



# Defense Health Agency

## PROCEDURAL INSTRUCTION

NUMBER 6025.52

June 4, 2024

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AD-HCA

SUBJECT: Guidance for the DoD Influenza Vaccination Program (IVP)

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI) is based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (n), implements instructions, assigns responsibilities, and prescribes procedures for the DoD Northern Hemisphere (NH) and Southern Hemisphere (SH) Seasonal influenza vaccination program.
2. APPLICABILITY. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (o), establishes the Defense Health Agency's (DHA) procedures to Defense Health Agency Components (Networks and Military Medical Treatment Facilities (MTFs) and the Military Departments (always including the Coast Guard).
3. POLICY IMPLEMENTATION. It is the Defense Health Agency's (DHA) instruction, pursuant to Reference (g), that all Active Duty (AD) and Selected Reserve (SR) personnel (including National Guard), and all healthcare personnel (HCP) working in DoD MTFs, outpatient clinics, dental facilities and other immunizing activities are required to receive the annual seasonal influenza immunization or obtain an exemption (medical or administrative).
4. CANCELED DOCUMENTS. This DHA-PI replaces and cancels the following document: DHA-PI 6025.34, "Guidance for the DoD Influenza Vaccination Program (IVP), August 21, 2020.
5. RESPONSIBILITIES. See Enclosure 2.
6. PROCEDURES. See Enclosure 3.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Assistant Director, Health Care Administration. When an activity is unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Assistant Director, Health Care Administration to determine if the waiver may be granted by Director DHA or their designee.

8. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/DHA-Publications> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/DHA%20Publications%20Signed/Forms/AllItems.aspx>.

9. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

10. FORMS.

a. Optional Form (OF) 1164, Claim for Reimbursement for Expenditures on Official Business can be found on the internet at: <https://www.gsa.gov/reference/forms>.

b. The following DD Forms are available at DoD Forms Management (whs.mil)

(1) DD Form 1348-1A, Issue Release/Receipt Document

(2) DD Form 2875, System Authorization Access Request

c. The following DHA Forms are available at Forms & Templates | Health.mil.

(1) DHA Form 116, Pediatric and Adult Influenza Screening and Immunization Documentation.

(2) DHA Form 177, Potentially Compromised (PC) Temperature Sensitive Medical Product (TSMP) Worksheet

d. DA Form 3161, Request for Issue or Turn-in can be found here: [https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB\\_ID=1003842](https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=1003842).

11. SUMMARY OF CHANGES. This revises the original influenza DHA-PI to include changes to the ordering, requirements gathering and MTF HCP influenza vaccination compliance reporting processes. It also clarifies infection prevention guidance for unvaccinated healthcare personnel, omits the Army, Navy, and Air Force appendices, and adds an ordering and distribution appendix.

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ENCLOSURE 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, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) Centers for Disease Control and Prevention Information Statement, “Vaccine Information Statements (VIS), Influenza (Flu) Vaccine: Inactivated or Recombinant,” current edition
- (e) 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
- (f) Centers for Disease Control and Prevention Report, “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices,” current edition
- (g) DoD Instruction 6205.02, “DoD Immunization Program,” July 23, 2019, as amended
- (h) Centers for Disease Control and Prevention Report, “Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP),” November 25, 2011
- (i) DoD Instruction 4000.19, “Support Agreements,” December 16, 2020
- (j) Code of Federal Regulations, Title 5, Part 339
- (k) Navy Aeromedical Reference and Waiver Guide, current edition<sup>1</sup>
- (l) Air Force Approved Medication List, “Official Air Force Aerospace Medicine Approved Medications,” current edition<sup>2</sup>
- (m) Coast Guard Commandants Instruction M6000.7, “Preventive Medicine and Population Health,” September 22, 2022
- (n) Coast Guard Commandants Instruction M6260.32 “Coast Guard Occupational Medicine Manual,” June 5, 2018
- (o) Defense Health Agency-Procedural Instruction 6015.03, “Medical Readiness Services Provided to Members of the Reserve Components (RC) in Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs),” October 23, 2021

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<sup>1</sup> This reference can be found at: <https://www.med.navy.mil/Navy-Medicine-Operational-Training-Command/Naval-Aerospace-Medical-Institute/Aeromedical-Reference-and-Waiver-Guide/>

<sup>2</sup> This reference can be found at: <https://kx.health.mil/kj/kx4/FlightMedicine/Documents/Standards/Aircrew%20Medication%20Lists/2022/Sep%2022/Aircrew%20Med%20List%2021Sept22.pdf>

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
  - a. Review and approve requests for exceptions to this PI.
  - b. Approve and submit the annual HCP seasonal influenza vaccination compliance report to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) no later than May 1.
  - c. Coordinate with the Surgeons General (SGs) of the Military Departments (MILDEPs) to implement guidance in this DHA-PI.
  - d. Ensure Network and Military Medical Treatment Facilities (MTFs) Directors implement the procedures outlined in this DHA-PI.
  - e. Collaborate with the Secretaries of the Military Departments to achieve an annual 90% vaccination compliance goal for AD and SR personnel no later than January 15 for the NH IVP.
2. SECRETARIES OF THE MILDEPS. Secretaries of the MILDEPs will:
  - a. Ensure all AD and SR personnel are vaccinated against seasonal influenza or receive a medical or administrative exemption. All influenza vaccinations will be documented in accordance with this PI.
  - b. Provide annual non-MTF influenza vaccine requirements in accordance with Reference (g) to DHA Medical Logistics Division for submission to the Defense Logistics Agency.
3. NETWORK DIRECTORS. Network Directors will submit an annual MTF HCP NH influenza vaccination compliance report to DHA no later than April 1.
4. DHA-IMMUNIZATION HEALTHCARE DIVISION (IHD). Director, DHA-IHD, will:
  - a. Maintain responsibility for the synchronization and coordination of the directives outlined in this PI.
  - b. Ensure screening forms, standing orders, and supporting information and documents are included on Health.mil.
  - c. Provide personnel for adverse event clinical consultation.

5. DHA MEDICAL LOGISTICS DIVISION (DHA-MEDLOG). Director, DHA-MEDLOG will provide annual influenza vaccine requirements to the Defense Logistics Agency in accordance with Reference (g).

6. DIRECTORS, MTF. The Directors, MTF, must:

- a. Establish and execute necessary procedures and actions outlined in this DHA-PI.
- b. Establish an Inpatient Influenza Vaccination Program for activities with inpatient care capabilities
- c. Establish an MTF-level vaccination review board to adjudicate influenza vaccine exemptions for civilian HCP who work in the MTF.
- d. Verify all personnel administering the seasonal influenza vaccine have appropriate training on all aspects of influenza vaccine administration (e.g., cold chain, vaccine administration, etc.) and documentation of these competencies in accordance with this PI annually.
- e. Review and certify contracts and position descriptions to confirm that contract language aligns with seasonal influenza or pandemic vaccine requirements for healthcare personnel.
- f. Submit end of the season HCP influenza compliance report to Network Director no later than March 20.
- g. Provide annual SH and NH influenza vaccine requirements to DHA-MEDLOG in accordance with this PI.

7. DIRECTOR, RESERVE HEALTH READINESS PROGRAM (RHRP). Director RHRP must:

- a. Establish and execute necessary procedures and actions outlined in this DHA-PI as requested by Reserve Components.
- b. Establish a remote (from MTFs) outpatient vaccination program capability.
- c. Ensure contracted support for the seasonal influenza vaccination program meet all aspects of influenza vaccine administration requirements.

ENCLOSURE 3

PROCEDURES

1. SEASONAL IVP INFORMATION.

a. Influenza or “flu” has the potential to adversely impact force readiness and mission execution; therefore, influenza vaccination is a readiness requirement. The Centers for Disease Control and Prevention (CDC) recommends a yearly influenza vaccine as the first and most important step in protecting against influenza and its potentially serious complications. Vaccination can reduce influenza illnesses, doctors’ visits, missed attendance at work or school, and prevent flu-related hospitalizations.

b. The seasonal influenza vaccine is designed to protect against the influenza viruses most likely to spread and cause illness among people during the influenza season. Circulating influenza viruses are constantly changing so the vaccine composition is reviewed annually by the World Health Organization (WHO) and updated as needed based on which influenza viruses are making people sick, the extent to which those viruses are spreading, and how well the previous season’s vaccine protected against those viruses. In the United States, the Food and Drug Administration makes the final decision about which virus strains are included in influenza vaccines to be sold in the United States.

c. Influenza seasons differ depending on geography. In the NH seasonal influenza disease occurs primarily from October through March and in the SH April through September. Frequently the predominant viral strains differ between the hemispheres within the same calendar year, warranting hemisphere-specific vaccines.

d. Immunizing activities will offer and administer the influenza vaccine IAW References (f) and (g). Each year, the ACIP reviews the applicable literature on influenza and influenza vaccine and submits its recommendations to the Director, CDC. Upon approval, the recommendations are published in the Morbidity and Mortality Weekly Report (MMWR). The annual MMWR and additional information on the DoD Seasonal IVP are located at <https://www.health.mil/flu>.

e. The CDC and ACIP recommend seasonal influenza vaccine for all people six months of age and older with rare exception. Special efforts should be made to vaccinate those at high risk from influenza complications to include pregnant women, children under five years of age, adults 65 years and older, and those with certain medical conditions outlined in the ACIP guidelines.

f. Vaccinate all individuals with age appropriate, U.S. Food and Drug Administration-approved products in accordance with the package insert, ACIP guidelines, and DoD policies. If the ACIP makes a preferential statement for a preferred influenza product for particular groups, every effort will be made to comply with the new recommendations.



## 2. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS.

a. All AD and SR (including National Guard) personnel are required to receive an annual seasonal (NH or SH as appropriate) influenza vaccine or obtain an exemption (medical or administrative) in accordance with Reference (g), Combatant Command Force Health Protection Guidance, and Service-specific guidance.

b. The goal to achieve 90% immunized for AD and SR (including National Guard) personnel is no later than January 15 or earlier as recommended by DHA and in accordance with Service specific policies. IAW CDC guidance, vaccination should begin on or after 1 September unless delaying might mean an inability to vaccinate at a later date (e.g., deployments, training rotations, etc.). While 90% compliance by January 15 is the goal, vaccination should continue until medical readiness requirements are met and vaccine on hand has expired.

c. NH influenza vaccination is required for all AD and SR personnel (and recommended for all other beneficiaries), permanently or temporarily assigned in the NH influenza zone (as designated by the WHO) for at least 14 continuous days or more, between October 1 and March 30.

d. SH influenza vaccination is required for all AD and SR personnel (and recommended for all other beneficiaries), permanently or temporarily assigned for at least 14 continuous days or more, between April 1 through September 30, and in the SH influenza zone as designated by the WHO in accordance with Appendix 3.

e. AD and SR personnel traveling between the NH and SH for 14 continuous days or more during that hemisphere's influenza season are required to receive the respective hemisphere's influenza vaccine. Administration of the SH or NH influenza vaccine should be separated by at least 30 days from any previous dose of influenza vaccine. AD and SR personnel with 14 or more non-consecutive days travel to the NH or SH influenza zones during that hemisphere's influenza season may elect to obtain the vaccination for that zone when it is available.

(1) The SH or NH vaccine should be administered at least two weeks prior to entry into the respective AOR if possible.

(2) Short notice travel or travel of an unspecified length will be handled on a case-by-case basis. If SH influenza vaccination is not possible before travel begins, personnel should seek vaccination from the closest OCONUS medical activity upon arrival in the AOR.

(3) It is possible for an individual to receive a maximum of three different influenza vaccines in a single calendar year (e.g., a person was immunized with the 2022-2023 NH influenza vaccine in January 2023, then was administered the 2023 SH influenza vaccine in preparation for a temporary duty to Australia in June 2023, and then returned to the United States and received the 2023-2024 NH influenza vaccine in October 2023.).

f. HCP

(1) In accordance with Reference (g), as a condition of employment, all civilian HCP working in DoD MTFs, outpatient clinics, or dental facilities are required to receive the annual influenza immunization or obtain an exemption (medical or administrative) from the facility's vaccination review board. To prevent the spread of influenza, HCP who are not immunized will follow all of their activity's infection control requirements, including respiratory protection consistent with CDC guidelines, during the influenza season. (CDC guidelines can be found here: <https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html>)

(a) Requirement for an annual influenza vaccination will be specified in civil service position descriptions and contracts as appropriate. For contracted employees and those participating in healthcare-related activities with the American Red Cross, this requirement is to be specified in the respective employee contract and/or participation agreement. Within Department of the Air Force (DHA) MTFs, Public Health personnel will ensure Medical Employee Health Program employees at their installations are tracked for influenza vaccine, in the Aeromedical Services Information Management System (ASIMS).

(b) Immunizing activities will review and certify contracts and position descriptions to confirm contract language aligns with seasonal influenza or pandemic vaccine requirements for healthcare personnel.

(c) Local bargaining obligations must be satisfied prior to implementation of the requirement. Local management must fulfill applicable labor relations obligations under the Federal Service Labor-Management Relations statute before implementing any changes to conditions of employment of bargaining unit employees represented by a union. Contact your servicing labor relations professional for additional guidance on these matters. This requirement will be included when establishing all new civilian positions, awarding new contracts, and renegotiating existing collective bargaining agreements and contracts for in hospital and outpatient clinics. Until local bargaining obligations have been met, influenza immunization will continue to be highly recommended on a voluntary basis for HCP not covered under the mandatory immunization program.

(d) All MTFs should institute an annual comprehensive influenza immunization education program to achieve high immunization rates among all hospital personnel.

(e) Foreign national HCP will be vaccinated in accordance with the terms of their contract and the local Status of Forces Agreement.

(2) HCPs, as defined by the CDC in Reference (h), include all paid and unpaid persons working in healthcare 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. HCPs 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 healthcare 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.

(a) Influenza vaccine exemptions (medical or administrative) for civilian HCP must be approved by a hospital employee influenza vaccination review board (except for contractors who are required to be vaccinated in accordance with the terms of their contract). This board must be established by local commands in writing and will meet as needed. Membership of the vaccination review board should include, at a minimum, the Chief Medical Officer and may include one or more of the following specialties: preventive medicine, aerospace medicine, occupational medicine, infectious disease, or allergy/immunology. Additional representation should be determined by the MTF Commander. Considerations may include human resources, legal, chaplain or safety representation. Facilities may utilize telemedicine to include relevant medical specialists.

(b) Personnel stating a history of influenza vaccine allergy (not an egg allergy) should be referred to an allergist for further evaluation and recommendation.

(3) Network Directors will track and report the following information annually: total number HCP as defined by Reference (h) (to include military personnel), total number of HCP vaccinated, total number who have a medical exemption, and total number with an administrative exemption.

f. DoD Beneficiaries. Upon receipt of vaccine, facilities should immediately begin offering vaccination in accordance with the CDC's timing of vaccination guidance. Those at high risk from influenza complications include pregnant women, children under 5 years of age, adults 65 years and older, and those with certain medical conditions outlined in the ACIP guidelines. Some at risk groups may have preferred influenza vaccine products if available.

### 3. AUTHORIZATION FOR THE USE OF DEFENSE HEALTH PROGRAM (DHP)-PURCHASED INFLUENZA VACCINE.

a. Activities may use DHP-purchased influenza vaccine for immunization of the following individuals:

- (1) AD and SR personnel.
- (2) DoD beneficiaries.
- (3) DoD civilian HCP
- (4) Contracted HCPs in accordance with the terms of their contract.

b. Activities will advise all DoD civilian employees that the influenza vaccination is available at retail pharmacies without cost or copay as an Office of Personnel Management requirement of the Federal Employee Health Benefits program.

c. Other DoD civilian personnel, on a reimbursable and space available basis. Activities may direct specific limitations and waive reimbursement, in accordance with Reference (i), if it is determined the reimbursement process would be impractical or prohibitively expensive. Additionally, activities may direct specific limitations associated with the vaccination of non-Defense Health Program -funded NAF employees (e.g., only at mass vaccination events or during set times).

#### 4. ORDERING, DISTRIBUTION, AND COLD CHAIN MANAGEMENT.

a. Every year in the month of September, vaccine logistics managers will coordinate the entry of MTF influenza vaccine requirements for NH and SH influenza vaccine into the DoD vaccine portal at <https://a01.usamma.amedd.army.mil/docvac/Account/Login>. Activities should conduct an analysis of the previous season's order, usage (total doses administered), waste (vaccine discarded at end of the season) and changing population enrollments prior to submitting their annual requirements. Contact your pharmacy to determine how many doses were turned into the DoD Pharmaceutical Reverse Distributor program.

b. Information about ordering influenza vaccine, including Service influenza logistics program manager contact information, can be found in Appendix 1 at the end of this DHA-PI. Activities should expect several deliveries to fulfill annual requirements.

c. Logistic and immunization personnel should register to receive influenza vaccine medical logistics updates by way of the DoD Medical Materiel Quality Control messages. Personnel can register at <https://a01.usamma.amedd.army.mil/mmip/MMQC/Subscription/Add>.

d. All activities administering influenza vaccine will establish procedures requiring the proper storage and handling of influenza vaccines. Temperature sensitive medical product qualified personnel will be present to receive and store vaccines upon arrival. These vaccines will be promptly posted in the facilities' requisition processing system.

e. Defense Logistics Agency-Troop Support Medical (DLA-TSM) routinely ships vaccine to Outside Continental United States locations on Mondays and Fridays and to Continental United States locations on Mondays, Tuesdays, and Wednesdays. External factors may affect shipping days. DLA-TSM does not ship on holidays or weekends and will only ship on Thursdays on a case-by-case basis.

f. All vaccine shipments will include temperature monitoring devices. All DoD activities that receive and administer influenza vaccine will either utilize their temperature monitor hardware/software package to email the temperature monitor data files to DLA-TSM (where applicable); or use the pre-paid/pre-addressed Federal Express materials provided with each shipment to physically return the temperature monitors to DLA-TSM. Activities retuning the

monitors to DLA-TSM should do so as soon as possible after receipt, per instructions included in each vaccine shipment.

(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 segregate the vaccine in the refrigerator approved for vaccine storage and mark affected vaccine with a sign saying, "DO NOT USE," return temperature monitor to DLA-TSM, and await disposition instructions.

(3) Un-started or malfunctioning temperature monitors: Activity will treat the shipment as alarmed. Un-started or malfunctioning temperature monitors should be returned to DLA-TSM.

(4) If an activity has questions or concerns regarding their temperature monitor software or hardware package, please contact DLA-TSM via email at: DSCPColdchain@dla.mil and paacoldchainteam@dla.mil. Also, please note if you do have the temperature monitor hardware and software, all temperature monitor data should be sent into DLA-TSM via email at: DSCPColdchain@dla.mil and paacoldchainteam@dla.mil.

g. Influenza vaccines will always be stored and transported within the temperature parameters as directed by the package insert. If the vaccine is not stored correctly within the correct temperature parameters, it may lose potency. Any time a temperature compromise is suspected after the vaccine has been delivered to the facility, the following steps will be taken:

(1) The vaccine will be immediately placed in a refrigerator approved for vaccine storage at the proper temperature, and the vaccine will be marked as "DO NOT USE." Do not discard potentially compromised vaccine(s) unless directed to do so by DLA-TSM.

(2) Immediately notify your DHA-IHD Immunization Healthcare Specialist (IHS) (<https://health.mil/ContactYourIHS>) and complete the most current version of the Potentially Compromised Temperature Sensitive Medical Product Worksheet (DHA Form 177), located at <https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Storage-and-Handling/Potential-Vaccine-Compromise-Reporting>. Please follow the instructions on page 1 of the form and submit the completed worksheet to your IHS and DLA-TSM via the email noted in the worksheet.

h. Locations with excess influenza vaccine that will not be utilized before the vaccine expires should contact their respective influenza logistics program manager no less than 30 days prior to expiration date for possible redistribution of vaccine to locations in need of additional vaccine.

j. Dispose of vaccines in accordance with the annual Influenza Vaccine Disposition MMQC. Destruction of vaccines will meet local environmental regulations and occur through enterprise or local regulated or hazardous medical contracts.

## 5. VACCINE ADMINISTRATION.

a. In accordance with Reference (e), 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.

b. Activities will conduct training to ensure all immunization personnel can demonstrate competency in influenza vaccination procedures. All personnel administering influenza vaccine will complete an annual influenza vaccine competency form verifying staff competency in all aspects of the influenza products anticipated to be utilized.

c. Healthcare and logistics personnel will complete annual immunization training on the current seasonal influenza vaccines, vaccine administration, documentation, cold chain management, vaccine adverse events and reporting. Online immunization training modules for healthcare and logistics personnel are available via Joint Knowledge Online (JKO) and the CDC. The online training modules may be incorporated into local or regional training programs.

d. Prior to vaccination, all potential vaccine recipients will be screened utilizing DHA Form 116, Pediatric and Adult Influenza Screening and Immunization Documentation Form in paper or electronic format. In accordance with Reference (d), individuals receiving either the NH or the SH vaccine will be provided the current influenza Vaccine Information Statement (VIS) available from the CDC. When minors are vaccinated, the VIS will be provided to their legal guardian.

e. Personnel who report a history of allergy to the influenza vaccine should be referred to an allergist for further evaluation and recommendations. Additional safety measures are no longer recommended for flu vaccination of people who are allergic to eggs beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg.

f. MTFs with inpatient capabilities will ensure all hospitalized inpatients age 6 months and older be screened for seasonal influenza immunization status and the opportunity to be vaccinated prior to discharge if indicated.

g. MTFs or other immunizing activities may elect to align with presentation offerings that meets or exceeds federal requirements and supply permits which include preservative free presentations for pregnancy and infants six months through 35 months.

## 6. ADVERSE EVENTS

a. Local swelling, soreness at the injection site, and headache are common side effects that are self-limiting, resolve quickly, and do not constitute an allergic reaction. Soreness at the immunization site lasting up to 2 days, fever, malaise, myalgia, and other systemic symptoms may occur. These begin 6-12 hours after immunization and can persist for 1-2 days. Immediate

allergic reactions including hives, angioedema, allergic asthma, and systemic anaphylaxis are rare.

b. All suspected serious or unexpected vaccine-related adverse events (e.g., events resulting in hospitalization, life-threatening events, one or more duty shifts lost due to illness, or an event related to suspected contamination of a vaccine vial) must be reported through the Vaccine Adverse Event Reporting System at: <https://vaers.hhs.gov/reportevent.html>. Upon completion of report through VAERS, a DoD Patient Safety Report will also be filed. For clinical consultation call the DHA-IHD Immunization Healthcare Support Center at: 1-877-GET-VACC (1-877-438-8222) for questions regarding vaccine screening and potential vaccine-related adverse events. Adverse reactions will be documented in the medical record.

c. Patients reporting an allergic reaction to a component of the influenza vaccine (example: neomycin) should be referred to an allergist/immunologist for further evaluation and to identify risk of reaction to other vaccines with similar excipients. The Medical Temporary exemption code should be entered into the Service-specific Immunization Tracking System when vaccination is deferred in these cases.

d. Air Force aeromedical impact: Adverse reactions are rare. After receiving an influenza vaccine, access to medical care on the ground is recommended for a period of 4 hours for all personnel, unless operational needs dictate otherwise IAW Reference (l).

e. Navy personnel in an active flying status will observe the grounding period guidance provided in Section 18.5 of Reference (k). Service members in an active diving status are authorized to receive intranasal vaccine, however, injectable vaccine remains the preferred vaccine.

## 7. DOCUMENTATION

a. In accordance with Reference (g), document influenza immunizations for Service Members in a DoD electronic system that interfaces with the DoD immunization repository. Documentation of a vaccination in the immunization module of the electronic health record, is transferred to the Service IMR systems. Documentation of a vaccination in a Service IMR system is only transferred to the electronic health records for reconciliation when a patient has a scheduled medical appointment.

b. In accordance with Reference (e), proper documentation of an immunization includes: patient identification, date vaccine was administered, vaccine name or CVX code, manufacturer and lot number, dose administered, anatomic site of vaccination, date the VIS was provided, VIS version date and name of HCP administering the vaccine. When transcribing a vaccine from another record all available vaccine information should be transcribed.

c. Due to the number of vaccine products available each year, staff should verify all product names and CVX codes before documentation. Staff should be educated on the correct product naming in each documentation system they are utilizing. Annually validate the CVX codes for

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the contracted influenza vaccines against the CDC Health Level 7 (HL7) Standard Code Set mapping product names to CVX and manufacturer codes (MVX).

d. AD and SR personnel who receive influenza vaccinations from non-military facilities will provide immunization data to their unit's IMR system point of contact for transcription no later than close of business the next duty day (next drill weekend/battle assembly for SR members), following the immunization. All available information should be transcribed into the IMR. Contract clinicians will document immunization information, as noted in Section 4.b., into the IMR at the time of immunization delivery. Personnel who receive the seasonal influenza vaccine through the RHRP do not need to provide immunization data directly to their unit's IMR system point of contact; the RHRP contractor will submit vaccination data to the Service designated medical readiness database entry point for IMR system update.

e. Exemptions will be documented in the Service-specific individual medical readiness (IMR) system (Medical Protection System, ASIMS, Medical Readiness Reporting System (MRRS), Armed Forces Health Longitudinal Technology Application, Military Health System-GENESIS, and the Army's Civilian Employee Medical Record (CEMR)) as appropriate.

f. The only authorized medical exemption code to temporarily defer the seasonal influenza vaccines is "Medical Temporary." Do not use exemption codes "Medical, immune," "Medical, assumed," "Medical, declined," "Not required," or "Medical, permanent", to defer seasonal influenza vaccinations for military personnel. Due to the variety of influenza vaccines available each year and scientific evidence providing options for those individuals previously identified as having a contraindication to influenza vaccine, the risk/benefit of influenza vaccine should be reviewed on an annual basis by a treating physician.

g. Vaccination administration compliance for Navy personnel will be monitored via MRRS. Designated command personnel will access MRRS to track their personnel to ensure compliance. Shore-based commands will request access to MRRS based on their unit identification code by calling the MRRS program office at the number below. Ship-based commands may utilize Navy Medicine Online or the Shipboard Non-Tactical Automated Data Processing Program Automated Medical System to populate MRRS. All commands 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/email: [mill\\_mrrs@navy.mil](mailto:mill_mrrs@navy.mil).

h. Vaccination administration compliance for Department of the Air Force (DAF) personnel will be monitored via ASIMS. DAF personnel who are required to receive influenza vaccine will become due (yellow) in Aeromedical Services Information Management System on October 1, and overdue (red) on December 15 of each influenza season.

i. Vaccination administration compliance for Army personnel will be monitored via the Medical Protection System (MEDPROS). For MEDPROS access, Army Active Duty should contact their Medical Readiness Command. Army National Guard will be referred to National Guard Bureau ([ng.ncr.ngb-arng.mbx.csg-medops@army.mil](mailto:ng.ncr.ngb-arng.mbx.csg-medops@army.mil)), and Army Reserve can contact U.S. Army Reserve Command for access ([usarmy.usarc.usarc-hq.mbx.usarc-](mailto:usarmy.usarc.usarc-hq.mbx.usarc-)



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surgeon@army.mil). Exemptions for Army civilian employees based on the need for accommodation will be documented in the Civilian Employee Medical Record (CEMR). Employees who choose to receive an influenza vaccine outside of an MTF or Army occupational health clinic may bring vaccination documentation to the occupational health clinic to be filed in their CEMR.

8. RESOURCES. The Influenza Resource Center located on the DHA-IHD website, [www.health.mil/vaccines](http://www.health.mil/vaccines) contains templates and additional documents for the management of the Seasonal IVP to include standing orders, 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 DoD Seasonal IVP questions, please contact the DHA-IHD at: 1-877-GET-VACC (1-877-438-8222), or via email at [DoDvaccines@health.mil](mailto:DoDvaccines@health.mil).

APPENDIX 1

VACCINE ORDERING AND DISTRIBUTION

1. DHA MTFs, ARMY AND AIR FORCE OPERATIONAL FORCES AND USCG.

a. United States Army Medical Materiel Agency-Distribution Operations (USAMMA-DOC) is the inventory control point for USCG, Army, Navy, and Department of the Air Force MTF influenza vaccine which is an Acquisition Advice Code Service regulated item. USAMMA-DOC will notify units of the quantities ordered and the document numbers being used when vaccine is being shipped. Additional quantities required must be coordinated with USAMMA-DOC, Defense Switched Network (DSN) 343-4128/4318/4198/8849, Commercial (301) 619-4128/4318/4198/8849.

b. Logistics personnel will verify their DoD Activity Address Code (DoDAAC) with the USAMMA-DOC vaccine manager prior to the start of the influenza season.

c. Questions or concerns, including ordering influenza vaccines which are not centrally contracted by DoD should be directed to USAMMA-DOC: Email: [usarmy.detrick.usamma.mbx.vaccines@army.mil](mailto:usarmy.detrick.usamma.mbx.vaccines@army.mil); Commercial: (301) 619-4128/4318/4198/8849; DSN: 343-4128/4318/4198/8849; Fax: (301) 619-4468, or call the after-hour number at (301) 676-1184.

d. Immunizing activities will report any influenza vaccine that is lost or destroyed in excess of one percent of the total order received (due to expiration, validated compromise due to temperature excursion, or other reasons requiring destruction). Completion of the loss/destruction report is a cost-saving tool that aids in assessing program vaccine requirements. Please submit one of the destruction forms identified below and an Executive Summary to: [usarmy.detrick.usamma.mbx.vaccines@army.mil/dha.jbsa.med-log.mbx.vaccine-manager-group@health.mil](mailto:usarmy.detrick.usamma.mbx.vaccines@army.mil/dha.jbsa.med-log.mbx.vaccine-manager-group@health.mil) (email subject: "Influenza Loss and Destruction Report").

(1). MTFs will complete and submit a DD Form 1348-1A, Issue Release/Receipt Document, and Executive Summary.

(2). US Army operational units will complete and submit DA Form 3161, Request for Issue or Turn-in, and an Executive Summary.

(3) US Air Force operational units will follow local destruction processes and provide any supporting documents to the email address above.

2. NAVY AND MARINE CORPS, OPERATIONAL (ASHORE AND AFLOAT) AND RESERVE ACTIVITIES.

a. The Naval Medical Readiness Logistics Command detachment Fort Detrick (NMRLC DET FTD) is responsible for ordering and coordinating distribution of influenza vaccine for all Navy and Marine Corps, operational (ashore and afloat) and Reserve activities. Additional quantities required must be coordinated with the NAVMEDREADLOGCOM Detachment Fort Detrick Influenza Vaccine Manager: 301-619-8054 or the Vaccine Information and Logistics System (VIALS) helpdesk at: [usn.detrick.nmrlc-detftdmd.list.vialhelp@health.mil](mailto:usn.detrick.nmrlc-detftdmd.list.vialhelp@health.mil).

b. VIALS is the online requisition tool used by Navy and Marine Corps, operational (ashore and afloat) and Reserve activities for seasonal influenza vaccines. VIALS is used to electronically track requisitioned vaccines via Military Standard Requisitioning and Issuing Procedures and simplify vaccine requisitions to enable electronic tracking of vaccine orders from requisition to receipt. Activities will submit requirements via the VIALS website: [https://gov\\_only.med.ds.osd.mil/int\\_code03/vials/](https://gov_only.med.ds.osd.mil/int_code03/vials/).

c. Navy influenza vaccine is batch-ordered by NMRLC DET FTD from the DLA using command requirements in VIALS. Navy influenza vaccine for operational commands is centrally funded.

### 3. RHRP.

a. The RHRP is the Department of Defense, Defense Health Agency program that provides IMR, Dental Readiness, and deployment services to AD and SR personnel geographically remote from military treatment facilities. The RHRP contractor provides influenza vaccinations using several modalities including Group Events (GE), InClinic RHRP network provider/clinic locations, or by vouchers useable at RHRP network pharmacies.

(1) The US Army Reserve (USAR) orders influenza vaccine for use at USAR GE and the bulk vaccine is shipped to the contractor's warehouse for transshipment to GE locations. USAR units can arrange mass influenza vaccination events using this vaccine. If necessary, the contractor will supplement USAR vaccine to ensure all SMs at GE are vaccinated. USAR units with questions about how to use the RHRP for influenza immunization/GEs should contact the USAR Surgeon's Office.

(2) SR personnel can make individual appointments at RHRP InClinic locations to get the flu vaccine along with other IMR services. They can call the RHRP call center at 1-833-782-7477 number or use the call center website, <https://smp.qtc.com>, to arrange.

(3) SR personnel can also request a RHRP influenza vaccine voucher to bring to an RHRP network pharmacy and get their vaccine there. They can call the RHRP call center at 1-833-782-7477 number or use the call center website, <https://smp.qtc.com>, to arrange.

b. In accordance with Reference (o), SR personnel may access MTFs for IMR services to include influenza vaccination. To receive services at an MTF, SR personnel will coordinate with their appropriate command authority for placement at an MTF and to be placed in an appropriate duty status (paid or unpaid).

c. Active Component personnel enrolled in TRICARE Prime Remote are not eligible for RHRP influenza vaccination because it is a covered benefit of their TRICARE Prime Remote plan.

4. OTHER INFLUENZA VACCINES. Influenza vaccine formulations not purchased through the annual DoD bulk contract may be available through the DLA-TSM Direct Vendor Delivery program, via Military Standard Requisitioning and Issue Procedures. Requisitions may be submitted via the Defense Medical Logistics Standard Support system or via the DLA FedMall system. Information on FedMall can be found at: <https://www.fedmall.mil/index.html>. Activities ordering influenza vaccine via the Direct Vendor Delivery process need to coordinate their orders with their influenza vaccine logistics points of contact (POC) prior to submission.

APPENDIX 2

COAST GUARD

1. VACCINE ORDERING AND DISTRIBUTION

a. The Health, Safety, and Work-Life Service Center (HSWL SC) is responsible for ordering and monitoring influenza vaccine distribution to Coast Guard units. The HSWL SC will notify unit POC of forthcoming shipments that will include estimated quantity, date of arrival, and tracking number supplied by DLA. The receiving unit POC 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 influenza vaccine contact the HSWL SC.

2. FUNCTIONAL CONSIDERATIONS

a. In accordance with References (e), (m), and (n), the seasonal influenza vaccine is mandatory for Child Development Services personnel (including certified Family Child Care providers); civilian, contract, and Auxiliary HCP who provide direct patient care; and recreation personnel in the youth programs at Borinquen, Cape Cod, Kodiak, and Petaluma.

b. Influenza vaccinations are available at Coast Guard clinics for AD personnel and for auxiliary HCP assigned to Coast Guard clinics. Contract personnel will obtain the influenza vaccine according to the terms of their contract.

c. Remotely located SR personnel may receive their influenza vaccination via the RHRP through an RHRP contracted clinic or the designated commercial pharmacy partner. SR personnel desiring to use RHRP for their influenza vaccination must request an order from the Coast Guard clinic responsible for their unit; a list can be found at: [https://www.reserve.uscg.mil/Portals/2/Documents/PDF/HSWL\\_HRC\\_list\\_SELRES%232.pdf?ver=2018-08-17-135417-933](https://www.reserve.uscg.mil/Portals/2/Documents/PDF/HSWL_HRC_list_SELRES%232.pdf?ver=2018-08-17-135417-933).

d. Active Component SMs enrolled in TRICARE Prime Remote are not eligible for RHRP influenza vaccination since it is a covered benefit of their TRICARE Prime Remote plan.

e. Guard civilian employees who are not insured through the Federal Employees Health Benefits Program and who are required to be immunized against influenza must complete OF Form 1164, Claim for Reimbursement for Expenditures on Official Business, to obtain reimbursement from Commandant (CG-832).

f. NAF employees should obtain the influenza vaccination through their NAF health insurance or other health insurance coverage available. Those employees who are not part of the NAF health benefits plan and are mandated to obtain the influenza vaccine may complete OF

Form 1164 and submit the form and the immunization receipt to their supervisors for approval and submission to the Human Resources Director in the Community Services Command, for payment. NAF employees who are required to have the NH influenza vaccine must provide appropriate documentation to their supervisor no later than the January 15.

APPENDIX 3COUNTRIES DESIGNATED FOR THE SOUTHERN HEMISPHERE VACCINE\*

<b>Vaccination Zone</b>	<b>Countries, Areas, or Territories</b>
<b>SH-South America (including part of Central America and parts of the Caribbean)</b>	Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Cayman Islands, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, French Guiana, Grenada, Guyana, Haiti, Honduras, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of)
<b>SH-Western Africa</b>	Benin, Cabo Verde, Cameroon, Central African Republic, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Senegal, Sierra Leone, Togo, and Uganda
<b>SH-Southern Africa</b>	Angola, Botswana, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe
<b>SH-Tropical Asia</b>	Bangladesh, Bhutan, Cambodia, India, Lao People's Democratic Republic, Maldives, Myanmar, Nepal, Philippines, Thailand, Timor-Leste, and Vietnam
<b>SH-Oceania</b>	Australia, New Zealand

\*Country list referenced from the WHO, Which Formulation PDF at <https://www.who.int/teams/global-influenza-programme/vaccines/vaccine-in-tropics-and-subtropics>

1. Countries not listed in the above table will utilize the NH formulation of the influenza vaccine.
2. Cuba has been removed from the above WHO country list for SH vaccines. Due to the restricted access of personnel at Guantanamo Bay, Cuba, they will not be required to receive the SH vaccine but will be required to remain current for the NH vaccine.

GLOSSARYABBREVIATIONS AND ACRONYMS

ACIP	Advisory Committee on Immunization Practices
AD	Active Duty
ASIMS	Aeromedical Services Information Management System
CDC	Centers for Disease Control and Prevention
CEMR	Civilian Employee Medical Record
DHA	Defense Health Agency
DHA-IHD	Defense Health Agency-Immunization Healthcare Division
DLA	Defense Logistics Agency
DLA-TSM	Defense Logistics Agency-Troop Support Medical
DSN	Defense Switched Network
GE	Group Event
HCP	Healthcare Personnel
HSWL SC	Health, Safety, and Work-Life Service Center
IMR	Individual Medical Readiness
IVP	Influenza Vaccination Program
MRRS	Medical Readiness Reporting System
MTF	Military Medical Treatment Facility
NAF	Non-Appropriated Fund
NAVMEDLOGCOM	Naval Medical Logistics Command
NH	Northern Hemisphere
POC	Point of Contact
RC	Reserve Component
RHRP	Reserve Health Readiness Program (also known as the Remote Health Readiness Program)
SR	Selected Reserve
SH	Southern Hemisphere
USAMMA-DOC	United States Army Medical Materiel Agency-Distribution Operations Center
VIALS	Vaccine Information and Logistics System



VIS Vaccine Information Statement  
WHO World Health Organization