



DEFENSE HEALTH AGENCY
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DHA-IPM 20-004
May 6, 2021

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)
DIRECTOR OF HEALTH, SAFETY, AND WORK-LIFE, U.S. COAST GUARD
DIRECTOR, JACKSONVILLE MARKET, DEFENSE HEALTH AGENCY
DIRECTOR, COASTAL MISSISSIPPI MARKET, DEFENSE HEALTH AGENCY MARKET
DIRECTOR, CENTRAL NORTH CAROLINA MARKET, DEFENSE HEALTH AGENCY
DIRECTOR, NATIONAL CAPITAL REGION MARKET, DEFENSE HEALTH AGENCY
DIRECTOR, TIDEWATER MARKET, DEFENSE HEALTH AGENCY
DIRECT SUPPORT ORGANIZATION (ARMY)
DIRECT SUPPORT ORGANIZATION (NAVY)
DIRECT SUPPORT ORGANIZATION (AIR FORCE)
DIRECTORS, DEFENSE HEALTH AGENCY MILITARY MEDICAL TREATMENT FACILITIES
DIRECTORS, DEFENSE HEALTH AGENCY DENTAL TREATMENT FACILITIES

SUBJECT: Department of Defense (DoD) Coronavirus Disease 2019 (COVID-19) Vaccination Program Implementation

References: See Attachment 1.

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

in References (e) through (ad), establishes the Defense Health Agency's (DHA) procedures to implement instructions, assign responsibilities, and prescribe procedures for the DoD's COVID-19 Vaccination Program.

Applicability. This DHA-IPM applies to DHA, DHA Components (activities under the authority direction, and control of the DHA), Military Departments (MILDEP), and the United States Coast Guard (CG).

Cancellation. This DHA-IPM cancels and replaces DHA-IPM 20-004, "Department of Defense (DoD) Coronavirus Disease 2019 (COVID-19) Vaccination Program Implementation," December 31, 2020.

Procedures. See Attachment 2.

Releasability. **This DHA-IPM is cleared for public release** and is available on the Internet from the Health.mil site at <https://health.mil/Reference-Center/Policies> and is also available to authorized users through the DHA SharePoint site at <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

Proponent and Waivers. The proponent of this publication is the Deputy Assistant Director, Combat Support (CS). When Activities are unable to comply with this publication, Activities may request a waiver by providing justification that includes a full analysis of the expected benefits and risks and must include a written legal review by the Activities' senior legal officer. The Activity director or senior leader will endorse the waiver request and forward it through their chain of command, via the DAD-CS to the Director, DHA for approval.

Forms. The following forms are available as indicated:

U.S. Food and Drug Administration (FDA) Vaccine Adverse Events Reporting System (VAERS) Form 2.0, is available at: <https://vaers.hhs.gov/index.html>.

DD Form 2875, System Authorization Access Request (SAAR) is available at: <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2875.pdf>.

DD Form 2992, Medical Recommendation for Flying or Special Operations Duty is available at: <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2992.pdf>.

DHA Form 177, Potentially Compromised Temperature Sensitive Medical Product Worksheet is available at: https://info.health.mil/cos/admin/DHA_Forms_Management/DHA_Forms1/DHA%20177.pdf.

DHA Form 207, COVID-19 Screening and Immunization Documentation is available at: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx.

May 6, 2021

Effective Date. This DHA-IPM is effective upon signature. It will expire 1 year from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
RONALD J. PLACE
LTG, MC, USA
Director

Attachments:

As stated

cc:

Principal Deputy 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

Director of the Joint Staff

Surgeon General of the National Guard Bureau

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) DoD Instruction 6205.02, “DoD Immunization Program,” July 23, 2019
- (e) DoD Instruction 6200.02 “Application of Food and Drug Administration (FDA) Rules to Department of Defense Force Health Protection Programs,” February 27, 2008
- (f) 10 U.S.C. 1107a § Emergency Use Products, 2010
- (g) U.S. Food and Drug Administration, “Emergency Use Authorization of Medical Products and Related Authorities,” January 2017
- (h) DoD COVID-19 Vaccine Distribution Operational Planning Team (OPT), “Department of Defense Coronavirus Disease 2019 Vaccination Plan (DoD COVID-19 Vaccination Plan),” December 12, 2020
- (i) Deputy Secretary of Defense Memorandum, “Coronavirus Disease 2019 Vaccine Guidance,” December 7, 2020¹
- (j) Under Secretary of Defense Memorandum, “Supplemental Guidance for Providing Coronavirus Disease 2019 Vaccines to DoD Contractor Employees and Select Foreign Nationals,” December 31, 2020
- (k) Defense Health Agency Memorandum, “Access to COVID-19 Vaccine for Members of the Selected Reserve (SELRES),” March 2, 2021
- (l) Defense Health Agency Memorandum, “Access to COVID-19 Vaccine for Officers of the United States Public Health Services and Officers of the National Oceanic and Atmospheric Administration,” March 10, 2021²
- (m) DHA-Procedural Instruction 6205.01, “Medical Logistics Guidance for the DoD Coronavirus Disease 2019 (COVID-19) Vaccination Program,” November 25, 2020
- (n) Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic, Centers for Disease Control and Prevention³
- (o) Army Regulation 40-562, Bureau of Medicine and Surgery Instruction 6230.15B, Air Force Instruction 48-110_IP, Coast Guard Commandants Instruction M6230.4G, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” October 7, 2013
- (p) COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, Centers for Disease Control and Prevention, Version 2.0, October 29, 2020
- (q) Assistant Secretary of Defense Memorandum, “Administration of Other Vaccines with Coronavirus Disease 2019 Vaccines for Force Health Protection Purposes,” March 3, 2021⁴
- (r) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019

¹ This reference can be found at: <https://health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/IHD-COVID-19-Vaccine-Resource-Center-for-Health-Care-Personnel>.

² This reference can be found at: <https://info.health.mil/hco/phealth/IHB/VACCINE/Pages/default.aspx>.

³ This reference can be found at: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>.

⁴ This reference can be found at: <https://info.health.mil/hco/phealth/IHB/VACCINE/Pages/default.aspx>.

- (s) DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," August 12, 2015
- (t) DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019
- (u) DHA-Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System, Volume 2: Patient Safety," August 29, 2019
- (v) DHA-Procedural Instruction 6010.01, "Health Benefit Eligibility Verification and Patient Registration Procedures," January 14, 2020
- (x) Army Regulation 40-66, "Medical Record Administration and Health Care Documentation," June 17, 2008
- (w) Army Regulation 40-8, "Temporary Flying Restriction Due to Exogenous Factors Affecting Aircrew Efficiency," March 22, 2019
- (y) Commander Naval Air Forces Manual 3710.7, "NATOPS General Flight and Operating Instructions Manual," May 5, 2016
- (z) Air Force Instruction 10-2519, "Public Health Emergencies and Incidents of Public Health Concern," December 10, 2019
- (aa) Air Force Instruction 44-102, "Medical Care Management," March 17, 2015
- (ab) Air Force Instruction 44-176, Access to Care Continuum," September 8, 2017
- (ac) DHA Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)" February 4, 2020
- (ad) Department of the Air Force Memorandum, "HAF SII 20-02: DNIF Guidance for COVID Vaccines," December 21, 2020⁵
- (ae) Commandant Instruction M6410.3A, "Coast Guard Aviation Medicine Manual," April 4, 2012

⁵ This reference can be found at: <https://info.health.mil/hco/phealth/IHB/VACCINE/Pages/default.aspx>.

ATTACHMENT 2

PROCEDURES

1. COVID-19 VACCINE INFORMATION

a. An FDA-licensed or authorized COVID-19 vaccine is a critical component of the United States' strategy and international efforts to reduce COVID-19-related illnesses, hospitalizations, and deaths.

b. Vaccination efforts will focus on all eligible individuals for vaccination by the DoD.

c. All DoD beneficiaries and other individuals eligible to receive vaccines from DoD will be offered COVID-19 immunization in accordance with recommendations from the Centers for Disease Control and Prevention (CDC), its Advisory Committee on Immunization Practices (ACIP), and FDA guidelines. The FDA may license vaccine(s) or permit them under an Emergency Use Authorization (EUA). Use of medical products for force health protection under EUA will be executed in accordance with References (e) through (g).

d. All personnel must comply with the terms of the EUA or other regulatory requirements, to include healthcare personnel (HCP) complying with the EUA HCP fact sheets and providing EUA vaccine recipient fact sheets to all individuals seeking vaccination. For EUA vaccines, per FDA guidance in Reference (g), vaccine recipients must be made aware of the following:

(1) FDA has authorized emergency use of the product.

(2) The significant known and potential benefits and risks associated with the emergency use of the product, and of the extent to which such benefits and risks are unknown.

(3) They have the option to accept or refuse the EUA product and of any consequences of refusing administration of the product and

(4) Any available alternatives to the product and of the risks and benefits of available alternatives; and of any other information or condition required by the EUA.

e. As CDC and ACIP recommendations may be specific to each COVID-19 vaccine product, vaccination sites are encouraged to provide supplemental information, in addition to the required EUA Fact Sheet, to vaccine recipients on the vaccine to be received. The EUA Fact Sheet and examples of supplemental information will be made available at www.health.mil/vaccines following publication of ACIP recommendations.

f. In accordance with References (h) and (m), vaccination sites are granted local authority to coordinate with United States Army Medical Materiel Agency-Distribution Operations Center (USAMMA-DOC) to redistribute vaccines.

2. AUTHORIZATION FOR THE USE OF COVID-19 VACCINE. In accordance with References (i) through (l), a vaccine may be offered to, and administered at approved DoD vaccination sites for:

a. Uniformed Service members, both active and Selected Reserve (SELRES) personnel, including members of the National Guard and Officers of the United States Public Health Service Commissioned Corps and National Oceanic and Atmospheric Administration; DoD dependents, retirees, civilian employees, select DoD contractor personnel, and foreign nationals.

b. Under EUA, receipt of the COVID-19 vaccine is optional for members of the Armed Forces unless waived by the President, in accordance with Reference (f).

c. Individuals not otherwise eligible to receive healthcare from the DoD must pursue any follow-on care (other than on-site emergency care immediately post-vaccination and the administration of a second dose for the COVID-19 vaccine) through their existing healthcare plans or personal healthcare providers. The authority to administer the COVID-19 vaccine to personnel not otherwise eligible to receive healthcare from the DoD does not otherwise grant additional DoD healthcare eligibility benefits to those individuals.

3. COVID-19 VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. All eligible individuals as noted in paragraph 2.a of this attachment will be offered the COVID-19 vaccine. All individuals will receive, at a minimum, the FDA EUA Fact Sheets for Vaccine Recipients. Potential vaccine recipients will be educated on the risks of contracting the COVID-19 virus and the benefits of vaccination along with its side effects and any health risks identified by current clinical research.

b. Service members on Active Duty (AD) and in the SELRES (including National Guard) personnel will be offered a vaccine on a voluntary basis.

c. HCP

(1) All military and DoD U.S. HCP working in DoD military medical treatment facilities (MTFs) or dental treatment facilities will be educated on the benefits and risks of vaccination and will be offered an FDA-authorized COVID-19 vaccine.

(2) HCP, as defined in Reference (d), includes all paid and eligible unpaid persons working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including bodily substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. It includes 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. 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, and contractual staff not employed by the

healthcare facility. In addition, persons not directly involved in patient care but who may be potentially exposed to infectious agents that can be transmitted to and from HCP and patients might include (but not limited to) clerical, dietary, housekeeping, laundry, security, maintenance, administrative, and billing positions.

4. VACCINE DISTRIBUTION AND STORAGE AND HANDLING

a. All vaccination sites will comply with vaccine ordering, distribution, redistribution, and cold chain management procedures in accordance with Reference (m). All redistribution must be coordinated with USAMMA-DOC prior to the movement of any vaccine.

b. Each location receiving vaccines will have a named vaccine coordinator and a back-up coordinator who is the designated point of contact (POC) for receiving vaccine shipments, monitoring storage unit temperatures, and managing and reporting daily vaccine inventory. Any changes in vaccine coordinator must be communicated to USAMMA-DOC and the Defense Logistics Agency through the appropriate Service Logisticians.

c. Vaccine coordinators, logistic, and immunization personnel will register to receive vaccine updates from the DoD Medical Materiel Quality Control (MMQC) messages at <https://www.amlc.army.mil/USAMMA/Logistics/MMQCMIMsgMgmt/>.

d. All vaccine sites administering COVID-19 vaccines will establish standard operating procedures on the proper storage and handling of COVID-19 vaccines in accordance with Reference (m). Personnel must be present to receive and store vaccines upon arrival.

(1) Personnel who will be handling the thermal shipping containers and dry ice must be trained on the proper handling and disposal of dry ice. Due to hazards in handling of this product, appropriate competency for personnel should be annotated. An ultralow temperature vaccine handling competency document is available on the Defense Health Agency-Immunization Healthcare Division (DHA-IHD) website www.health.mil/vaccines.

(2) All personnel handling dry ice must ensure they have appropriate thermal protection equipment to safely handle the products.

e. Always transport and store COVID-19 vaccines within the temperature parameters specified for each product. If the vaccines are not stored within the correct temperature parameters outlined in the EUA HCP fact sheet, they may lose potency. It is anticipated storage and handling procedures for individual products may change over time.

f. If at any time a temperature compromise is suspected after the vaccine has been delivered to the facility, locations will follow procedures in accordance with Reference (m). Immediately notify your DHA-IHD Immunization Healthcare Specialist (IHS) and complete the most current version of DHA Form 177, Potentially Compromised Temperature Sensitive Medical Product Worksheet. Submit the completed worksheet to your IHS and the e-mail noted in the worksheet. To find your location's IHS go to www.health.mil/ContactYourIHS.

g. Vaccines that have expired or are deemed temperature compromised by Defense Logistics Agency-Troop Support Medical (DLA-TSM) or USAMMA-DOC will be disposed in accordance with Reference (m).

h. Vaccine sites will comply with all vaccine storage and handling procedures noted in the EUA Fact Sheet for Vaccine Providers.

(1) When approved by FDA or manufacturer guidance, additional doses may be obtained in properly prepared COVID-19 vaccine vials and may be administered. However, any remaining product that does not constitute a full dose will not be pooled from multiple vials to create a single dose.

(2) Vaccination sites will follow the EUA Fact Sheet for Vaccine Providers for the specified beyond use dates (BUD) of the product after reconstitution and vial puncture. To help vaccination providers track expiration dates and BUDs by lot number, CDC has posted a COVID-19 Vaccine Expiration Date Tracking Tool that can be accessed at <https://www.cdc.gov/vaccines/covid-19/downloads/expiration-tracker.pdf>.

(a) The expiration date should be checked prior to preparing or administering vaccine. Expired vaccine or diluent should NEVER be used. As additional stability data becomes available, the expiration dates for some products may change.

(b) The Pfizer-BioNTech product expiration date is located on the vaccine vial.

(c) The Moderna product expiration date may be found by entering the lot number at <https://www.modernatx.com/covid19vaccine-eua/providers/vial-lookup> or by scanning the Quick Response (QR) code located on the vial or carton.

(d) The Janssen product expiration date may be found by scanning the QR code on the outer carton or entering the lot number at <https://vaxcheck.jnj>.

i. Vaccine vials suspected to be contaminated (e.g., discoloration) or that have other product deficiencies must be separated from the supply and reported to DoD. Submit a Joint Patient Safety Report (JPSR), a Product Quality Deficiency Report (PQDR) and contact the vaccine manufacturer. The PQDR is accessed at <https://www.medical.dla.mil/Portal/Customer/ProductQualityDeficiency.aspx>.

j. Ancillary supplies will be shipped separately from the vaccine, in amounts to match the vaccine order. Supplies include diluent (when required), needles, and syringes for both administration and reconstitution; alcohol preparation pads; vaccination record cards; and limited surgical masks and face shields. Locations should plan to purchase additional supplies to include sharps containers, gloves, bandages, and other personal protective equipment as needed. If an MTF is redistributing the vaccine to outlying locations, the applicable amount of supplies will also be provided to the receiving location. Discrepancies or concerns with the ancillary kits must be directed to USAMMA DOC at usarmy.detrick.medcomusamma.mbx.doc@mail.mil for Continental United States sites. Outside Continental United States (OCONUS) and Fleet

customers should contact Defense Logistics Agency at dla.trpsptccc@dla.mil directly. Complete a PQDR for non-vaccines discrepancies and route to normal processing channels prior to or after contacting the appropriate POC.

5. VACCINE ADMINISTRATION

a. Vaccination sites will take steps to minimize the potential for transmission of COVID-19 to vaccine recipients, staff, and others during immunization events. Sites will comply with recommendations for the safe delivery of vaccines in accordance with Reference (n). Recommendations for mass immunizations during pandemic conditions in addition to a checklist for off-site immunizations may be found at https://health.mil/COVID19vaccineresources_HCP.

b. Vaccine recipients should expect some degree of side effects from vaccination which may last several days. The product-specific EUA Fact Sheet for HCPs will outline anticipated side effects for each vaccine. Additional side effects may be identified as COVID-19 vaccines becomes more broadly available.

(1) Per the CDC, all vaccine recipients will be observed for at least 15 minutes after receipt of a COVID-19 vaccine. Recipients who report a previous anaphylaxis history due to any cause will be observed for 30 minutes post vaccination.

(2) Standing orders for adverse events following immunization may be found at <https://www.health.mil/standingorders>.

c. Only appropriately trained and qualified medical personnel will administer the COVID-19 vaccine.

(1) COVID-19 vaccinators are limited to Doctors of Medicine/Doctors of Osteopathic Medicine, Registered Nurses, Physician Assistants, Licensed Practical Nurses/Licensed Vocational Nurses, Pharmacists, Dentists, Veterinarians, and all other licensed medical professionals and enlisted personnel in a medical field that involves patient care, including but not limited to Army Medics, Air Force Medical Technicians, Navy Corpsmen, Coast Guard Corpsmen, and Pharmacy, Veterinary, and Dental Technicians.

(2) COVID-19 vaccination staff will complete, at a minimum, the training requirements as noted in Appendix 1. Additional training materials will be made available as each vaccine product is authorized by the FDA.

(3) COVID-19 vaccines will be administered in accordance with ACIP recommendations and the product-specific EUA Fact Sheet for Healthcare Providers (released in place of a typical package insert for a licensed vaccine). This will include information on specific vaccine products and instructions for its use.

(4) Standing Orders are authorized for use with a EUA vaccine and are recommended to be utilized at every immunization site. Standing Orders for each COVID-19 vaccine may be

found https://health.mil/COVID19vaccineresources_HCP. Military Health System (MHS) clinicians may use standing orders, competency documents and other DHA products to guide administration of COVID-19 vaccines. DHA products are in compliance with all federal regulations and represent best practices for immunization in the MHS.

(5) Each staff member participating in the vaccination program will demonstrate the tasks required to perform their appropriate role within the vaccination program and will have their competencies verified and documented on a COVID-19 vaccination competency document. Sample competency documents are available on the DHA-IHD COVID-19 Resource webpage at https://health.mil/COVID19vaccineresources_HCP.

(6) Vaccination sites will track and keep training and competency certification documents for all employees participating in the management or administration of the vaccine.

d. In accordance with Reference (p), individuals receiving COVID-19 vaccines will be provided a product-specific EUA Fact Sheet for Vaccine Recipients with the DoD required cover sheet from Appendix 8. Per FDA guidance, vaccine recipients of EUA vaccines must be made aware of each item noted in paragraph 1.d.1-4 of this attachment.

(1) The Fact Sheet may be provided to recipients in a variety of ways to include hard copy, poster format, online, video, or other electronic means of dissemination.

(2) The EUA Fact Sheets will be available on the FDA's website <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>. Locations will ensure vaccination staff have read the fact sheets, understand them, and are clear on the requirement to provide the fact sheet to each vaccine recipient prior to administering the vaccine. Locations will monitor for and implement updated EUA Fact Sheets. Updated EUA Fact Sheet dates will be updated in the electronic health records (EHRs) when indicated.

(3) While a vaccine is under EUA status, a Vaccine Information Statement (VIS) will not be available. If a VIS becomes available, locations will transition to the current VIS for the appropriate COVID-19 vaccines.

e. At a minimum, screen all potential vaccine recipients prior to vaccination with the standardized screening questions noted in DHA Form 207, COVID-19 Screening and Immunization Documentation. Screening questions are subject to change at any time and any updates will be communicated through Service channels. Locations should routinely verify utilization of the most current screening form.

(1) The initial vaccines, released under EUA, are not authorized for all age groups and may have precautions for certain groups. All health contraindications or precautions will be identified in the FDA authorization documents and within the ACIP recommendations. Staff are expected to stay abreast of changes in products already authorized under EUA and any new COVID-19 vaccines that may be released over time. ACIP clinical considerations and

recommendations are updated regularly. Medical personnel should frequently check the CDC's website at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

(2) In accordance with Reference (q) and CDC ACIP clinical considerations, the COVID-19 vaccines should be administered alone, with a minimum interval of 14 days before or after administration of any other vaccine. However, COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine co-administration (e.g., tetanus-toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in COVID-19 vaccination (e.g., in long-term care facility residents or healthcare personnel who received influenza or other vaccinations before or upon admission or onboarding). If COVID-19 vaccines are administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

f. Most COVID-19 vaccines under development are a 2-dose series. Dosing intervals will be in accordance with manufacturing guidance. The vaccines are NOT interchangeable and a vaccine recipient's second-dose must be from the same manufacturer as the first dose. The series does not have to be restarted if there is greater time than recommended between the first and second dose.

(1) In exceptional situations in which the vaccine product given as the first-dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. In situations where the same mRNA vaccine product is temporarily unavailable, it is preferable to delay the second dose (up to 6 weeks) to receive the same product than to receive a mixed series using a different product. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

(2) The safety and efficacy of Janssen COVID-19 vaccine administered after an mRNA COVID-19 vaccine has not been established. However, in limited, exceptional situations where a patient received the first dose of an mRNA COVID-19 vaccine but is unable to complete the series with either the same or different mRNA COVID-19 vaccine (e.g., due to contraindication), a single dose of Janssen COVID-19 vaccine may be considered at a minimum interval of 28 days from the mRNA COVID-19 vaccine dose. Patients who receive Janssen COVID-19 vaccine after a dose of an mRNA COVID-19 vaccine should be considered to have received a valid, single-dose Janssen vaccination—not a mixed vaccination series. Because of potential cross-reactive hypersensitivity between ingredients in mRNA and Janssen vaccines, consultation with an Allergist-Immunologist should be considered to determine if a patient with a contraindication to mRNA vaccine can safely receive Janssen vaccine.

(3) Before vaccination with the second dose, verify the person's previous dose history by reviewing all electronic medical records, the Joint Longitudinal Viewer, Readiness Systems (for military members and DoD civilian employees), and the CDC vaccination record card received during the initial COVID-19 vaccination. If a person provides documentation of previous

vaccination that is not visible in the immunization record, transcribe all available elements (date of vaccination, product name, manufacturer, dose, lot number) into the immunization module of the EHR before proceeding with administration of the second dose.

(4) Individuals who participated in a COVID-19 vaccine study may provide documentation of vaccination history before the EUA authorization date for that product. The non-placebo vaccine doses are valid and should be transcribed into the record. It is also recommended that a note is placed in the EHR documenting the individual's participation in a vaccine study and that the non-placebo vaccine doses are valid.

(5) Vaccine recipients deploying, having a permanent change of station, or going on temporary duty should make every attempt to complete the vaccine series or receive the single dose product prior to departure. Inability to complete the series prior to departure will not interfere with eligibility to travel, but receipt of the second dose may be delayed or the product may not be available at the follow-on location.

g. All vaccine recipients should be provided the CDC Vaccine Safety Assessment for Essential Workers (V-SAFE) flyer that outlines the optional smartphone tool that offers text message-based health check-ins after receipt of the COVID-19 vaccine. This is a voluntary program for vaccine recipients. All vaccine recipients should be instructed to call their healthcare provider if they experience any adverse events after vaccination. The V-SAFE flyer and poster are available at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe/printresources.html>.

h. Vaccination sites will institute a plan for vaccine recipients to receive a second-dose reminder. Second-dose reminders are critical to ensure the compliance with vaccine dosing intervals and to achieve optimal vaccine effectiveness. Locations may leverage Secure Messaging and AudioCARE (or Televox at MHS GENESIS capable sites) to maximize beneficiary awareness of COVID-19 vaccination information and reminders for COVID-19 vaccine appointments.

i. Vaccination sites are only authorized to use the following DoD-approved online and web-based appointment scheduling tools: the DHA Appointing Portal, Composite Health Care System (CHCS), TRICARE Online, MHS GENESIS and the MHS GENESIS Patient Portal.

j. Vaccination sites will post vaccine appointment availability information and procedures for beneficiaries seeking appointments on MTF websites and social media sites.

6. PATIENT SAFETY REPORTING

a. MTF JPSR event reporting is required for vaccine administration errors and events associated with COVID-19 vaccines, including near miss, no harm, and all patient harms, to ensure near real-time reporting and response by DoD. All HCP involved in the COVID-19 vaccination program must understand when and how to report patient safety events through

JPSR and VAERS. Anyone with a valid common access card and internet access can report an event into JPSR reporter using this link: <https://patientsafety.csd.disa.mil>. Vaccine specific information, to include lot and expiration, should be included in JPSR documentation.

(1) The JPSR event description section should start with the key term “COVID-19 Vaccine-Vaccine Manufacturer Name (i.e., Pfizer-BioNTech, Moderna, Janssen).”

(2) A VAERS report is also required for vaccine administration errors per the CDC, and the corresponding VAERS report number must be included in the associated JPSR report.

(3) Patient safety professionals managing JPSRs at the MTF, should select from the JPSR medication dropdown menu the correct vaccine. The pick list will be updated with new vaccines as First Databank releases the updates.

b. Patient Safety Managers will monitor JPSR daily for COVID-19 vaccine associated events. The DHA patient safety team will be monitoring the JPSR system to export data on real time events and trends that may drive additional reporting via DoD Reportable Events (RE) process and Commanders Critical Incident Reporting activity.

(1) If a COVID-19 vaccine associated event meets the DoD RE criteria in accordance with Reference (u) and timeline in Appendix 7, MTFs shall follow existing processes for reporting DoD REs to Intermediate Headquarters Market, and applicable DHA entities. These types of events are associated with severe temporary harm, permanent harm, or death. MTFs will submit a DoD Reportable Events Notification letter. DHA Patient Safety Analysis Center will monitor all DoD RE activity to provide DHA leadership data visibility.

(2) The timeline for reporting vaccination administration errors or events is 24 hours from the time of discovery of the event. This timeline is an exception to policy under Reference (r), which allows MTF Directors/Commanders 5 calendar days in which to determine if an event must be reported as a DOD RE.

(3) If a vaccination site is not accessing the DoD JPSR system for routine patient safety event reporting, they will report the vaccine safety events via VAERS and inform their normal Patient Safety reporting channels.

7. ADVERSE EVENTS

a. All locations administering COVID-19 vaccine will be prepared to respond to an adverse event from immunization, in accordance with Reference (o). Staff will be trained on the equipment and proper response to a COVID-19 vaccine reaction. A written plan for emergency response and standing order for the management of anaphylaxis and fainting will be at each vaccination site. Sites will have the minimum emergency supplies annotated on the CDC website <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/anaphylaxis-management.html>.

b. Local reactions (pain, redness, swelling at injection site) and systemic reactions (such as fatigue, headache, muscle aches, or fever) have been reported after vaccination. Local reactions generally occur 1 to 3 days after vaccination and resolve within 3 days. Systemic reactions generally occur 2 to 3 days after vaccination and resolve within 2 days. Local or systemic reactions may occur after either dose 1 or dose 2 of a COVID-19 vaccine. Self-limited local and systemic reactions are not required to be reported in VAERS; however, providers are encouraged to report reactions that substantially impact a vaccine recipient's activity or require healthcare intervention.

c. In accordance with Reference (o) and (p), all healthcare providers will report clinically important adverse events following COVID-19 vaccination to the VAERS at www.vaers.hhs.gov, as well as via local patient safety reporting system.

(1) All suspected serious or unexpected vaccine-related adverse events must be reported through VAERS. These events include, but are not limited to, those listed in Appendix 2.

(2) Sites will report any additional adverse events and/or any revised safety reporting requirements per the FDA's conditions of authorized administration through the duration of the EUA.

(3) When completing a VAERS report, include all available information on the vaccine and the adverse event. The first line of Section 18, Description of Events, must start with the following line "Manufacturer (Pfizer-BioNTech, Moderna, etc.) COVID-19 Vaccine EUA." Section 27 and 28 of the form FDA VAERS 2.0 must be completed for any individual who received a COVID-19 vaccine from the DoD or CG. This information is required for DoD to monitor VAERS reports generated by DoD locations and the potential follow-up with patients as needed.

d. Immunization sites will be prepared to respond to immediate allergic reactions after vaccination but any delayed adverse events for non-beneficiaries will be addressed through their current health plans. For clinical consultation, questions regarding vaccine screening, and clinical consultation for any potential vaccine-related adverse events call the 24/7 DHA-IHD Immunization Healthcare Support Center at: 1-877-GET-VACC (1-877-438-8222) or Defense Switch Network (DSN) 761-4245.

e. Persons reporting an allergic reaction to a component of the COVID-19 vaccines should be referred to a primary care provider, with consultation to allergy/immunology, if indicated, for further evaluation prior to vaccination. If immediate consultation is needed, consider reaching out to the DHA-IHD clinical team via the 24-hour call center noted in paragraph 7.d of this attachment. The "medical, temporary" exemption code should be entered into the Service-specific Immunization Tracking System when vaccination is deferred pending specialist evaluation.

f. Countermeasures Injury Compensation Program (CICP). The Public Readiness and Emergency Preparedness Act provides immunity from liability for those involved in the manufacture, distribution, and dispensing of a COVID-19 vaccine, except for willful misconduct.

In conjunction with this declaration, the U.S. Department of Health and Human Services CICIP provides a compensation mechanism for individuals who are seriously injured by a COVID-19 countermeasure approved under EUA or other emergency authorities under the Federal Food, Drug, and Cosmetic Act. Affected individuals, or their beneficiaries, must submit a Request for Benefits Package to CICIP within 1 year of receiving the vaccine. For more information on the program and CICIP benefits package application see www.hrsa.gov/cicp.

8. DOCUMENTATION

a. Sites may utilize COVID-19 vaccine screening process protocols within the EHRs to document vaccine screening or alternatively use a hardcopy of DHA Form 207. DHA Form 207 is considered a medical document, so when the hard copy form is utilized for screening, it must be scanned into the EHR or placed in the paper medical record. DHA Form 207 and all other personally identifiable information and protected health information must be stored in the EHR, in accordance with References (r) through (t).

b. Declinations for non-TRICARE enrolled vaccine recipients in the MHS (i.e., civilian and contract employees) will not be collected. For TRICARE enrolled vaccine recipients, to include Service members and beneficiaries, declinations may be recorded using DHA Form 207 and in accordance with Service-specific procedures, but the DHA Form 207 is not required when documenting declinations in the EHR or immunization medical record (IMR).

c. Document vaccinations in the immunization module of the EHRs to ensure accurate and automated reporting process, with exceptions as follows:

(1) Army National Guard will continue to use Medical Protection System (MEDPROS) but must place unit DMIS ID in the “Admin Provider Location” field

(2) CG will continue to utilize Medical Readiness Reporting System (MRRS).

(3) Department of Air Force may utilize Aeromedical Services Information Management System (ASIMS) when direct access to Armed Forces Health Longitudinal Technology Application (AHLTA) is unavailable or significantly impedes expedient vaccination throughput.

(4) Deployed and shipboard locations will use Theater Medical Information Program-Joint (TMIP-J). If using Armed Forces Health Longitudinal Technology Application – Theater component of TMIP-J, document using the appropriate current procedure code. Ship report will be made as operationally feasible; operations will not be modified for the sole purpose of vaccine reporting.

(5) Documentation of immunizations for DoD civilian employees will occur in the EHR by an MTF or DoD covered entity only after advising the individual that such documentation will occur.

(6) DoD civilian employees and non-beneficiaries not currently enrolled in the EHRs will be registered in accordance with Reference (v). DoD civilian employees will be assigned patient category (PATCAT) code K57-1 (DoD Employee Occupational Health), DoD contractors will be assigned PATCAT K65-3 (US Civilian Employee of Contractor-Physical Exam), and OCONUS local nationals will be assigned PATCAT code K76-A (Foreign Civilian).

d. All vaccine recipients will be provided a copy of the CDC COVID-19 Vaccination Record Card after receipt of the vaccine. The cards will be provided to locations as part of the ancillary kits shipped with the vaccine. Staff will document all necessary information (i.e., vaccine manufacturer, lot number, date of first dose administered, and date of second-dose due date) on the card.

e. In accordance with Reference (p), proper documentation of the COVID-19 vaccines includes: patient identification, date vaccine was administered, vaccine name or vaccine administered code (CVX), manufacturer and lot number, dose administered, route and anatomic site of vaccination, and name of HCP administering the vaccine.

(1) Vaccinations will be documented in the immunization module at the time of administration. If access is unavailable at the time of administration, documentation in the immunization module will be entered no later than close of business (1700 local). Subject to deployed limitations and as a last resort, if there is no access to one of the EHRs, a DCIR must be generated, and the service IMR systems can be used to document the vaccination. Locations should provide enough staff, computers, and have adequate connectivity to support real-time documentation at immunization sites. A continuity of operations plan will be developed to document vaccine administration in real time for locations with degraded or intermittent connectivity, such as in an operational care setting.

(2) When transcribing a vaccine from a paper record all available vaccine information will be transcribed.

f. Staff will verify all product names and CVX codes before documentation. It is critical that all vaccine information is accurately transcribed to allow for matching the second-dose to the original dose. Staff should be educated on the correct product naming in each documentation system they are utilizing. Validate the CVX codes for the contracted COVID-19 vaccines against the CDC Health Level 7 Standard Code Set mapping product names to CVX and manufacturer codes.

g. Service members who receive COVID-19 vaccinations from non-military vaccination sites will provide immunization data for transcription into their immunization record. Beneficiaries who receive COVID-19 vaccinations from network or other sites are encouraged to provide immunization data (a copy of the COVID-19 record) for transcription into their immunization record.

h. The only authorized medical exemption codes to temporarily defer the vaccine is “medical, temporary.” If the individual declines the vaccine, use the code “medical, declined.” Medical exemptions will be documented under the CVX code of the vaccine being offered.

(1) “Medical, declined” will be used when the individual chooses to decline receipt of the COVID-19 vaccines at the time the vaccine is offered. In accordance with Reference (o) “medical, declined” allows for the declination of optional vaccines, including COVID-19 vaccines under EUA. An individual, even after declination, may request to be vaccinated, at which time the “medical, declined” will be removed from the readiness system.

(2) “Medical, temporary” will be used for individuals who do not meet criteria for the COVID-19 vaccines due to a medical condition such as pregnancy, hospitalization, events referred for medical consultation, temporary immune suppression, convalescent leave, or any temporary contraindication to immunization.

9. RESOURCES. The COVID-19 Resource Center located on the DHA-IHD website at www.health.mil/vaccines.

10. QUESTIONS. For any clinical COVID-19 Vaccine Program questions, please contact the DHA-IHD 24/7 at: 1-877-GET-VACC (1-877-438-8222), DSN: 761-4245 or via e-mail at DoDvaccines@mail.mil.

APPENDIX 1

EDUCATION AND TRAINING REQUIREMENTS¹

TABLE 1. CURRENT IMMUNIZERS										
1. Has administered a vaccine to a human w/in last year AND										
2. Had a current vaccine competency assessment checklist on file										
	CPR cert	CDC Training- You Call the Shots: Vaccine Administration*	CDC Training- You Call the Shots: Vaccine Storage and Handling*	CDC Training- Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know**	CDC Training- Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know**	CDC Training- Janssen COVID-19 Vaccine (Johnson & Johnson): What Healthcare Professionals Need to Know**	CDC Training- COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers**	DoD Immunization Augmentee Didactic Training	DoD Immunization Augmentee Hands-on Skills Practice/ Demonstration	COVID-19 Competency Assessment Under Direct Observation
MD/DO	x	x	x	x	x	x	x	o	o	N/A
NP/PA	x	x	x	x	x	x	x	o	o	N/A
RN	x	x	x	x	x	x	x	o	o	N/A
LNP	x	x	x	x	x	x	x	o	o	N/A
PharmD	x	x	x	x	x	x	x	o	o	N/A
DDS	x	x	x	x	x	x	x	o	o	N/A
DMV	x	x	x	x	x	x	x	o	o	N/A
All other licensed medical professionals and enlisted personnel with a medical MOS	x	x	x	x	x	x	x	o	o	N/A
*Required by PREP Act Amendment	x = Required									
	o = Optional									
** Required by DHA-IPM 20-004	x/o = Required if individual has never received human immunization training / certification; optional for others									

TABLE 2. NEW IMMUNIZERS										
1. Not currently licensed, certified, or trained to administer vaccines to humans OR										
2. Has not administered a vaccine to a human w/in last year OR										
3. Does not have current vaccine competency assessment checklist on file										
	CPR cert	CDC Training- You Call the Shots: Vaccine Administration*	CDC Training- You Call the Shots: Vaccine Storage and Handling*	CDC Training- Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know*	CDC Training- Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know*	CDC Training- Janssen COVID-19 Vaccine (Johnson & Johnson): What Healthcare Professionals Need to Know*	CDC Training- COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers* *	DoD Immunization Augmentee Didactic Training	DoD Immunization Augmentee Hands-on Skills Practice/ Demonstration	COVID-19 Competency Assessment Under Direct Observation*
MD/DO	x	x	x	x	x	x	x	x/o	o	x
NP/PA	x	x	x	x	x	x	x	x/o	o	x
RN	x	x	x	x	x	x	x	x/o	o	x
LNP	x	x	x	x	x	x	x	x/o	o	x
PharmD	x	x	x	x	x	x	x	x/o	o	x
DDS	x	x	x	x	x	x	x	x/o	o	x
DMV	x	x	x	x	x	x	x	x/o	o	x
All other licensed medical professionals and enlisted personnel with a medical MOS	x	x	x	x	x	x	x	x/o	o	x
*Required by PREP Act Amendment	x = Required									
** Required by DHA-IPM 20-004	o = Optional									
	x/o = Required if individual has never received human immunization training / certification; optional for others									

TABLE 3. LINKS TO TRAININGS	
(For best results, copy full link address into browser)	
CDC Training- You Call the Shots: Vaccine Administration*	Relias link: https://dha20396.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=YCTSVA-COVID19-2020 Alt Link: https://www.cdc.gov/vaccines/ed/youcalltheshots.html
CDC Training- You Call the Shots: Vaccine Storage and Handling*	Relias link: https://dha20396.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=YCTSVSH-COVID19-2020 Alt Link: https://www.cdc.gov/vaccines/ed/youcalltheshots.html
CDC Training- Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know*	Relias link: https://dha20396.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=PBNT-COVID19-2021 Alt Link: https://www2.cdc.gov/vaccines/ed/covid19/pfizer/index.asp
CDC Training - Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know*	Relias link: https://dha20396.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=M-COVID19-202 Alt link: https://www2.cdc.gov/vaccines/ed/covid19/moderna/index.asp
CDC Training - Janssen COVID-19 Vaccine (Johnson & Johnson): What Healthcare Professionals Need to Know*	Relias link: https://DHA20396.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=JJ-COVID19-2021 Alt link: https://www2.cdc.gov/vaccines/ed/covid19/janssen/index.asp
CDC Training - COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers**	Relias link: https://dha20396.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=CDC-COVID19-2020 Alt link: https://www2.cdc.gov/vaccines/ed/covid19/
COVID-19 Competency Assessment Under Direct Observation*	http://health.mil/COVID19vaccinecompetency
DoD Immunization Augmentee Didactic Training	Relias link: https://DHA20396.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=COVID19-IADT-2021 Alt link: https://www.dhaj7-cepo.com/content/dod-covid-19-immunization-augmentee-training
DoD COVID-19 Immunization Augmentee Facilitator Training	Relias link: https://DHA20396.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=COVID19-IAFT-2021

APPENDIX 2

COVID-19 VACCINE ADVERSE EVENTS REPORTING

1. COVID-19 VACCINE VAERS REPORTING REQUIREMENTS. Healthcare providers are required, by law, to report the following COVID-19 Vaccine adverse events to VAERS.

- a. Vaccine administration errors (whether associated with an adverse event or not).
- b. Multisystem inflammatory syndrome in children (if vaccine is authorized for use in children) or adults.
- c. Cases of COVID-19 that result in hospitalization or death after the recipient has received a COVID-19 vaccine.
- d. Serious adverse events (irrespective of attribution to vaccination), including:
 - (1) Death. Report if you suspect that the death was an outcome of the adverse event, include the date if known.
 - (2) Life-threatening events. Report if suspected that the patient was at substantial risk of dying at the time of the adverse event or use or continued use of the device or other medical product might have resulted in the death of the patient.
 - (3) Hospitalization (initial or prolonged). Report if admission to the hospital or prolongation of hospitalization was a result of the adverse event. Emergency room visits that do not result in admission to the hospital should be evaluated for one of the other serious outcomes (e.g., life-threatening; required intervention to prevent permanent impairment or damage; other serious medically important event).
 - (4) Disability or Permanent Damage. Report if the adverse event resulted in a substantial disruption of a person's ability to conduct normal life functions, i.e., the adverse event resulted in a significant, persistent or permanent change, impairment, damage or disruption in the patient's body function/structure, physical activities and/or quality of life.
 - (5) Congenital Anomaly/Birth Defect. Report if you suspect that exposure to a medical product prior to conception or during pregnancy may have resulted in an adverse outcome in the child.
 - (6) Required Intervention to Prevent Permanent Impairment or Damage (Devices). Report if you believe that medical or surgical intervention was necessary to preclude permanent impairment of a body function, or prevent permanent damage to a body structure, either situation suspected to be due to the use of a medical product.

(7) Other Serious (Important Medical Events). Report when the event does not fit the other outcomes, but the event may jeopardize the patient and may require medical or surgical intervention (treatment) to prevent one of the other outcomes.

e. Healthcare providers are also encouraged to report any clinically significant adverse events that occur after vaccine administration. Adverse events should be reported even if the cause of the adverse events is uncertain. Healthcare providers should report any additional adverse events and adhere to any revised safety reporting requirements per the FDA conditions of authorized vaccine use posted on FDA's website at <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>, throughout the duration of the EUA.

APPENDIX 3

ARMY

1. VACCINE PLANNING AND IMPLEMENTATION

a. Regional Health Commands (RHC) will stand up COVID-19 vaccine planning teams at each MTF. This team should include a multi-disciplinary team within the MTF and the installation. Members for consideration should include but not limited to: allergy and immunization departments, medical logistics, installation public health, public health emergency officers and managers, public affairs offices, security, TRICARE, IHS (<https://www.health.mil/ContactYourIHS>), community partners (e.g., Installation Command, child care services, emergency services), and others as needed to implement this large scale vaccination program.

b. Additional Army guidance will be published through operational channels, as plans will need to be updated regularly when additional information becomes available and implemented in a timely manner. The primary point of contact for the U.S. Army Medical Command (USAMEDCOM) Operations Order 21-08 COVID-19 Prevention Program: Surveillance and Vaccination is the MEDCOM Operations available at (703) 681-8052, or e-mail USARMY NCR HQDA OTSG Mailbox MEDCOM OPS COVID-19 Task Force MBO at: usarmy.ncr.hqda-otsg.mbx.medcom-ops-covid-19-task-force-mbo@mail.mil

2. VACCINE ORDERING AND DISTRIBUTION

a. USAMMA-DOC is the Army's inventory control point for the COVID-19 vaccine. All Army vaccination sites will place orders and requirements using the USAMMA-DOC URL <https://a01.usamma.amedd.army.mil/docvac/Account/Login> in accordance with instructions per the DoD-MMQC message 20-1256.

b. Logistics personnel will verify their DoD Activity Address Code with the Army Vaccine Manager at USAMMA-DOC prior to vaccine being shipped.

c. Questions or concerns about ordering COVID-19 vaccines should be directed to USAMMA-DOC at 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.

3. DOCUMENTATION

May 6, 2021

a. In accordance with Reference (w), immunization documentation for AD, Army Reserve, Army National Guard and deployable civilians will have their immunizations documented in the HER and entered in the MEDPROS Medical Web Data Entry (MWDE) module. Non-AD adult beneficiaries will have their immunizations entered into the HER.

b. Documentation of immunizations or declination for DoD civilian employees will occur in the HER or the Service medical readiness system by an MTF or DoD covered entity only after advising the individual that such documentation will occur.

c. RHCs will ensure immunization data for Service members is entered into MEDPROS via the MWDE application (www.mods.army.mil) within 24 hours of administration. MWDE and MEDPROS support may be obtained from the Medical Operational Data System help desk at commercial: 1-877-256-6477 or e-mail usarmy.ncr.hqda-otsg.mbx.mods-helpdesk@mail.mil.

4. FUNCTIONAL CONSIDERATIONS

a. Personnel in a flight duty status will follow the guidance in accordance with Reference (x) which states, “Medical restriction from flying duty will be for a minimum period of 12 hours following any immunization. If any type of reaction occurs, local or systemic, the aircrew member remains restricted from flying duties until cleared by an aeromedical provider.”

b. USAMEDCOM will follow and nest within higher headquarters developed communication, education, and promotion strategies from DoD, DHA, and Army. Army Public Health Center will consolidate credible resources and information, including from DHA, on a COVID-19 Vaccination webpage:
<https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/vaccine.aspx>.

APPENDIX 4

NAVY AND MARINE CORPS

1. COVID-19 VACCINE ORDERING AND DISTRIBUTION

a. Allocation and notification of COVID vaccines within the Navy are under the authority of Office of the Chief of Naval Operations. Allocation and notification of COVID vaccines within the Marine Corps are under the authority of the Marine Corps COVID Cell (DC PP&O).

b. The Naval Medical Logistics Command (NAVMEDLOGCOM) is responsible for receiving orders and distributing the COVID-19 vaccines for all Navy and Marine Corps activities.

c. Coordination of vaccine orders and delivery should be completed with the NAVMEDLOGCOM Vaccine Manager, (301) 619-8054/DSN: 343-8054 or the Vaccine Information and Logistics System (VIALS) helpdesk at: usn.detrick.navmedlogcomftdmd.list.vialhelp@mail.mil. Vaccine delivery to commands will depend upon the vaccine inventory available for distribution.

d. VIALS is the online requisition system for COVID-19 vaccines. VIALS will be used to electronically track requisitioned vaccines from requisition to receipt. Medical activities and medical representatives may track and verify their COVID-19 vaccine status in VIALS, at https://gov_only.nmlc.med.navy.mil/int_code03/vials.

e. The Navy and Marine Corps will follow the tiered approach for distribution as described in the DoD Population Schema. Decisions regarding allocation and distribution of vaccine supply will be made by designated Navy and Marine Corps representatives.

2. COVID-19 VACCINATION REQUIREMENTS. Service members are provided the opportunity to receive the vaccine while under EUA and may decline it.

3. FUNCTIONAL CONSIDERATIONS

a. Personnel in a flight duty status will follow the guidance in the Aeromedical Reference and Waiver Guide, <https://www.med.navy.mil/sites/nmotc/nami/arwg/pages/aeromedicalreferenceandwaiverguide.aspx>, as required by Reference (y).

b. Service members in an active diving and undersea status will follow guidance described in Service-specific messages.

c. Commands administering COVID-19 vaccines should use the plans and exercises practiced during previous influenza seasons. These commands should review the Navy and Marine Corps Public Health Center general standard operating procedures and best practices that can be used to safely conduct a mass vaccination event during the severe acute respiratory syndrome coronavirus 2 pandemic. These documents can be found at <https://esportal.med.navy.mil/sites/nmcphc/pps/wppc19/COVID-19-Toolbox.aspx>.

d. Whenever a member is offered or receives a COVID-19 vaccination, it must be recorded in the MRRS. While under EUA, MRRS will record and report individuals who either declined or received a vaccine as having met the vaccination requirement. If the COVID-19 vaccine is made a readiness requirement, MRRS will update to reflect the requirement. Vaccinations also must be recorded in the EHR. Medical commands or medical representatives requesting MRRS access must submit a DD Form 2875, System Access Authorization Request. MRRS can be accessed at: <https://mrrs.dc3n.navy.mil/mrrs> (note: MRRS web address is case sensitive). Point of contact/MRRS program office/e-mail: mrrspo@navy.mil/(800) 537-4617/(504) 697-7070/DSN: 647-7070.

APPENDIX 5

DEPARTMENT OF AIR FORCE (DAF) AND SPACE FORCE

1. PLANNING AND COMMUNICATION. Designated MTF COVID-19 Vaccine Coordinators and Logistics Champions are responsible for:

a. Establishing an Installation Stakeholder work group who will collaborate and facilitate effective implantation and maintain sustainment of the vaccination program.

(1) Stakeholders include but are not limited to: Public Health Emergency Officer (PHEO), Medical Emergency Manager, Chief of Aerospace Medicine, Immunization Medical Director and Noncommissioned Officer in Charge, Chief of Medical Staff, Chief Medical Planner (SGX), Medical Emergency Manager, Medical Logistics, Healthcare Integrator, as needed to assist with prioritization guided by the Vaccine Coordinator and PHEO.

(2) Additional stakeholders should be encouraged to participate in distribution planning such as: Emergency Operations Center Director, Emergency Manager, Force Support Squadron, Security Forces Squadron, and Public Affairs.

(3) Stakeholder workgroup should aid in local prioritization and identification of groups who will be offered vaccine by using official healthcare data reporting (i.e., CarePoint <https://carepoint.health.mil/SitePages/LandingPage.aspx>) such as the Population Risk Assessment Tool, in addition to subject matter expertise.

b. Planning and coordination of the vaccination program:

(1) Validating cohorts based on current DoD Population Schema.

(2) Engaging with SGX and practices/updates point of dispensing (POD) plans to successfully accomplish COVID-19 vaccination program.

(3) Ensuring a COVID-19 safe POD or clinical environment (e.g., physical distancing, security of product and persons, information technology requirements).

c. Receive and implement COVID-19 vaccine information and actions as directed by the Vaccine OPT, DHA-IHD, and Air Force Medical Readiness Agency (AFMRA).

d. Bi-directional communication as necessary to keep leadership and vaccine eligible population informed. Information may vary based on local circumstances and vaccine products, however, should include transparent messages to address vaccine recipient concerns. Air Force Medical Service COVID-19 vaccine related questions or concerns should be directed to the AFMRA COVID-19 Vaccine Program Distribution Org Box at: usaf.pentagon.afmra.mbx.afms-covid-vaccine@mail.mil.

2. PRIORITIZATION

- a. Distribution of the vaccine is based on the approved DoD Population Schema. The COVID-19 vaccination is voluntary when under EUA.
- b. Validate prioritization and quantification through use of published guidance and data driven resources where possible (e.g., CarePoint).
- c. Unique to the COVID-19 pandemic, accessions populations are considered healthy and at low risk of poor outcome from disease. They will be offered vaccine consistent with others prioritized as “healthy population.”

3. ADMINISTRATION AND DOCUMENTATION

a. Immunizer education will be completed as outlined in Appendix 1, and competency will be documented using a standardized competency checklist, sample competency checklist are available on the DHA-IHD website. Training may be augmented by Service specific guidance.

(1) All persons (e.g., providers, nurses, medical technicians, logisticians) who store, handle or administer COVID-19 vaccine(s), will be appropriately trained and work within their appropriate scope of practice in accordance with References (z) and (aa).

(2) Training will be documented through a combination of paper/digital records (e.g., Total Force Training Record, Electronic Competency Assessment File) and maintained in a manner consistent with similar immunizations training requirements.

b. Second-dose reminder re-call plan must be developed. AudioCARE Communicator, TRICARE Online Patient Patient Portal (TOL PP) Secure Messaging, DHA COVAXX Appointing Tool and use of ASIMS notifications are official communication methods available to supplement this requirement. Additional information regarding AudioCARE and TOL PP is located in References (ab) and (ac).

c. COVID-19 vaccination documentation will ensure clinical decision making is captured.

(1) Vaccination sites using MHS GENESIS will continue to use this EHR platform for vaccination documentation.

(2) Vaccination sites using AHLTA, will use either ASIMS or AHLTA. Do not double document. Data entered in ASIMS will flow to AHLTA when that patient has a schedule appointment. Data entered into AHLTA will flow daily to ASIMS.

(3) ASIMS can be used as an alternate in locations (Guard/Reserve) who do not have access to AHLTA/MHS GENESIS but do have ASIMS/ Health Artifact and Image Management Solution capabilities.

(4) Declinations. Document declinations in accordance with DAF Surgeon General (SG) guidance.

d. ASIMS will serve as the tracking mechanism for immunizations and declinations of Airmen, Guardians, and all Department of Air Force civilian and contractor HCPs. ASIMS will be configured to provide reports to include the number of uniformed personnel (to include Guard/Reserve) and healthcare workers (uniformed, civilian, and contract) who are immunized (doses 0, 1, 2), and due to be vaccinated.

(1) Commanders and unit POCs will have access to aggregated data and limited rosters which preserve the privacy of the vaccination decision while enabling the proper execution of the military mission (access to vaccine education and vaccination opportunities). Commanders and unit POCs will not have access to rosters listing declinations or vaccinations.

(2) Medical users will have access to a by-name roster (DAF Uniformed beneficiaries) to facilitate the vaccination process.

(3) Public Health ASIMS users will also have access to the Medical Employee Health Program rosters of uniformed, civilian, and contract healthcare workers.

(4) At this time, non-aggregated COVID-19 vaccination status collected by the MTF/Reserve Medical Units should not be routinely pushed to Commanders. As outlined in DoDI 6025.18, paragraph 4.4.k.(1)(c)2, permissible disclosure for military members would require a specific Commander to articulate how the information would impact a specific member's fitness to perform a particular mission, assignment, order, or duty, including compliance with any actions required as a precondition to performance of such mission, assignment, order or duty. To prevent the perception of undue command influence, additional caution should be applied to this permissible disclosure.

e. If scheduling appointments in CHCS (Legacy system), MTFs will follow the Medical Expense and Performance Reporting System (MEPRS) guidance for COVID-19 as published by DHA Financial Operations, "MEPRS Guidance for Planning, Functional Cost Code Approvals, and System Requirements for the Pandemic COVID-19 Response." Processes and procedures will be in accordance with References (ab) and (ac).

4. ORDERING AND DISTRIBUTION

a. The AFMRA Medical Force Health Protection Manpower and Equipment Force Package (AFMRA/SG4M) is responsible for ordering and distributing COVID-19 vaccine for Air Force activities. AFMRA/SG4M will manage the COVID-19 Vaccine program utilizing existing Medical Logistics ordering protocols, such as USAMMA-DOC (similar to Anthrax ordering) and/or the Air Force Vaccine Application located on the medical logistics website at <https://medlog.us.af.mil/apps/vaccine>. Units will monitor and track the quantities ordered and document transportation tracking numbers utilized.

b. MTF appointed COVID-19 vaccine logistics champions (COVID-19 Logistics Champion/POC) will be the primary point of contact to coordinate COVID-19 vaccination requirements with AFMRA/SG4M (Phone: DSN 343-2883; Commercial (301) 619-2883) or e-mail: usaf.detrick.afmoa.mbx.sgm-x-readiness-vaccines@mail.mil.

c. MTFs must inform AFMRA/SG4M of COVID-19 vaccine logistics POC personnel changes in timely method to ensure seamless communication.

d. Questions or concerns, including ordering of COVID-19 vaccine, should be directed to usaf.detrick.afmoa.mbx.sgm-x-readiness-vaccines@mail.mil.

e. Anticipate multiple vaccine characteristics will drive shipping, storage, and local availability as new candidate vaccines are approved for use.

5. AEROMEDICAL IMPACT. Adverse reactions are rare for all vaccines. Benefits of administration of vaccine for this population far outweigh the risks. After receiving COVID-19 vaccine, all flyers, controllers, and special warfare airmen (DD Form 2992 holders) will maintain access to medical care on the ground and not perform aviation-related duties (e.g., flying, controlling, or jumping) for a period of 48 hours after each dose in accordance with Reference (ad). No formal grounding is required for uncomplicated immunizations.

APPENDIX 6

COAST GUARD

1. VACCINE ORDERING AND DISTRIBUTION

a. The CG COVID-19 Vaccine Incident Command (CVIC) will be responsible for the planning, communication, distribution, and monitoring of the COVID-19 vaccine to CG units until phased transition to normal, enduring vaccine distribution by the Health, Safety, and Work-Life Service Center (HSWL SC) at the discretion of CG leadership. The CVIC will notify unit points of contact of forthcoming shipments that will include estimated quantity, date of arrival, and tracking number as supplied by USAMMA-DOC or the DLA-TSM. 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 COVID-19 vaccine, please contact the CVIC via e-mail at HQS-SMB-COVID (covid19@usecg.mil).

2. FUNCTIONAL CONSIDERATIONS

a. COVID-19 immunization is recommended for all CG AD, SELRES, civilian, and contract personnel to ensure force medical readiness and avoid disruption of CG missions. COVID-19 vaccines will be voluntary for the entire CG workforce.

b. The CDC will also make COVID-19 vaccines available to all States, Territories, and some local jurisdictions to ensure widespread distribution to the whole U.S. population. CG efforts to immunize its workforce will be complementary to a parallel effort by states, territories, and localities, as vaccine supply allows.

c. COVID-19 immunizations will be available at CG clinics for CG AD, SELRES, civilian and contract personnel, in accordance with the DoD-approved Population Schema and distribution plan. Vaccine supply will be initially limited but will increase throughout calendar year 2021 as manufacturing capacity ramps up. Civilian employees include Non-Appropriated Funds employees.

d. CG dependents and retirees can receive a COVID-19 vaccine through DoD MTFs or through TRICARE at no cost to the beneficiaries, as vaccine becomes available. CG dependents or retirees assigned to a DoD MTF are strongly encouraged to get immunized at a DoD MTF and not through an alternative civilian route.

e. Members of the CG Auxiliary should seek to obtain immunization through their primary care provider. Selected members of the CG Auxiliary may be able to obtain immunization at a CG clinic.

3. AIRCREW. Aircrew will be vaccinated in accordance with Reference (ae). In brief, aviation personnel are grounded for 12 hours following receipt of any immunization(s). Unless there is a significant adverse event, no formal grounding paperwork (i.e., DD Form 2992, Medical Recommendation for Flying or Special Operations Duty) is required.

APPENDIX 7

DoD REPORTABLE EVENT TIMELINE

5 Activity 5: Report a DoD Reportable Event

OVERVIEW

Once a DoD RE has been identified, there are specific requirements for reporting to the Market/Intermediate HQ and DHA/HA. These reporting requirements have specific time frames. This implementation guidance includes 1) Completing the DoD RE Notification Form, 2) Submitting the form to the Market/Intermediate HQ, 3) Submitting the notification to DHA/HA, 4) DHA receipt of DoD REs, and 5) Submitting additional information or retracting a DoD RE.

DHA-PM 6025.13

- Clarifies that all DoD REs must be reported to the Market/Intermediate HQ within 24 hours of determining an event met DoD RE criteria.
- Outlines that the Market/Intermediate HQ has 24 hours to report the DoD RE to DHA/HA once received.
- Explains that a notification of a DoD RE must include the MTF/organization's name, the event type, date of occurrence, date of discovery, patient demographics (i.e., gender, age, beneficiary category, current clinical status of patient), and a brief event-facts synopsis.

IMPLEMENTATION GUIDANCE

The MTF is responsible for reporting all DoD REs to the Market/Intermediate HQ within 24 hours of determining an event met DoD RE criteria. All DoD REs also need to be reported into JPSR. The notification process consists of five steps, as shown in Figure 8.

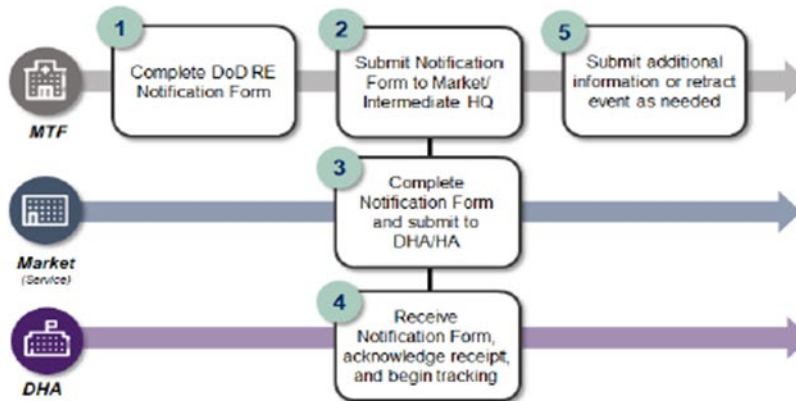


Figure 8. DoD RE Notification Process

APPENDIX 8

REQUIRED DoD COVER SHEET FOR EUA FACT SHEET

NOTE: A cover sheet with text comparable to the following is to be given to all potential recipients who are members of the Armed Forces. Adjustments to the text will be made to conform to the specifications of the particular vaccine offered (for example, with respect to the age requirements for recipients).

COVID-19 VACCINE FOR THE ARMED FORCES:
WHAT YOU NEED TO KNOW

- Coronavirus Disease 2019 (COVID-19) is a respiratory illness that is easily spread from person to person and can be deadly. It has caused a world-wide pandemic and a public health emergency in the U.S. military and throughout the United States.
- Based on the public health emergency, the U.S. Food and Drug Administration has issued an “Emergency Use Authorization” for a newly developed vaccine to prevent COVID-19 in people 16-years-of-age and older. You are being offered that vaccine.
- The top officers and enlisted leaders of all the Armed Forces and the top military doctors all agree with the recommendation of the U.S. Center for Disease Control and Prevention that eligible people get vaccinated now.
- Although it is recommended, receipt of this vaccine is voluntary for all Americans, including members of the Armed Forces.
- Please fill out the attached voluntary DHA Form 207, COVID-19 Vaccine Screening and Immunization Documentation Form and read the attached fact sheet with important additional information.

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
BUD	beyond use dates
CDC	Centers for Disease Control and Prevention
CG	Coast Guard
CHCS	Composite Health Care System
CICP	Countermeasures Injury Compensation Program
COVID	Coronavirus Disease
CS	Combat Support
CVIC	COVID-19 Vaccine Incident Command
CVX	vaccine administered code
DAD	Deputy Assistant Director
DCIR	Director's Critical Information Report
DHA	Defense Health Agency
DHA-IHD	Defense Health Agency-Immunization Healthcare Division
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DLA-TSM	Defense Logistics Agency-Troop Support Medical
DoD	Department of Defense
DSN	Defense Switch Network
EHR	electronic health record
EUA	Emergency Use Authorization
FDA	Food and Drug Administration
HAIMS	Health Artifact and Image Management Solution
HCP	healthcare personnel
HSWL SC	Health, Safety, and Work-Life Service Center
IHS	Immunization Healthcare Specialist
IMR	immunization medical record
JPSR	Joint Patient Safety Reporting

MEDPROS	Medical Protection System
MEPRS	Medical Expense and Performance Reporting System
MHS	Military Health System
MILDEP	Military Department
MMQC	Medical Materiel Quality Control
MRRS	Medical Readiness Reporting System
MTF	Military Medical Treatment Facility
MWDE	Medical Web Data Entry
NAVMEDLOGCOM	Naval Medical Logistics Command
OCONUS	outside the continental United States
PATCAT	patient category
PHEO	Public Health Emergency Officer
POC	point of contact
POD	point of dispensing
PQDR	Product Quality Deficiency Report
QR	Quick Response
RE	reportable events
RHC	Regional Health Command
SELRES	Selected Reserve
SG	Surgeon General
SGX	Chief Medical Planner
TMIP-J	Theater Medical Information Program- Joint
TOL PP	TRICARE Online Patient Portal
USAMMA-DOC	United States Army Medical Materiel Agency-Distribution Operations Center
USAMEDCOM	U.S. Army Medical Command
V-SAFE	Vaccine Safety Assessment for Essential workers
VAERS	Vaccine Adverse Events Reporting System
VIALS	Vaccine Information and Logistics System
VIS	Vaccine Information Statement