



**DEFENSE HEALTH AGENCY**  
7700 ARLINGTON BOULEVARD, SUITE 5101  
FALLS CHURCH, VIRGINIA 22042-5101

*DHA-IPM 19-006*  
*August 29, 2019*

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)  
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)  
ASSISTANT COMMANDANT FOR HUMAN RESOURCES,  
U.S. COAST GUARD

SUBJECT: Interim Procedures Memorandum 19-006, 2019–2020 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 (o), implementing instructions, assigns responsibilities, and prescribes procedures for the seasonal influenza vaccination program.

- This DHA-IPM cancels and reissues DHA-IPM 18-005.
- 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), 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 the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”)

Policy Implementation. It is DHA’s guidance, pursuant to Reference (g), that All Active Duty, Selected Reserve, and National Guard personnel are required to receive the annual seasonal influenza immunization or obtain an exemption (i.e., medical or administrative), with a goal of 90 percent immunized by January 15th of each year. The Services may indicate earlier dates for the 90% completion goal in the enclosed Service-specific appendices.

## Responsibilities


- Director, DHA.
  - Review and approve requests for exceptions to this IPM.
  - Approve and submit the seasonal influenza vaccination Healthcare Personnel (HCP) compliance report to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) no later than May 1, 2020.
- Secretaries of the Military Departments.
  - Will achieve 90% seasonal influenza vaccination of all military personnel no later than January 15, 2020.
  - Submit a seasonal influenza vaccination Healthcare Personnel (HCP) compliance report to DHA Immunization Healthcare Division no later than March 1, 2020.
- Director, DHA Immunization Healthcare Division (IHD).
  - Will consolidate and submit the DoD HCP seasonal influenza compliance report to Director DHA no later than April 1, 2020.

Procedures. See Attachment 2.

## Forms.

- DD Form 2875, System Authorization Access Request can be found on the internet at <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2875.pdf>.
- DHA Form 116, IHD Influenza Vaccine Screening Questions can be found on the internet at [https://info.health.mil/cos/admin/DHA\\_Forms\\_Management/DHA\\_Forms1/DHA116\\_FluScreening\\_20190729.pdf](https://info.health.mil/cos/admin/DHA_Forms_Management/DHA_Forms1/DHA116_FluScreening_20190729.pdf).
- OF Form 1164, Claim for Reimbursement for Expenditures on Official Business can be found on the internet at <https://www.gsa.gov/reference/forms>.
- DA Form 3161, Request for Issue or Turn-in, can be found on the internet at <https://armypubs.army.mil/>.

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



R. C. BONO  
VADM, MC, USN  
Director

Attachments:  
As stated

cc:  
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

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 24, 2018
- (d) United States Code, Title 42, Sections 300aa-1–300aa-34
- (e) Centers for Disease Control and Prevention, “Vaccine Information Statements (VIS), Influenza (Flu) Vaccine: Inactivated or Recombinant,” August 15, 2019
- (f) Army Regulation 40-562, BUMEDINST 6230.15B, 48-110\_IP, CG COMDTINST M6230.4G, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” October 7, 2013
- (g) DoD Instruction 6205.02, “DoD Immunization Program,” July 23, 2019
- (h) Medical Material Quality Control Message MMQC-19-1105, January 15, 2019
- (i) DoD Instruction 4000.19, “Support Agreements,” April 25, 2013, as amended
- (j) Navy Aeromedical Reference and Waiver Guide, November 27, 2018
- (k) Official Air Force Aerospace Medicine Approved Medications, June 13, 2017
- (l) 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
- (m) Code of Federal Regulations, Title 5, Part 339
- (n) Coast Guard Medical Manual, COMDTINST M6000.1F, June, 2018
- (o) Coast Guard Occupational Medicine Manual, COMDTINST M6260.32

ATTACHMENT 2

PROCEDURES

1. 2019-2020 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 (f), 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 Division (DHA-IHD) seasonal influenza website at: <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. 2019-2020 United States trivalent influenza vaccines will contain A/Brisbane/02/2018 (H1N1) pdm09-like virus, A/Kansas/14/2017 (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 (B/Yamagata/16/88 lineage). The 2019-2020 vaccine represents a change in the influenza A (H1N1) and influenza A (H3N2) 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., egg protein free etc.) are available for purchase through the DLA-Troop Support Medical (DLA-TSM) Direct Vendor Delivery (DVD) program, as described in paragraph 2d of Attachment 2. Clinics must contact their supply/logistics support personnel for more details.

## 2. ORDERING, DISTRIBUTION, AND COLD CHAIN MANAGEMENT

a. For the 2019-2020 influenza season, DoD purchased 3.3 million doses of influenza vaccine. This amount will ensure all AD and RC personnel 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 (in prefilled syringe (PFS) and multi-dose vial (MDV) presentations) have been contracted for by DoD for the 2019-2020 season:

NDC	Name	Presentation	Price/package/vial
33332-0219-20	Afluria®	PFS (0.25mL)	\$133.31
33332-0319-01	Afluria®	PFS (0.5mL)	\$133.31
33332-0419-10	Afluria®	MDV (5mL)	\$127.34
70461-0019-03	Fluad®	PFS (0.5mL)	\$373.27

c. 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 DLA-FedMall system. Information on the DoD-FEDMALL system can be located at: <https://www.fedmall.mil/index.html> (LAIV, or Flumist® will not be available via the DVD program for the 2019 - 2020 season). Activities ordering flu vaccine via the DVD process need to coordinate their orders with their Service influenza vaccine logistics POC.

d. ECRI Institute is the primary source for all Medical Material Quality Control Message (MMQC) messages. MMQC messages will be known as Hazard Alerts and Recalls (HAR) notifications. Logistics and immunization personnel must validate or register for a current subscription for HAR notifications in accordance with Reference (h). Personnel can register at: <https://www.usamma.army.mil/Pages/MMQCMMIMsgMgmt.aspx>

e. Heads of OSD Components that operate activities administering influenza vaccine will establish procedures requiring the proper storage and handling of influenza vaccines. Personnel will be present to receive and store vaccines upon arrival. These vaccines will be promptly posted in the facilities' requisition processing system.

f. To ensure proper receipt, DLA-TSM will ship vaccine to Outside Continental United States locations on Mondays and Fridays, and to Continental United States 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.

g. 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 an outdated temperature monitor software package loaded on their computer, please contact DLA Troop Support for an updated version, as previous versions are not compatible with Windows 10. Also, please note if you do have the temperature monitor hardware and software, all temperature monitor data should be sent into DLA-TSM via email at: Dana.Dallas@dla.mil or nancy.collins@dla.mil. Temperature monitors that did not start or are malfunctioning should be physically returned.

h. 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 post receipt:

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

(2) Notify your DHA-IHD 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, 2019, located on the DHA-IHD website at: <http://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.

i. 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, 2020. This program provides a safe option for the disposal of unused, expired, and/or compromised influenza vaccines while

maintaining full compliance with Federal regulations 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. VACCINE ADMINISTRATION

a. In accordance with Reference (f), 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-IHD will provide online training modules via Joint Knowledge Online, which will include patient screening, documentation, administration, and cold chain management procedures. The 2-hour Seasonal Influenza Vaccination Training (DHA-US069) and 1-hour Seasonal Influenza Vaccine Cold Chain Management 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 DHA-IHD website (DHA Form 116). In accordance with Reference (e), individuals receiving a vaccine will be provided the current influenza Vaccine Information Statement (VIS) for inactivated or recombinant injectable influenza vaccines. When minors are vaccinated, the VIS will be provided to their legal representative.

d. When vaccinating persons with a history of egg allergy immunization personnel should refer to the current ACIP Recommendations for the Prevention and Control of Seasonal Influenza <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>. Persons with a history of egg allergy of any severity may receive any licensed, recommended, and age-appropriate influenza vaccine (IIV, RIV4, or LAIV4) in accordance with the ACIP Recommendations. The selected vaccine should be administered in an inpatient or outpatient medical setting and be supervised by a healthcare 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.

### 4. DOCUMENTATION

a. Documentation of immunization is required in the appropriate Service-specific ITS: Medical Protection System 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 (f). 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 (d), 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 2019-2020 vaccine include:

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

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

(3) CVX code 161: For documenting single dose, injectable quadrivalent, preservative free, pediatric (Afluria® pre-filled syringes).

(4) CVX code 168: For documenting single dose, seasonal trivalent influenza vaccine, adjuvanted, preservative free (Fluad® multi-dose vials).

d. AD and RC personnel 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 RC members), following the immunization. All available information should be transcribed into the ITS. Contract providers will document immunization information, as noted in Section 4.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, 2020.

## 5. 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-IHD 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.

## 6. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. Annual influenza vaccination is mandatory for all Active and RC members, in accordance with Reference (g), and Service-specific guidance (see Appendices 1 through 4). Exemptions can be granted on a case-by-case basis for medical or administrative reasons in accordance with Reference (f).

b. Influenza vaccination is a required condition of employment for all civilian HCP, as identified by the CDC, all paid and unpaid persons working in healthcare settings who have the potential for exposure to patients or to infectious materials; including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP include both persons who provide direct or indirect care to patients and those not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from other HCP and patients, in accordance with References (g) and (n).

(1) Service points of contact (POCs) will provide Service-level civilian HCP compliance reports to DHA-IHD no later than 1 Mar 2020, including the total number of the following: HCPs, HCPs immunized, and medical and administrative exemptions.

(2) The DHA-IHD will provide the Director, DHA with a consolidated annual report detailing DoD HCP influenza immunization compliance no later than April 1, 2020.

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/RC 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 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).

7. RESOURCES. The Influenza Resource Center located on the DHA-IHD website (<http://www.health.mil/flu>) contains templates and additional documents for the management of the Seasonal IVP to include standing orders, 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.

8. QUESTIONS. For DoD Seasonal IVP questions, please contact the DHA-IHD at: 1-877-GET-VACC (1-877-438-8222), or via email at: 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](mailto: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 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 and an Executive Summary for any influenza vaccine that is lost or destroyed in excess of one percent 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. Please submit both the completed DA Form 3161 and Executive Summary to [usarmy.detrick.medcom-usamma.mbx.vaccines@mail.mil](mailto:usarmy.detrick.medcom-usamma.mbx.vaccines@mail.mil) (email subject: "Influenza Loss and Destruction Report").

e. Regional Health Commands (RHCs) will submit civilian HCP compliance reports to the Deputy Chief of Staff-Public Health, Public Health Directorate, no later than February 1, 2020, using the following format:

RHC Name	Total # of mandatory HCP	Total # of mandatory HCP vaccinated	Total # of mandatory HCP with exemptions
RHC (X)	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. To maximize force medical readiness prior to peak influenza season, the Army seasonal influenza vaccination goal will remain to exceed 90% immunization of all Active and RC personnel no later than January 15, 2020.

b. To increase efforts to protect the workforce, patients, and beneficiaries, all MTF personnel should receive influenza immunization, with the exception of those medically or administratively exempt. Medical exemptions will be validated by a healthcare provider and documented in the Medical Protection System, 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, the employer may do so for legitimate, non-discriminatory, and non-retaliatory reasons.

c. Influenza vaccination is a required condition of employment for all civilian HCP. HCP are identified by the CDC as all paid and unpaid persons working in healthcare settings who have the potential for exposure to patients 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 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 in accordance with References (f), (g), and (m). For contracted employees and those participating in healthcare-related activities with the American Red Cross, this requirement is to be specified in the respective employee contract and/or participation agreement. For DoD civilian (Title 5) employees, participation in this immunization program is a condition of employment under 5 CFR 339, but participation does not confer a requirement for a medical qualification examination beyond what is dictated by the immunization itself.

d. Activities are authorized to use DoD purchased influenza vaccine for the immunization of: DoD civilian Appropriated Funded personnel who are employed under the DHP; Non-DHP-funded DoD civilian personnel (including DoD Education Activity and NAF employees), on a reimbursable basis; and contracted HCPs in accordance with the terms of their contract.

e. Activities should advise all DoD AF civilian employees that the influenza vaccination is available without cost or copay as a benefit of the Federal Employee Health Benefit program. Activities may waive reimbursement for NAF personnel, in accordance with Reference (i), if it is determined that the reimbursement process would be impractical or prohibitively expensive. Additionally, activities may direct specific limitations associated with the vaccination of non-DHP-funded NAF employees (e.g., only at mass vaccination events or during set times).

## 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, e-mail: [barbra.r.rosenthal.civ@mail.mil](mailto:barbra.r.rosenthal.civ@mail.mil), Commercial: (301) 619-8054, DSN: 343-8054 or the Vaccine Information and Logistics System (VIALS) helpdesk at: [usn.detrick.navmedlogcomftdmd.list.vialhelp@mail.mil](mailto:usn.detrick.navmedlogcomftdmd.list.vialhelp@mail.mil).

b. 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 VIALS found at: [https://gov\\_only.nmlc.med.navy.mil/int\\_code03/vials/](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 paragraph 1a of appendix 2.

#### 2. FUNCTIONAL CONSIDERATIONS

a. Personnel in an active flying status will observe the grounding period guidance provided in Section 18.5 of Reference (j).

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

b. 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.

c. Vaccination administration compliance will be monitored via 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 or the Shipboard Non-Tactical Automated Data Processing Program Automated

Medical System (SAMS) to populate MRRS. All commands requesting MRRS access must submit a DD Form 2875, System Access Authorization Request (SAAR). 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](mailto: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, 2019.

b. Mandatory influenza vaccination is a condition of employment for all civilian HCPs providing direct patient care in a DoD MTF, per Reference (g). 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. The Air Force Medical Readiness Agency (AFMRA) Medical Force Health Protection Manpower Equipment Force Package (AFMRA/SG4M) is responsible for ordering and distributing influenza vaccine for Air Force activities. AFMRA/SG4M will manage the influenza program utilizing the Air Force Vaccine Application located on the medical logistics website (<https://medlog.us.af.mil/apps/vaccine/>). Units will monitor and track the quantities ordered, and document transportation tracking numbers being used. Additional quantities required must be coordinated with AFMRA/SG4M, DSN 343-4183, Commercial (301) 619-4183.

b. Questions or concerns, including ordering of influenza vaccines which are not centrally contracted by DoD should be directed to: [usaf.detrick.afmoa.mbx.sgm-x-readiness-vaccines@mail.mil](mailto:usaf.detrick.afmoa.mbx.sgm-x-readiness-vaccines@mail.mil)

Alternatively, you may contact:

TSgt Ezequiel Villarreal Jr.: [ezequiel.villarreal.mil@mail.mil](mailto:ezequiel.villarreal.mil@mail.mil), Commercial: (301) 619-9688; DSN: (312) 343-9688; Fax: (301) 619-2557

Mr. Scotti Smith via email at: [scotti.j.smith.civ@mail.mil](mailto:scotti.j.smith.civ@mail.mil), Commercial: (301) 619-4183; DSN: 343-4183.

2. VACCINATION PROGRAM REQUIREMENTS

a. In order to maximize force medical readiness before peak influenza season, the Air Force goal is to immunize greater than 90% of all Active and RC personnel by December 15, 2019. Air Force personnel who are required to receive flu vaccine will become due (yellow) in ASIMS on September 1, 2019, and overdue (red) on December 15, 2019.

b. All civilian HCP will be immunized annually against influenza virus in accordance with recommendations of the CDC and the ACIP. Public health personnel will ensure Medical Employee Health Program employees at their installations are marked 'Required' for influenza vaccine, in ASIMS.

c. MTFs will begin vaccinating immediately on receipt of vaccine. Do not stockpile vaccine in anticipation of a mass-vaccination exercise; this results in missed opportunities for immunization, end-of-season vaccine waste, and unprotected beneficiaries.

d. Aeromedical impact: Adverse reactions are rare. Access to medical care on the ground is recommended for a period of 4 hours for all personnel, unless operational needs dictate otherwise (Reference (k)).

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 POC 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, daniel.l.hasenfang@uscg.mil Office: 757-628-4331 Cell: 757-615-2138.

2. FUNCTIONAL CONSIDERATIONS

a. Influenza vaccination is mandatory for all Coast Guard AD and Selected Reserve personnel to ensure force medical readiness and avoid disruption of Coast Guard missions. In accordance with References (f), (n), and (o), 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 healthcare 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 Selected Reserve 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/Documents/PDF/HSWL\\_HRC\\_list\\_SELRES%232.pdf?ver=2018-08-17-135417-933](https://www.reserve.uscg.mil/Portals/2/Documents/PDF/HSWL_HRC_list_SELRES%232.pdf?ver=2018-08-17-135417-933). 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 OF Form 1164, to obtain reimbursement from COMDT (CG-832). Ms. Regina Cash and Mr. Felix Edozie are the COMDT (CG-832)

POCs 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 15, 2020: the date the vaccine was administered, vaccine name or code, manufacturer and lot number, dose administered, route and anatomic site of vaccination, date the VIS was provided, and 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 OF Form 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 of Appendix 4 to their supervisor no later than January 15, 2020.

## APPENDIX 5

### TRANSITIONAL INTERMEDIATE MANAGEMENT ORGANIZATION

#### 1. VACCINE ORDERING AND DISTRIBUTION

a. DLA contracts with manufacturers, acquires the influenza vaccine, and distributes it to activities based on the priorities submitted to them by the Service immunization logistics POCs. tIMO MTFs should refer to their regular logistics POCs when requesting influenza vaccine. Your POC will follow all requisitions until they are fulfilled. The POC 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 your POC.

b. Questions or concerns, including ordering influenza vaccines which are not centrally contracted by DoD should be directed to your POC. Logistics POC contact information is located in the other Service specific appendices in this IPM.

#### 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. Organizations/units will report vaccine loss and destruction IAW paragraph 2(i) in attachment 2.

#### 3. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. In order to maximize force medical readiness before peak influenza season, the DHA MTF seasonal influenza vaccination goal will remain to exceed 90 percent immunization of all active and reserve component personnel by December 15, 2019.

b. All civilian HCP will be immunized annually against influenza virus in accordance with recommendations of the CDC and the ACIP. Local bargaining obligations should be satisfied when indicated.

c. The DHA 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 6

INFLUENZA VACCINE PRODUCT LIST AND AGE GROUPS—UNITED STATES  
2019–2020

Influenza Vaccine Product List and Age Groups --- United States, 2019–2020 Season<sup>1</sup>

(DoD contracted vaccines are highlighted in yellow; \*Direct Vendor Delivery (DVD) available vaccines are highlighted in orange)

Manufacturer	Trade Name (vaccine abbreviation) <sup>2</sup>	NDC	Presentation	Mercury (thimerosal) m-g Hg/0.5 mL	Ovalbumin mcg/0.5 mL	Age Group	CVX	CPT
Seqirus, Inc.	Afluria <sup>®1,5</sup> (IV4)	33332-0219-20	0.25 mL single-dose syringe	0	<0.5	6-35 mos	161	90685
		33332-0319-01	0.5 mL single-dose syringe	0	<1	≥ 3 yrs	150	90686
		33332-0419-10	5 mL multi-dose vial (0.25 mL dose) <sup>4</sup>	12.25	<0.5	6-35 mos	158	90687
		33332-0419-10	5 mL multi-dose vial (0.5 mL dose) <sup>4</sup>	24.5	<1	≥ 3 yrs	158	90688
GlaxoSmithKline	Fluad <sup>®1,7</sup> (aIV3)	70461-0019-03	0.5 mL single-dose syringe	0	<0.4	≥ 65 yrs	168	90653
		70461-0319-03	0.5 mL single-dose syringe	0	††	≥ 4 yrs	171	90674
		70461-0419-10	5 mL multi-dose vial	25	††		186	90756
		58160-0896-52	0.5 mL single-dose syringe <sup>3</sup>	0	≤ 0.05	≥ 6 mos	150	90686
Sanofi Pasteur, Inc.	Fluzone <sup>®1</sup> (IV4)	19515-0906-52	0.5 mL single-dose syringe <sup>3</sup>	0	≤ 0.3	≥ 6 mos	150	90686
		19515-0897-11	5 mL multi-dose vial <sup>3,4</sup>	<25	≤ 0.3	≥ 6 mos	158	90688
		49281-0519-25	0.25 mL single-dose syringe <sup>6</sup>	0	§§	6-35 mos	161	90685
		49281-0419-50	0.5 mL single-dose syringe <sup>6</sup>	0	§§	≥ 6 mos	150	90686
Protein Sciences Corp. MedImmune	Fluzone <sup>®</sup> High-Dose <sup>1,9</sup> (IV3-HD) FluBlok <sup>®1</sup> (RIV4) FluMist <sup>®1,9</sup> (LAIV4)	49281-0419-10	0.5 mL single-dose vial	0	§§	≥ 6 mos	150	90686
		49281-0631-15	5 mL multi-dose vial (0.25 mL dose)	12.5	§§	6-35 mos	158	90687
		49281-0601-15	5 mL multi-dose vial (0.5 mL dose)	25	§§	≥ 6 mos	158	90688
		49281-0405-65	0.5 mL single-dose syringe	0	§§	≥ 65 yrs	135	90662
Protein Sciences Corp. MedImmune	Fluzone <sup>®</sup> High-Dose <sup>1,9</sup> (IV3-HD) FluBlok <sup>®1</sup> (RIV4) FluMist <sup>®1,9</sup> (LAIV4)	49281-0719-10	0.5 mL single-dose syringe	0	0	≥ 18 yrs	185	90682
		66019-0306-10	0.2 mL single-use intranasal sprayer	0	≤ 0.024	2-49 yrs	149	90672

1. Check the Food and Drug Administration prescribing information for 2019-2020 seasonal influenza vaccines at [www.fda.gov/BiologicsBloodVaccines/Vaccines/default.htm](http://www.fda.gov/BiologicsBloodVaccines/Vaccines/default.htm) for the most complete and up-to-date information, including (but not limited to) indications, contraindications, warnings, and precautions.

2. IV3/IV4 = egg-based trivalent/quadrivalent inactivated influenza vaccine (injectable); where necessary to refer to cell culture-based vaccine, the prefix “cc” is used (e.g., ccIV4); RIV4 = quadrivalent recombinant hemagglutinin influenza vaccine (injectable); aIV3 = adjuvanted trivalent inactivated influenza vaccine.

3. FluLaval<sup>®</sup> (IV4) and Fluairix<sup>®</sup> (IV4) 0.5 mL dose is the same for adults and pediatrics.

4. **Once the stoppers of the Afluria<sup>®</sup> and FluLaval<sup>®</sup> multi-dose vials are pierced the vial must be discarded within 28 days.**

5. Afluria<sup>®</sup> is licensed for administration by Pharmaleet<sup>®</sup> Stratis<sup>®</sup> Needle-Free Injection System for persons aged 18 through 64 years only.

6. Fluzone<sup>®</sup> Quadrivalent is licensed for persons 6 months of age and older. Persons 6 to 35 months of age can receive either the 0.25 mL or the 0.5 mL dose.

7. Fluad<sup>®</sup> includes the MF59C.1 adjuvant (MF59<sup>®</sup>), a squalene based oil-in-water emulsion.

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

9. Recommendation of the CDC’s Advisory Committee on Immunization Practices (ACIP) for the 2019-2020 influenza season, providers may choose to administer any licensed, age-appropriate influenza vaccine (IV, recombinant influenza vaccine (RIV), or LAIV4). No preference is expressed for any influenza vaccine product.

†† FluLaval<sup>®</sup> Quadrivalent was manufactured for the 2019-2020 influenza season using cell-based candidate vaccine virus (CVV) for all four influenza strains recommended by the World Health Organization (WHO); and is considered an egg-free product.

§§ Available upon request from Sanofi Pasteur (1-800-822-2463 or [MS\\_emails@sanofipasteur.com](mailto:MS_emails@sanofipasteur.com)).

\* Direct Vendor Delivery (DVD) vaccines are available for purchase by Medical Treatment Facilities. Refer to the 2019-2020 Seasonal Influenza DHA-IPM for information on the ordering process.

www.health.mil/vaccines

(877) GET-VACC

DHA-IHD (12 Aug 2019)

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ACIP	Advisory Committee on Immunization Practices
AD	Active Duty
AFMRA	Air Force Medical Readiness Agency
AHLTA	Armed Forces Health Longitudinal Technology Application
ASIMS	Aeromedical Services Information Management System
CDC	Centers for Disease Control and Prevention
CEMR	Civilian Employee Medical Record
DHA	Defense Health Agency
DHA-IHD	Defense Health Agency-Immunization Healthcare Division
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
HAR	Hazard Alerts and Recalls
HCP	healthcare personnel
HSWL SC	Health, Safety, and Work-Life Service Center
ITS	Immunization Tracking System
IVP	Influenza Vaccination Program
MA	Medical, assumed
MDV	multi-dose vial
MHS	Military Health System
MI	Medical, immune
MMQC	Medical Material Quality Control Message
MP	Medical, permanent
MR	Medical, reactive
MRRS	Medical Readiness Reporting System
MT	Medical, temporary
MTF	Military Medical Treatment Facility
NAF	Non-Appropriated Fund
NAVMEDLOGCOM	Naval Medical Logistics Command

NR	Not required
PFS POC	prefilled syringe points of contact
RC RHC RHRP	Reserve Component Regional Health Command Reserve Health Readiness Program
USAMMA-DOC	United States Army Medical Materiel Agency-Distribution Operations Center
VIALS VIS	Vaccine Information and Logistics System Vaccine Information Statement