



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR OF THE JOINT CHIEFS OF STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE
(CLINICAL AND PROGRAM POLICY)
GENERAL COUNSEL OF THE DEPARTMENT OF
DEFENSE

SUBJECT: Policy for the Use of Influenza Vaccine for the 2010-2011 Influenza Season

The Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices have developed recommendations for the 2010-2011 influenza season that have expanded the recommendation for annual influenza vaccination to include all people aged 6 months and older. Seasonal vaccine effectiveness estimates continue to show good efficacy in years where there is a good match between circulating influenza viruses and vaccine strains. In recruit settings, the vaccine effectiveness has been estimated as high as 94 percent.

For the 2010-2011 influenza season, the Services have requested 4,392,975 doses of vaccine, which represents an 18 percent increase over last year. As in the past, delivery of the vaccine is dependent on the priorities of the manufacturers and availability of approved lots. We anticipate that vaccine may become available as early as August. Military Treatment Facilities (MTFs) should expect several deliveries.

A portion of the initial supply of Trivalent Inactivated Vaccine (TIV) should be reserved for Continuity of Operations and Continuity of Government personnel, as determined by the Combatant Commands and Services. It is highly recommended that Services administer the Live Attenuated Influenza Vaccines (LAIV) to new accessions and eligible children. New data from published reports suggest that for most uniformed military personnel, with the exception of new accessions, there is no significant difference in vaccine effectiveness between LAIV and TIV. Therefore, Service members may receive either form of the vaccine unless medically contraindicated. LAIV is more effective in pediatric and other young healthy populations and, as such, is highly recommended for the beneficiary population below 18 years of age and for new accessions who do not have a preexisting medical contraindication. The eligible age for the LAIV is 2 to 49 years of age.

The Services will use the first-available vaccine doses to preserve operational effectiveness and protect our most vulnerable populations. Military units that are deployed or will deploy, Department of Defense (DoD) personnel who represent critical missions or support critical missions, and beneficiaries at high risk will receive vaccine first. To ensure maximum immunization rates across all sectors of DoD, the amount of vaccine shipped will be based on prior immunization rates. Those rates reflect the immunizing activity's ability to immunize individuals over that period rather than their total requirement. Immunization continues to be mandatory for all uniformed personnel. Services will implement the recommendations to immunize beneficiaries wishing to be immunized. Protecting our beneficiaries is a policy of the Military Health System. The policy, dated April 4, 2008, "Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities," will remain in effect and will have local command emphasis.

Should an unanticipated shortage of vaccine occur, further direction regarding priority tiers will be provided, consistent with recommendations published in subsequent issues of the *Morbidity and Mortality Weekly Report*. Full-scale immunization campaigns for lower risk groups will begin after reasonable attempts are made to immunize higher priority groups and when vaccine supplies are adequate. Local installations should use this opportunity, in addition to other measures, to enhance community awareness and maximize immunization rates. Every attempt should be made to immunize all those requesting it. Unless significant local shortages preclude immunization, no eligible beneficiary will be denied immunization. Immunizations should begin as soon as the vaccine is received. Immunization of basic trainees should continue until the expiration date on the vaccine label. Vaccine with the latest expiration date, to facilitate spring and summer immunization of basic trainees, should be obtained consistent with this projected requirement. Steps to minimize waste of vaccine are important. Commanders have a responsibility to ensure policies and procedures are in place and followed to prevent the unnecessary and avoidable loss of government resources.

Through continental and outside continental United States reference laboratories and regional Medical Centers, DoD will conduct sentinel and population-based influenza-like illness surveillance throughout the world in both active duty and civilian populations. The U.S. Air Force School of Aerospace Medicine (USAFSAM) serves as the lead agent for laboratory-based sentinel surveillance. In addition to these and other laboratory-based surveillance data, the Armed Forces Health Surveillance Center (AFHSC) analyzes MHS-based patient encounter data from the Electronic Surveillance System for Early Notification of Community-based Epidemics and other sources for influenza-like illnesses, hospitalizations, and outpatient visits. At the beginning of the influenza season, both laboratory and MHS encounter-based data are summarized and published in the AFHSC Weekly Influenza Summary and submitted to Health Affairs. The current

version of this document will be posted at <http://fhp.osd.mil/index.jsp>. MTFs are encouraged to submit a representative sample of influenza samples to a participating DoD diagnostic laboratory for analysis to improve our overall influenza surveillance data. DoD reference laboratories include USAFSAM, the Navy Health Research Center, and regional Army Medical Centers. Those sentinel sites that usually provide samples to USAFSAM are asked to submit all suspected influenza samples this influenza season to further enhance the DoD influenza surveillance data.

The Department issued an interim rule authorizing TRICARE retail network pharmacies to administer H1N1, seasonal influenza, and pneumococcal vaccines at no cost to the beneficiary. DoD policy requires immunization of all Active Duty and Reserve Component personnel against influenza according to Service-specific guidelines. Commanders will ensure Service members who receive influenza vaccinations from non-military facilities provide immunization data to their unit's Immunization Tracking System (ITS) point of contact within 72 hours following vaccination.

We applaud the recent efforts of the Services and the Combatant Commands to prepare for pandemic influenza. Please use your seasonal influenza immunization program as an opportunity to test your installation-based pandemic influenza immunization plans.

Services will monitor implementation via Service-specific ITS. All systems must be able to validate that an immunization has been reported to the Defense Enrollment Eligibility Reporting System. Our goal is to exceed 90 percent immunization of military members by December 1, 2010. The Military Departments are directed to begin implementation of this policy immediately.



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