health insurance coverage available. Those employees who are not part of the NAF health benefits plan and are mandated to obtain the influenza vaccine may complete the Claim for Reimbursement for Expenditures on Official Business, Form OF 1164, and submit the form and the immunization receipt to their supervisors for approval and submission to Ms. Virginia Cameron, Human Resources Director in the Community Services Command, for payment. NAF employees who are required to have the influenza vaccine must provide appropriate documentation as described in Paragraph 2.d above to their supervisor no later than January 17, 2019.

APPENDIX 5

INFLUENZA VACCINE PRODUCT LIST AND AGE GROUPS – UNITED STATES,
2018–2019

Influenza Vaccine Product List and Age Groups --- United States, 2018-2019 Season¹
(DoD contracted vaccines are highlighted in yellow; *Direct Vendor Delivery (DVD) available vaccines are highlighted in orange)

Manufacturer	Trade Name (vaccine abbreviation) ²	NDC	Presentation	Mercury (thimerosal) mcg Hg/0.5 mL	Ovalbumin mcg/0.5 mL	Age Group	CVX	CPT
Seqirus, Inc.	Afluria ^{®1,5} (IIV4)	33332-0318-01	0.5 mL single-dose syringe	0	< 1	≥ 5 yrs	150	90686
	Fluad ^{®1,5} (aIV3)	33332-0418-10	5.0 mL multi-dose vial ⁴	24.5	< 1		158	90688
	FluceIvax ^{®1} (cclIV4)	70461-0018-03	0.5 mL single-dose syringe	0	< 0.4	≥ 65 yrs	168	90653
GlaxoSmithKline	Fluarix ^{®1} (IIV4)	70461-0418-10	0.5 mL single-dose syringe	0	††	≥ 4 yrs	171	90674
	FluLaval ^{®1} (IIV4)	58160-0898-52	0.5 mL single-dose syringe ³	0	≤ 0.05	≥ 6 mos	150	90686
		19515-0909-52	0.5 mL single-dose syringe ³	0	≤ 0.3	≥ 6 mos	150	90686
		19515-0900-11	5 mL multi-dose vial ^{3,4}	< 25	≤ 0.3		158	90688
Sanofi Pasteur, Inc.		49281-0518-25	0.25 mL single-dose syringe	0	§§	6-35 mos	161	90685
		49281-0418-50	0.5 mL single-dose syringe	0	§§	≥ 3 yrs	150	90686
		49281-0418-10	0.5 mL single-dose vial	0	§§		150	90686
		49281-0629-15	5 mL multi-dose vial (0.25 mL dose)	12.5	§§	6-35 mos	158	90687
		49281-0629-15	5 mL multi-dose vial (0.50 mL dose)	25	§§	≥ 3 yrs	158	90688
Protein Sciences Corp.	Fluzone [®] High-Dose ^{1,7} (IIV3-HD)	49281-0403-65	0.5 mL single-dose syringe	0	§§	≥ 65 yrs	135	90662
	FluBlok ^{®1} (RIV4)	49281-0718-10	0.5 mL single-dose syringe	0	0	≥ 18 yrs	185	90682
MedImmune	FluMist ^{®1,8} (LAIV4)	66019-0305-10	0.2 mL single-use intranasal sprayer	0	≤ 0.024	2-49 yrs	149	90672

1. Immunization providers should check Food and Drug Administration approved prescribing information for 2018-19 seasonal influenza vaccines at www.fda.gov/biologics/BloodVaccines/Vaccines/default.htm for the most complete and up-to-date information, including (but not limited to) indications, contraindications, warnings, and precautions.

2. IIV3/IIV4 = egg-based trivalent/quadrivalent inactivated influenza vaccine (injectable); aIV3 = adjuvanted trivalent inactivated influenza vaccine; recombinant hemagglutinin influenza vaccine (injectable); aIV3 = adjuvanted trivalent inactivated influenza vaccine.

3. The FluLaval[®] (IIV4) and Fluarix[®] (IIV4) 0.5mL dose is the same for adults and pediatric.

4. Once the stopper of the multi-dose vial is pierced the vial must be discarded within 28 days.

5. Afluria[®] is licensed for administration by Pharmale[®] Stratis[®] Needle-Free Injection System for persons aged 18 through 64 years only.

6. Fluad[®] includes the MF59C.1 adjuvant (MF59[®]), a squalene based oil-in-water emulsion.

7. Trivalent inactivated vaccine high-dose: a 0.5-mL dose contains 60 µg of each vaccine antigen (180 µg total).

8. Recommendation of the CDC's Advisory Committee on Immunization Practices (ACIP) for the 2018-19 influenza season, providers may choose to administer any licensed, age-appropriate influenza vaccine (IIV, recombinant influenza vaccine (RIV), or LAIV4). LAIV4 (FluMist[®]) is an option for those for whom it is otherwise appropriate. In addition, LAIV4 is acceptable for persons with a history of egg allergy. No preference is expressed for any influenza vaccine product. ACIP will continue to review data concerning the effectiveness of LAIV4 as they become available.

†† Information not included in package insert. Although cclIV4 viruses are propagated in mammalian cells rather than in eggs, some of the viruses provided to the manufacturer are egg-derived, and therefore egg proteins may potentially be introduced at the start of the manufacturing process. Dilutions at various steps during manufacturing result in a theoretical maximum of 5x10⁻⁸ µg/0.5 mL dose of total egg protein.

§§ Available upon request from Sanofi Pasteur (1-800-822-2463 or MIS.emails@sanofi-pasteur.com).

* Direct Vendor Delivery (DVD) vaccines are available for purchase by Medical Treatment Facilities. Refer to the 2018-2019 Seasonal Influenza DHA-IPM for information on the ordering process.

DHA-IHB (01 Aug 18)

(877) GET-VAACC

www.health.mil/vaccines

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ACIP	Advisory Committee on Immunization Practices
AD	Active Duty
AFMOA	Air Force Medical Operations Agency
AHLTA	Armed Forces Health Longitudinal Technology Application
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASIMS	Aeromedical Services Information Management System
CDC	Centers for Disease Control and Prevention
CEMR	Civilian Employee Medical Record
DHA-IHB	Defense Health Agency-Immunization Healthcare Branch
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DHP	Defense Health Program
DLA	Defense Logistics Agency
DLA-TSM	Defense Logistics Agency-Troop Support Medical
DSN	Defense Switched Network
DVD	Direct Vendor Delivery
FDA	U.S. Food and Drug Administration
FEHBP	Federal Employees Health Benefits Program
HCP	healthcare personnel
HSWL SC	Health, Safety, and Work-Life Service Center
ITS	Immunization Tracking System
IVP	Influenza Vaccination Program
MA	Medical, assumed
MD	Medical, declined
MEDPROS	Medical Protection System
MHS	Military Health System
MI	Medical, immune
MP	Medical, permanent
MR	Medical, reactive
MRRS	Medical Readiness Reporting System
MT	Medical, temporary
MTF	Medical Treatment Facility
NAF	Non-Appropriated Fund
NAVMEDLOGCOM	Naval Medical Logistics Command

NR	Not required
RHC	Regional Health Command
RHRP	Reserve Health Readiness Program
USAMMA-DOC	United States Army Medical Materiel Agency-Distribution Operations Center
VIALS	Vaccine Information and Logistics System
VIS	Vaccine Information Statement