DEPARTMENT OF THE AIR FORCE
OFFICE OF THE CHIEF OF STAFF
UNITED STATES AIR FORCE
WASHINGTON DC 20330

23 Aug 2017

MEMORANDUM FOR ALMAJCOM/SG
ALMTF/CC

FROM: AF/SG3/5

SUBJECT: Air Force 2017-2018 Seasonal Influenza Vaccination Program Implementation Plan

Annual seasonal influenza vaccination preserves the Air Force's readiness posture; protects the health of our patients; and sustains productivity of Air Force Medical Service (AFMS) staff. The attached Assistant Secretary of Defense (Health Affairs) memo (Attachment 1); Defense Health Agency Interim Procedures Memorandum (Attachment 2); and Air Force 2017-2018 Seasonal Influenza Vaccination Program Implementation Plan (Attachment 3) collectively provide implementation guidance for the 2017-2018 Air Force Influenza Immunization Program Implementation Plan.

The DoD goal is 90% influenza vaccination of Service members and health care personnel by 15 Dec 2017. Historically, the Air Force has accomplished this goal. Consistently providing high levels of influenza vaccination exemplifies AFMS as a High Reliability Organization, and AFMS leaders at all levels can sustain high influenza vaccination coverage and remove barriers. The AF/SG point of contact is Lt Col Ruth Brenner, Chief, Personalized Medicine, Air Force Medical Support Agency, 703-681-6030 (DSN 761), or ruth.brenner.mil@mail.mil.

ROOSEVELT ALLEN, JR.
Major General, USAF, DC
Director, Medical Operations & Research
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Attachments:
1. Assistant Secretary of Defense (Health Affairs), "Guidance for the 2017-2018 Annual Influenza Immunization Program," 9 Jun 2016
2. Defense Health Agency Interim Procedures Memorandum 17-005, "2017-2018 Seasonal Influenza Vaccination Program (IVP)," 3 Aug 2017
3. Air Force 2017-2018 Seasonal Influenza Vaccination Program Implementation Plan

Air Force 2017-2018 Seasonal Influenza Vaccination Program Implementation Plan

REFERENCES:

a. Assistant Secretary of Defense (Health Affairs), "Guidance for the 2017-2018 Annual Influenza Immunization Program," 26 May 2017
b. Defense Health Agency Interim Procedures Memorandum 17-005, "2017-2018 Seasonal Influenza Vaccination Program (IVP)," 3 Aug 2017
c. 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
d. Centers for Disease Control and Prevention. "Update: Influenza Activity in the United States During the 2016-17 Season and Composition of the 2017-18 Influenza Vaccine," MMWR; 66(25):668-676.
e. Centers for Disease Control and Prevention. "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices - United States, 2016-2017 Influenza Season," MMWR Recomm Rep 2016; 65(5):1-54.
f. ASD(HA) Memorandum, "Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance," January 25, 2006.
g. Air Force Instruction 48-110_IP, "Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases," October 7, 2013.
h. National Center for Immunization and Respiratory Diseases. "General recommendations on immunization – recommendations of the Advisory Committee on Immunization Practices (ACIP)," MMWR Recomm Rep 2011; 60(2):1-64.
i. Official Air Force Aerospace Medicine Approved Medications, 13 Jun 2017.
j. Centers for Disease Control and Prevention, "Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," MMWR Recomm Rep 2011; 60(7):1-45.
k. Air Force Instruction 41-210, "Tricare Operations and Patient Administration Functions," June 23, 2017.
l. ASD(HA) Memorandum, "Department of Defense Guidance Regarding Thimerosal Containing Vaccines," September 29, 2008.
m. Air Force Instruction 25-201, "Intra-Service, Intra-Agency, and Inter-Agency Support Agreements Procedures," October 18, 2013.

INTRODUCTION:

The Air Force 2017-2018 Seasonal Influenza Vaccination Program Implementation Plan serves to provide additional AF guidance to References (a) and (b).

Key updates for the 2017-2018 Influenza Season include:

- FluLaval is licensed for patients ≥6 months old. The FluLaval dosage is 0.5 mL for both pediatric and adult patients.
- Only quadrivalent vaccine formulations have been contracted by DoD.

- 2017-2018 U.S. trivalent influenza vaccines will contain A/Michigan/45/2015 (H1N1) pdm09-like virus, A/Hong Kong/4801/2014 (H3N2)-like virus, and B/Brisbane/60/2008-like virus (Victoria lineage). Quadrivalent vaccines will also include B/Phuket/3073/2013-like virus (Yamagata lineage). The 2017-2018 vaccine represents a change in the influenza A (H1N1) virus. These are the same vaccine viruses which were recommended for use in the Southern Hemisphere vaccine for the 2017 season (Reference [d]).

The CDC is expected to publish its 2017 - 2018 seasonal influenza vaccination guidance at a future date, however DoD's Defense Logistics Agency-Troop Support Medical (DLA-TSM) is anticipating the initial shipments of vaccine may arrive at MTFs prior to that time, depending on the established population priority. Any significant changes will be communicated to Public Health and Immunization personnel.

1. REQUIREMENTS AND ELIGIBILITY
   a. All Active Duty and Reserve Component personnel will be immunized annually against the influenza virus IAW AFI 48-110_IP.
   b. All civilian health care personnel (HCP) will be immunized annually against influenza virus IAW recommendations of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) and Reference (c). Local bargaining obligations will need to be satisfied prior to full implementation of this program guidance.
      (1) The Air Force endorses the CDC definition of HCP found in Reference (j), in which HCP are defined as "all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients."
      (2) DoD purchased influenza vaccinations may be used for Defense Health Program (DHP) funded DoD civilian personnel.
      (3) Contract HCP will be immunized in accordance with the terms of their contract.
   c. While influenza vaccination is mandatory for all Active/Reserve Component members and all HCP, exemptions can be granted on a case-by-case basis for medical or administrative, such as religious, reasons IAW Reference (g). Medical exemptions expire annually.
   d. Use of DoD purchased influenza vaccinations in non-HCP, non-beneficiary populations:
      (1) Non-DHP-funded DoD civilian personnel may receive the influenza vaccination IAW Reference (b).
      (2) Reimbursement will be waived for Federal Civil Service employees who are outside of the United States IAW Reference (k).
      (3) If an MDG intends to provide influenza vaccinations to non-DHP-funded DoD civilian

personnel in the United States, a support agreement should be established between the MDG and WG to document the terms of the support provided IAW guidance contained in Reference (m) and Reference (b).

(4) Non-HCP contract personnel are only eligible to receive the influenza vaccination as within the terms of their contracts.

2. DOD CONTRACTED INFLUENZA VACCINES FOR 2017-2018

a. While there are many FDA-approved influenza vaccines for the 2017-2018 influenza season, DLA-TSM has contracted for the delivery of 3.49 million doses of three influenza vaccines (Appendix 1):

(1) FluLaval Quadrivalent (ID Biomedical Corp. of Quebec, distributed by GlaxoSmithKline) is a quadrivalent, inactivated influenza vaccine (IIV4) that is FDA approved for ages 6 months and older. DoD has contracted to obtain both 0.5 mL prefilled syringes (PFS) and 5.0 mL multi-dose vials (MDV). The PFS were contracted for children 6 months through 35 months old. The MDV were contracted to be used in patients aged 36 months and older. Note that FluLaval is the only contracted influenza vaccine that may be used in children under 3 years age.

(2) Fluarix Quadrivalent (GlaxoSmithKline) is an IIV4 FDA approved for ages 3 years and older, dispensed in 0.5 mL PFS.

(3) Flucelvax Quadrivalent (Seqirus) is an IIV4 FDA approved for ages 4 years and older. DoD has contracted to obtain both 0.5 mL PFS and 5.0 mL MDV. While this is FDA approved down to 4 years of age, DLA-TSM has based the quantity of doses off of the number of doses needed to cover the 9 years of age and older population.

b. DLA-TSM has contracted to receive shipments of influenza vaccine:

Product	DLA Contracted Age Group	Required Doses	% Total Doses
FluLaval	6-35 mos	166,160 [1]	5%
	≥ 36 mos	250,230 [2]	7%
Fluarix	≥ 36 mos	1,079,150 [1]	31%
Flucelvax	≥ 9 yrs	1,667,000 [1]	48%
		327,610 [2]	9%
TOTAL		3,490,150	

1. 0.5 ml single dose prefilled syringe
2. Multidose vial; 5ml; contains ten 0.5 ml doses

c. Note that FluLaval, Fluarix, and Flucelvax may all be given to adults. However, children 6-35 months old may only receive FluLaval, and those children who are 3 yrs old may only receive FluLaval or Fluarix. In order to conserve FluLaval and Fluarix for these age ranges, children ≥ 9 years old and adults should receive Flucelvax, if available, as contracted by DLA.

d. Vaccines will be delivered to the MTF or operational units based on logistics allocation strategy.

e. Received vaccine quantity shall promptly be posted in facilities' requisition processing system.
f. Air Force Medical Operations Agency (AFMOA)/SGLAC is responsible for ordering and distributing influenza vaccine for AFMS activities. AFMOA will notify units of the quantities ordered and the document numbers being used. Additional quantities required must be coordinated with AFMOA/SGALC, DSN 343-4170, Commercial 301-619-4170.
g. Questions or concerns, including ordering FDA approved influenza vaccines which are not contracted by DoD should be directed to Ms. Jan Mitchell: Email: jan.l.mitchell.civ@mail.mil, Comm: 301-619-4170; DSN: 343-4170; Fax: 301-619- 2557, or TSgt Ezequiel Villarreal: Email: Ezequiel.villarreal.mil@mail.mil, Comm: 301-619-8294; DSN: 343-8294.
h. Vaccines that expire, excess at the end of the season, or are not usable due to the disruption of the cold chain (as determined after consultation with DLA) should be disposed of by sending the affected vaccine to the DLA Pharmaceutical Reverse Distributor Program, Pharma Logistics.
i. Note that CDC makes no recommendation on whether persons should receive quadrivalent vs. trivalent inactivated influenza vaccine; inactivated, adjuvanted inactivated, or recombinant influenza vaccine; intramuscular vs. intradermal route vaccines; or standard vs. high-dose vaccine. The general principle is that persons should receive influenza vaccination. With the exception of live attenuated influenza vaccine, all of the FDA-approved influenza vaccines are equally recommended. The DoD contracted influenza vaccines should meet the health care needs of Military Health System beneficiaries.

3. FUNCTIONAL CONSIDERATIONS
   a. Aeromedical impact: Aircrew are in Duties Not to Include Flying (DNIF) status for four hours following influenza vaccination IAW Reference (i): "Access to medical care on the ground is recommended for a period of 4 hours for all personnel after immunization unless operational needs dictate otherwise."
   b. Individual Mobilization Augmentees (IMAs) should be immunized at their first opportunity or by their supporting MTF and should be included in requirements for the MTF. Alternatively, they can provide full information about the immunization they receive for it to be transcribed into ASIMS.
   c. In the case of an influenza pandemic or severe influenza season, "those personnel necessary to maintain a functioning health care system (Reference [f])" will include HCP as defined in Reference (j). In the case of vaccine shortages, ASD(HA) will provide direction regarding priority tiers IAW Reference (b).

4. VACCINE ADMINISTRATION AND TRAINING
   a. DHA Immunization Healthcare Branch (www.health.mil/vaccines) provides resources and training. The two hour Seasonal Influenza Vaccination Training (DHA-US069) and one hour Cold Chain Management of the Influenza Vaccine for Logistical Personnel (DHA-US070) can be found at https://jkosupport.jten.mil/Atlas2/page/login/Login.jsf.
   b. All Vaccine Information Statements (VIS) are available at:

www.cdc.gov/vaccines/hcp/vis/current-vis.html and in multiple languages at the Immunization Action Coalition site: www.immunize.org/vis

c. FluLaval was licensed for use in patients ≥6 months old in Nov 2016, and it is the current vaccine contracted for the 6-35 months age range. **The dosage of this vaccine is 0.5 mL**, which is a change from previous years where the dose was 0.25 mL. The 6-35 months age group will receive FluLaval through PFS, and the **entire 0.5 mL dose should be administered**. Pediatric patients < 9 years old receiving their first influenza vaccine will still receive 2 immunizations (0.5 mL each), at least 4 weeks apart.

d. FluLaval and Flucelvax MDV contain Thimerosal. ASD(HA) has directed that every effort should be made to comply with laws in various states regarding the limitations on the administration of Thimerosal containing vaccines in select populations (Reference [l]).

e. LATEX ALLERGY: ~~Flucelvax PFS may contain natural rubber latex in the tip caps. All individuals should be screened for any allergies, to include latex, prior to receiving the influenza vaccination. Individuals with an anaphylactic response to latex should NOT receive Flucelvax. Individuals with other latex allergies (such as a contact allergy to latex gloves), may still undergo vaccination with Flucelvax IAW Reference (h).~~ All DoD contracted vaccinations are free of latex. https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm

f. EGG ALLERGY: Reference (e) and Appendix 2 provide recommendations for influenza vaccination of persons who report history of egg allergy.

g. Previous severe allergic reaction to influenza vaccine, regardless of the components suspected of being responsible for the reaction, is a contraindication to future receipt of the influenza vaccine. Service members with previous severe allergic reaction to influenza vaccine should be evaluated by an allergist and, if appropriate, the exemption code Medical, Reactive (indefinite) should be entered into ASIMS IAW Reference (g).

h. Flumist, an intranasal form of the influenza vaccine, is not an acceptable form of the influenza vaccine, IAW Reference (b). Military personnel who obtain Flumist vaccination through other means/agencies will not be considered vaccinated and will still show due in ASIMS.

5. DOCUMENTATION

a. ASIMS is the Air Force Immunization Tracking System. For locations that have transitioned to MHS GENESIS, influenza vaccinations will be documented in MHS GENESIS. For all other locations, influenza vaccinations will continue to be documented in ASIMS, at the point of service if possible. Inactivated influenza vaccines are the only valid forms of influenza vaccination until further notice.

b. CVX codes (product used for vaccination) have been updated. This year's pediatric vaccination will not say "pediatrics" in the description. Instead, FluLaval PFS are coded as 150: Influenza Seasonal, injectable quadrivalent, preservative free. Other new codes include 186: Influenza, injectable, MDCK, quadrivalent (Flucelvax MDV) and 185: Influenza, quadrivalent, recombinant, injectable, preservative free (Flublok).

c. All adverse events should be reported through the Vaccine Adverse Event Reporting System (VAERS), which can be accessed at https://vaers.hhs.gov/esub/index.jsp. The VAERS website and form was updated in Jun 2017, now allowing online submissions and

including a section to capture vaccinations administered by the DoD (question 27 and 28).

APPENDIX 1: 2017-2018 INFLUENZA VACCINES PROCURED BY DOD

Influenza Vaccine Product List and Age Groups --- United States, 2017-2018 Season[1]

(DOD contracted vaccines are highlighted)

Manufacturer	Trade Name	Presentation		Mercury (thimerosal) µg/0.5 mL	Ovalbumin µg/0.5 mL	Age Group	CVX	CPT
Seqirus, Inc.	Afluria®[1,2] (IIV3)	0.5 mL single-dose prefilled syringe		0.0	< 1	≥ 5 yrs	140	90656
		5 mL multi-dose vial[3]		24.5	< 1		141	90658
	Afluria®[1,2] (IIV4)	0.5 mL single-dose prefilled syringe		0.0	< 1	≥ 18 yrs	150	90686
		5.0 mL multi-dose vial[3]		24.5	< 1		158	90688
	Fluad®[1,4] (IIV3)	0.5 mL single-dose prefilled syringe (latex in tip caps)		0.0	< 0.4	≥ 65 yrs	168	90653
	Flucelvax®[1] (ccIIV4)	**0.5 mL single-dose prefilled syringe**		0.0	††	≥ 4 yrs	171	90674
		5 mL multi-dose vial		< 25.0	††		186	90756
	Fluvirin®[1] (IIV3)	0.5 mL single-dose prefilled syringe (latex in tip caps)		≤ 1	≤ 1	≥ 4 yrs	140	90656
		5 mL multi-dose vial		25.0	≤ 1		141	90658
GlaxoSmithKline	**Fluarix®[1] (IIV4)**	**0.5 mL single-dose prefilled syringe**		0.0	≤ 0.05	≥ 3 yrs	150	90686
	FluLaval®[1] (IIV4)	**0.5 mL single-dose prefilled syringe[9]**		0.0	≤ 0.3	≥ 6 mos	150	90686
		5 mL multi-dose vial[3,9]		< 25.0	≤ 0.3		158	90688
Sanofi Pasteur	Fluzone®[1] (IIV4)	0.25 mL single-dose prefilled syringe		0.0	§§	6-35 mos	161	90685
		0.5 mL single-dose prefilled syringe		0.0	§§	≥ 3 yrs	150	90686
		0.5 mL single-dose vial		0.0	§§		150	90686
		5 mL multi-dose vial	0.25 mL MDV	12.5	§§	≥ 6 mos	158	90687
			0.50 mL MDV	25.0				90688
	Fluzone® Intradermal[1,6] (IIV4)	0.1 mL single-dose prefilled microinjection system[7]		0.0	§§	18-64 yrs	166	90630
	Fluzone® High-Dose[1,5] (IIV3)	0.5 mL single-dose prefilled syringe		0.0	§§	≥ 65 yrs	135	90662
Protein Sciences	FluBlok®[1] (RIV3)	0.5 mL single-dose vial		0.0	0.0	≥ 18 yrs	155	90673
	FluBlok®[1] (RIV4)	0.5 mL single-dose prefilled syringe		0.0	0.0		185	90682
MedImmune	FluMist®[1,8] (LAIV4)	0.2 mL single-dose prefilled intranasal sprayer		0.0	≤0.24 (0.2 ml)	2-49 yrs	149	90672

1. Immunization providers should check Food and Drug Administration approved prescribing information for 2017-18 seasonal influenza vaccines for the most complete and up-to-date information, including (but not limited to) indications, contraindications, warnings, and precautions. Package inserts for U.S. licensed vaccines are available at www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm.
2. Afluria® is licensed for administration by jet injector for persons aged 18 through 64 years only.
3. Once the stopper of the multi-dose vial has been pierced the vial must be discarded within 28 days.
4. Fluad® includes the MF59C.1 adjuvant (MF59®), a squalene based oil-in-water emulsion.
5. Trivalent inactivated vaccine high-dose: a 0.5-mL dose contains 60 µg of each vaccine antigen (180 µg total).
6. Quadrivalent inactivated influenza vaccine, Intradermal: a 0.1-mL dose contains 9 µg of each vaccine antigen (36 µg total).
7. Administer Fluzone® Intradermal quadrivalent using the delivery system included with the vaccine. The preferred injection site is over the deltoid muscle.
8. ACIP recommends that FluMist® (LAIV4) not be used during the 2017-2018 influenza season.
9. The FluLaval® (IIV4) 0.5mL dose is the same for adults and pediatrics.

†† Information not included in package insert. The vaccine viruses are produced in cell culture. While the vaccine is not manufactured in eggs, the seed viruses did pass through eggs so ccIIV4 is not considered "egg-free." Estimated to contain <50 femtograms (5x10-8 µg) of total egg protein (of which ovalbumin is a fraction) per 0.5 mL dose of Flucelvax®.

§§ Available upon request from Sanofi Pasteur (1-800-822-2463 or MIS.emails@sanofipasteur.com).

DHA-IHB (26 Jul 17) (877) GET-VACC www.health.mil/vaccines

APPENDIX 2: INFLUENZA VACCINATION OF PERSONS WITH A HISTORY OF EGG ALLERGY (Reference [e])

1. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. Any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV or RIV3) that is otherwise appropriate for the recipient's age and health status may be used.
2. Persons who report having had reactions to egg involving symptoms other than hives, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may similarly receive any licensed and recommended influenza vaccine that is otherwise appropriate for the recipient's age and health status. The selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.
3. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine.