DEFENSE HEALTH AGENCY
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DHA-IPM 17-005
August 3, 2017

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 17-005, 2017–2018 Seasonal Influenza Vaccination Program (IVP)

References: See Attachment 1.

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

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

- Is effective immediately. This DHA-IPM will expire effective 12 months from the date of issue.

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

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

Policy Implementation. In accordance with DoD policy (References (g) and (i)), all Active Duty and Reserve Component personnel will be vaccinated against influenza. Individual Ready Reserve and Retired Reserve personnel are not subject to this DHA-IPM.

Responsibilities

- The Director, Defense Health Agency (DHA), will track, collect, and analyze immunization data and all confirmed vaccine compromises in coordination with the DoD Components.

- The Surgeons General of the Military Departments will monitor influenza immunization compliance data.

Procedures. See Attachment 2.

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

For R.C. BONO
VADM, MC, USN
Director

Attachments:
As stated

cc:
Under Secretary of Defense for Personnel and Readiness
Assistant Secretary of Defense for Health Affairs
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Medical Officer of the Marine Corps
Joint Staff Surgeon
Director, 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) Title 42, U.S.C., §§ 300aa-1 to 300aa-34, National Childhood Vaccine Injury Act of 1986
(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 2017-2018 Annual Influenza Immunization Program," May 26, 2017
(j) DoD Instruction 4000.19, "Support Agreements," April 25, 2013

ATTACHMENT 2

PROCEDURES

1. 2017–2018 SEASONAL INFLUENZA VACCINE INFORMATION. In accordance with Reference (g), the DoD and the Coast Guard generally follow the Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) vaccine recommendations, requirements, and guidance of the U.S. Food and Drug Administration, while considering the unique needs of military populations. Information on seasonal influenza can be found on the Defense Health Agency-Immunization Healthcare Branch (DHA-IHB) seasonal influenza website: http://www.health.mil/flu.

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. Requisitions may be submitted via the Defense Medical Logistics Standard System (DMLSS) or via the DoD-Electronic Mall. Information on the DoD-Electronic Mall system can be located at: https://dod.emall.dla.mil/acct/.

b. Logistics and immunization personnel should register to receive influenza vaccine updates by way of the DoD Medical Materiel Quality Control messages. Personnel can register at: http://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 in the storage and handling of the influenza vaccines, and present to receive and store vaccines upon arrival. The received vaccine will be promptly posted in the facilities' requisition processing system.

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

e. All vaccine shipments will include temperature monitoring devices. All temperature monitors and accompanying documents should 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 correct temperature parameters, it may lose potency. If a temperature compromise is suspected after receipt:

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

(2) Notify your DHA-IHB Immunization Healthcare Specialist (http://health.mil/ContactYourIHS), and complete the Potentially Compromised Vaccine/Temperature Sensitive Medical Products (TSMP) response worksheet located on the United States Army Medical Materiel Agency-Distribution Operations Center (USAMMA-DOC) website at: http://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(s) until directed by DLA-TSM and/or USAMMA-DOC.

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

g. All DoD Components and Coast Guard activities should turn in all expired influenza vaccines to the Defense Logistics Agency (DLA) Pharmaceutical Reverse Distributor Program, Pharma Logistics, at the end of the season, June 30, 2018. To register for a pick-up, and for additional information on the program, call (877) 729-7427.

3. FUNCTIONAL CONSIDERATIONS

a. The Assistant Secretary of Defense for Health Affairs (ASD(HA)) has directed that all uniformed personnel will receive an annual influenza vaccination, with a recommended goal of greater than 90% of personnel immunized by December 15, 2017.

b. In the event of an influenza pandemic, target populations will be prioritized per Reference (d). Should an unanticipated shortage of vaccine or unforeseen distribution delays occur, the (ASD(HA)) will provide direction regarding priority tiers, consistent with recommendations published in the CDC's Morbidity and Mortality Weekly Report (MMWR).

4. VACCINE ADMINISTRATION

a. Additional influenza vaccine formulations, not available through the DLA bulk purchase contract (e.g., specific vaccines for adults ages 65 years and older, egg protein free, intradermal, etc.) are available for purchase through DLA's Direct Vendor Delivery program, as described above in paragraph 2a. Clinics must contact their supply/logistics support personnel for more details.

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

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

d. In accordance with Reference (e), individuals receiving a vaccine will be provided the current influenza Vaccine Information Statement (VIS), in accordance with Reference (f), for the inactivated, injectable, or intranasal influenza vaccines. When minors are vaccinated, the VIS will be provided to the child's legal representative.

5. DOCUMENTATION

a. Documentation of immunization for military members is required in the appropriate Service Immunization Tracking System (ITS), in accordance with Reference (g). When documenting immunizations in the Armed Forces Health Longitudinal Technology Application (AHLTA), the immunization module will be used. For locations that have transitioned from AHLTA to MHS GENESIS, influenza immunizations will be documented in MHS GENESIS, and the data will transfer to the Service-specific ITS.

b. In accordance with Reference (e), proper documentation of an immunization includes: patient identification; the date the vaccine was administered; the vaccine name or CVX (vaccine administered) code; the manufacturer and lot number; the dose administered; route; anatomic site of vaccination; the date the VIS was provided; and the VIS version date. Due to the number of vaccine products available each year, staff should verify all product names and CVX codes before documentation. CVX codes 15 (influenza, split), 16 (influenza, whole), 111 (influenza, live, intranasal), and 153 (influenza, MDCK, PF) are inactive and should NOT be used to document vaccines administered this season. CVX code 88 (influenza unspecified) should be used for historical documentation only when vaccine specifics are not known.

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 (next drill weekend/battle assembly for Guard and Reserve members) following the immunization. All available information should be transcribed into the

ITS. Contract providers will document immunization information, as noted in Section 5.b., into the ITS at the time of immunization delivery. Live attenuated influenza vaccine (LAIV4), or Flumist®, will not be accepted as a valid influenza immunization for readiness, and CVX code 149 will not be used.

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

6. VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS). All suspected serious or unexpected vaccine-related adverse events (e.g., events resulting in hospitalization, life-threatening events, time lost from duty more than one duty shift, or an event related to suspected contamination of a vaccine vial) 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-GET-VACC (1-877-438-8222) to answer questions regarding vaccine screening and potential vaccine-related adverse events.

7. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. Influenza vaccinations are mandatory for all Active/Reserve Component members, in accordance with Reference (g) and Service-specific guidance.

b. Influenza vaccination is required for all civilian healthcare personnel (HCP), in accordance with Service-specific guidance, who provide direct patient care in DoD MTFs, unless there is a documented medical or administrative reason not to be immunized, in accordance with References (g) and (h).

(1) Service points of contact will provide Service-level civilian HCP compliance reports to DHA-IHB, including the total number of HCPs, the number of HCPs immunized, and the number of medical and administrative exemptions no later than February 16, 2018.

(2) The DHA-IHB will provide the ASD(HA) with the consolidated annual report detailing DoD HCP influenza immunization compliance, in accordance with Reference (h), no later than March 2, 2018.

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

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

(1) Active/Reserve Component members.

(2) Contracted HCP in accordance with the terms of their contract.

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

(4) Non-DHP-funded DoD civilian personnel (including DoD Education Activity employees) on a reimbursable basis.

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

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

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

9. QUESTIONS. For Seasonal IVP questions, please contact the DHA-IHB at: 1-877-GET-VACC (1-877438-8222) or via email: DoDVaccines@mail.mil.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ACIP	Advisory Committee on Immunization Practices
ASD(HA)	Assistant Secretary of Defense for Health Affairs
DHA-IHB	Defense Health Agency-Immunization Healthcare Branch
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DHP	Defense Health Program
DLA	Defense Logistics Agency
DLA-TSM	Defense Logistics Agency-Troop Support Medical
HCP	healthcare personnel
ITS	Immunization Tracking System
IVP	Influenza Vaccination Program
MHS	Military Health System
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