



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

DHA-IPM 16-002
August 11, 2016

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)
DIRECTOR OF THE JOINT STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES
ASSISTANT COMMANDANT FOR HUMAN RESOURCES,
U.S. COAST GUARD

SUBJECT: Interim Procedures Memorandum 16-002, 2016–2017 Seasonal Influenza Vaccination Program

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 (IAW) the guidance of References (c) through (i):

- Provides guidance for the Seasonal IVP. Please disseminate this message to all military activities (medical treatment facility (MTF) Commanders, immunization clinics, patient-centered medical homes, public health offices, pharmacy services, ships, aid stations, and medical logistics/supply sections) that administer or order/receive/store influenza vaccine.
- This DHA-IPM will expire effective 12 months from the date of issue.

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

Policy Implementation. IAW DoD policy, all Active Duty and Reserve Component personnel will be vaccinated against influenza.

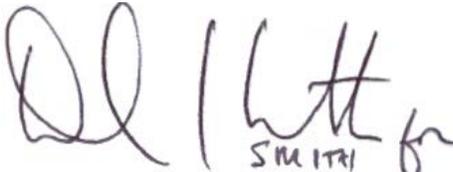
Responsibilities.

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

Procedures. See Attachment 2

Releasability.

- **Cleared for public release.** This DHA-IPM is available on the Internet on the DHA Web site at www.health.mil/dhapublications.



Karen S. Guice, M.D., M.P.P.
Acting

Attachments:
As stated

cc:
Under Secretary of Defense for Personnel and Readiness
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Medical Officer of the Marine Corps
Joint Staff Surgeon
Director of Health, Safety and Work-Life, U.S. Coast Guard
Surgeon General of the National Guard Bureau
Director, National Capital Region Medical Directorate

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA Procedural Instruction 5025.01, “Publication System,” August 21, 2015
- (d) ASD(HA) Memorandum, “Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance,” January 25, 2006
- (e) National Childhood Vaccine Injury Act of 1986 (Title 42, U.S.C., §§ 300aa-1 to 300aa-34)
- (f) Centers for Disease Control and Prevention, Vaccine Information Statements (VIS), Influenza (Flu) Vaccine: Inactivated or Recombinant; Live, Intranasal, August 7, 2015
- (g) Army Regulation 40-562, BUMEDINST 6230.15B, AFI 48-100_IP, CG COMDTINST M6230.4G, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” October 7, 2013
- (h) ASD(HA) Policy: 08-005, “Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities,” April 4, 2008
- (i) ASD(HA) Memorandum, “Guidance for the 2016-2017 Annual Influenza Immunization Vaccine Program,” June 9, 2016

ATTACHMENT 2

PROCEDURES

1. 2016–2017 SEASONAL INFLUENZA VACCINE INFORMATION. IAW Reference (g), the DoD will generally follow the Centers for Disease Control and Prevention and Advisory Committee on Immunization Practices (ACIP) vaccine recommendations and requirements and guidance of the U.S. Food and Drug Administration, while giving consideration to the unique needs of military populations. Information on the seasonal influenza vaccine strains can be found on the Defense Health Agency Immunization Healthcare Branch (DHA-IHB) seasonal influenza Web page at www.health.mil/vaccines/influenza.

2. ORDERING, DISTRIBUTION, AND COLD CHAIN MANAGEMENT

a. Influenza vaccines not purchased through the annual DoD contract may be available through the Defense Logistics Agency-Troop Support Medical (DLA-TSM) Direct Vendor Delivery program, via Military Standard Requisitioning and Issue Procedures.

b. DoD Components will ensure logistics and immunization personnel are registered to receive influenza vaccine updates by way of DoD Medical Materiel Quality Control messages. Register at www.usamma.amedd.army.mil/assets/apps/nala_qaweb/nala_index.cfm

c. DoD Components will ensure that logistics and immunization personnel are properly trained and present to receive and store vaccines upon arrival. Received vaccine quantity shall promptly be posted in facilities' requisition processing system.

d. To ensure proper receipt of vaccine, DLA-TSM will ship to OCONUS locations on Mondays and Fridays, and to CONUS locations on Mondays, Tuesdays, and Wednesdays. DLA-TSM does not ship on holidays or weekends and will only ship on Thursdays on a case-by-case basis.

e. All vaccine shipments will include temperature monitoring devices. All temperature monitors and accompanying documents will be returned to DLA-TSM as soon as possible after receipt, per instructions included in each vaccine shipment. Activity will use the pre-paid/pre-addressed FedEx 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 immediately suspend use of the vaccine and place in refrigeration, return temperature monitor to DLA-TSM, and await disposition instructions.

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

f. Influenza vaccines will be stored 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 temperature parameters, it may lose potency. If temperature compromise is suspected after receipt:

(1) Vaccine should be placed immediately in a working refrigerator and marked “DO NOT USE.”

(2) Notify your DHA-IHB Immunization Healthcare Specialist, and complete the Potentially Compromised Vaccine/Temperature Sensitive Medical Products response worksheet located on the United States Army Medical Materiel Agency-Distribution Operations Center (USAMMA-DOC) Web site at www.usamma.amedd.army.mil/net/Pages/doc/potentiallyCompromisedVaccine.aspx. The worksheet must be submitted online to DLA-TSM and USAMMA-DOC, and to your local medical logistics directorate.

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

(4) If required by Service policy, an Executive Summary for all confirmed compromises will be submitted through Service medical headquarters.

g. Army, Air Force, and Coast Guard activities should turn in all expired influenza vaccines to the DLA Pharmaceutical Reverse Distributor Program, Pharma Logistics, when possible, at the end of the season. The Navy and the Marine Corps do not participate in the Pharma Logistics program. For additional information on the program, call (877) 729-7427.

3. FUNCTIONAL CONSIDERATIONS

a. All military personnel will receive an annual influenza vaccination, with a goal of greater than 90% of personnel immunized by December 15, 2016.

b. In the event of a severe influenza epidemic, extreme vaccine shortage, or unforeseen distribution delays, target populations will be prioritized as follows, per Reference (d):

(1) Air crews, ships’ crews, and personnel involved in combat or assigned to alert status.

(2) Continuity of Operations and Continuity of Government personnel, as determined by the Combatant Commands, the Services, and the DHA.

(3) High-risk beneficiaries, including children age 6 months to 59 months, pregnant women, persons age 50 years and older; and adults and children at risk for medical complications attributable to severe influenza as outlined in the ACIP influenza prevention and control recommendations.

4. VACCINE ADMINISTRATION

a. Only appropriately trained and qualified medical personnel working within their scope of practice, upon the order of an appropriately privileged healthcare provider, will administer the influenza vaccine.

b. The DHA-IHB will provide online education modules via Joint Knowledge Online for the management of the Seasonal IVP, to include proper patient screening, documentation, administration, and cold chain management procedures. This online training may be incorporated into local or regional training programs.

c. IAW Reference (e), individuals receiving a vaccine will be provided the current influenza Vaccine Information Statement (VIS), Reference (f), for the inactivated, injectable, or intranasal influenza vaccines. When minors are vaccinated, the VIS will be provided to the child's legal representative (i.e., parents or guardians).

5. DOCUMENTATION

a. Documentation of immunization for military members is required in the appropriate Service Immunization Tracking System (ITS) IAW Reference (g). When documenting immunizations in Armed Forces Health Longitudinal Technology Application (AHLTA), the immunization module will be used. If it is not documented in the immunization module, the information will not appear on the AHLTA 2766C form and will not transfer to the Service medical readiness systems or the Defense Healthcare Management Systems Modernization (DHMSM). Influenza immunizations will be documented in the DHMSM per local policy.

b. IAW Reference (e), proper documentation of an immunization includes: patient identification; the date the vaccine was administered; the vaccine name or CVX (vaccine administered) code; the manufacturer and lot number; the dose administered; route, and anatomic site of vaccination; the date the VIS was provided; and the VIS version date. Because multiple vaccine products are available each year, staff should verify all product names and CVX codes before documentation. CVX codes 15 (influenza, split), 16 (influenza, whole), and 111 (influenza, live, intranasal) are inactive and should NOT be used to document vaccines administered this season.

c. Service members who receive influenza vaccinations from non-military facilities will provide immunization data to their unit's ITS point of contact for transcription no later than close of business the next duty day following immunization. All available information should be transcribed into the ITS. Contract providers will document immunization information, as noted in Section 5.b., into the ITS at the time of immunization delivery.

d. Do not use exemption codes "Medical, immune (MI)," "Medical, assumed (MA)," "Medical, declined (MD)," or "Not required (NR)," to defer annual influenza vaccination for military personnel. Due to the wide variety of influenza vaccines available each year, "Medical, permanent (MP)" exemptions should expire annually and be renewed each year.

6. VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS). All suspected vaccine-related adverse events must be reported through VAERS. The VAERS form is available at <http://vaers.hhs.gov/esub/index>. The DHA-IHB Immunization Healthcare Support Center is available at 1-877-GETVACC (1-877-438-8222), to answer questions about vaccine screening and potential vaccine-related adverse events.

7. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. Influenza vaccination is mandatory for all Active/Reserve members IAW Reference (g).

b. As a condition of employment, influenza vaccination is required for all civilian healthcare personnel (HCP), IAW Service-specific guidance, who provide direct patient care in DoD MTFs, unless there is a documented medical or religious reason not to be immunized IAW Reference (h).

c. Service points of contact will provide Service-level HCP compliance reports to DHA-IHB no later than February 13, 2017.

d. The DHA-IHB will provide the ASD(HA) with the consolidated annual report detailing DoD HCP influenza immunization compliance, IAW Reference (h), no later than March 1, 2017.

8. The DHA-IHB Web site contains templates and additional documents for the management of the Seasonal IVP to include standing orders, suggested screening questions, staff competency forms, dosing algorithms, vaccine cold chain management tools, and vaccine product guides. Product package inserts, ACIP guidelines, Service policies, and other references to support the Seasonal IVP will be available at www.health.mil/vaccines.

9. For Seasonal IVP questions, please contact the DHA-IHB at 1-877-GETVACC (1-877-438-8222), or DoDVaccines@mail.mil.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ACIP	Advisory Committee on Immunization Practices
ASD(HA)	Assistant Secretary of Defense for Health Affairs
DHA	Defense Health Agency
DHA-IHB	Defense Health Agency-Immunization Healthcare Branch
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DLA-TSM	Defense Logistics Agency-Troop Support Medical
HCP	healthcare personnel
IAW	in accordance with
ITS	Immunization Tracking System
IVP	Influenza Vaccination Program
MTF	medical treatment facility
USAMMA- DOC	United States Army Medical Materiel Agency Distribution Operations Center
VAERS	Vaccine Adverse Event Reporting System
VIS	Vaccine Information Statement