



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.34

August 21, 2020

AD-CS

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

References: See Enclosure 1.

1. PURPOSE. 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 (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 DHA-PI applies to the Defense Health Agency (DHA), DHA Components (Markets and Military Medical Treatment Facilities (MTFs)), and the Military Departments (including the Coast Guard at all times).
3. POLICY IMPLEMENTATION. It is DOD policy, pursuant to Reference (g), that all Active Duty (AD) and Reserve Component (RC) personnel, and all healthcare personnel (HCP) working in DoD MTFs and dental facilities are required to receive the annual seasonal influenza immunization or obtain an exemption (i.e., medical or administrative), with a goal of 90 percent immunized by 15 January of each year. In accordance with the Service-specific appendices at the end of this DHA-PI, some Services have chosen an earlier date for 90% vaccination compliance.
4. CANCELLATION. This DHA-PI cancels DHA-IPM 19-006, “2019-2020 Seasonal Influenza Vaccination Program IVP,” August 29, 2019.
5. RESPONSIBILITIES. See Enclosure 2.
6. PROCEDURES. See Enclosure 3.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Assistant Director, Combat Support. When Activities are unable to comply with this publication the activity may request a waiver by providing justification that includes a full analysis of the expected benefits and must include a formal review by the activity's senior legal officer. The activity director or senior leader will endorse the waiver request and forward them through their chain of command to the Director, DHA to determine if the waiver may be granted.

8. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

9. FORMS.

a. DD Form 2875, System Authorization Access Request can be found on the internet at: <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2875.pdf>.

b. DHA Form 116, Immunization Healthcare Division (IHD) Influenza Vaccine Screening Questions can be found on the internet at: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx.

c. 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>.

10. 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).

/S/

RONALD J. PLACE
LTG, MC, USA
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Appendices

Glossary

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
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) Centers for Disease Control and Prevention Information Statement, “Vaccine Information Statements (VIS), Influenza (Flu) Vaccine: Inactivated or Recombinant,” August 15, 2019
- (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
- (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,” April 25, 2013, as amended
- (j) Code of Federal Regulations, Title 5, Part 339
- (k) Navy Aeromedical Reference and Waiver Guide, current edition¹
- (l) Air Force Approved Medication List, “Official Air Force Aerospace Medicine Approved Medications,” June 13, 2017
- (m) Coast Guard Commandants Instruction M6000.1F, “Coast Guard Medical Manual,” June 2018
- (n) Coast Guard Commandants Instruction M6260.32 “Coast Guard Occupational Medicine Manual,” June 2018

¹ This reference can be found at:
<https://www.med.navy.mil/sites/nmotc/nami/arwg/pages/aeromedicalreferenceandwaiverguide.aspx>

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 1 May.
 - c. Coordinate with the Surgeons General (SGs) of the Military Departments (MILDEPs) to implement guidance in this DHA-PI.
 - d. Ensure Market and DHA Region Directors and Directors, MTFs, implement the procedures outlined in this DHA-PI.
 - e. Collaborate with the Secretaries of the Military Departments to achieve an annual 90% vaccination compliance for DoD personnel no later than 15 January.
 - f. Identify influenza vaccine requirements in conjunction with the MIPDEPs.
2. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs will:
 - a. Submit a HCP seasonal influenza vaccination compliance report, in accordance with Reference (g), to DHA Immunization Healthcare Division no later than 15 March. This responsibility will remain in place until all DHA markets are established at which time the compliance reporting will be completed by the markets.
 - b. Provide annual influenza vaccine requirements in accordance with Reference (g) to DHA Immunization Healthcare Division for submission to the Defense Logistics Agency.
3. DHA-IMMUNIZATION HEALTHCARE DIVISION (IHD). Director, DHA-IHD, must consolidate and submit the DoD HCP seasonal influenza compliance report to Director, DHA, no later than 1 April.
4. MARKET DIRECTORS. As Market Directors must submit a HCP seasonal influenza vaccination compliance report to DHA-IHD no later than 15 March.

5. DIRECTORS, MTF. Directors, MTF, must:
- a. Establish and execute necessary procedures and actions outlined in this DHA-PI.
 - b. Establish an Inpatient Influenza Vaccination Program.
 - c. Establish a hospital-level influenza vaccination review board to adjudicate all HCP medical and administrative waivers.
 - 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 Service guidance annually.

ENCLOSURE 3

PROCEDURES

1. SEASONAL IVP INFORMATION

a. Influenza or “flu” has the potential to adversely impact force readiness and mission execution. 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 three or four 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 vaccine viruses for influenza vaccines to be sold in the United States.

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

d. In accordance with Reference (g), all DoD personnel and other beneficiaries required and/or eligible to receive immunizations will be offered immunizations in accordance with recommendations from the CDC and its Advisory Committee on Immunization Practices (ACIP). 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. The annual Morbidity and Mortality Weekly Report 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 6 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 5 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 specific groups, every effort will be made to comply with the new recommendations.

2. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. All AD and RC (including National Guard) personnel are required to receive a seasonal influenza vaccine or obtain an exemption (i.e., medical or administrative) in accordance with Reference (g), Combatant Command Force Health Protection Guidance, and Service-specific guidance (see Appendices 1 through 4). In accordance with reference (g), the goal to achieve an annual 90% vaccination compliance for DoD personnel is no later than 15 January.

b. NH influenza vaccination is required for all AD and RC (and recommended for all other beneficiaries), permanently or temporarily assigned in the NH influenza zone for at least 14 continuous days or more, between 1 October and 30 March, as designated by the WHO, in accordance with Appendix 5.

c. SH influenza vaccination is required for all AD and RC (and recommended for all other beneficiaries), permanently or temporarily assigned for at least 14 continuous days or more, between 1 April through the 30 September, and in the SH influenza zone as designated by the WHO in accordance with Appendix 5.

d. AD and RC members 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 unless the strains in both vaccines are identical. AD and RC members with 14 or more days asynchronous 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 2 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) Administration of the SH or NH influenza vaccine should be separated by at least 30 days from any previous dose of influenza vaccine.

(4) 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 2019-2020 NH influenza vaccine in January 2020, then was administered the 2020 SH influenza vaccine in preparation for a temporary duty to Australia in June 2020, and then returned to the United States and received the 2020-2021 NH influenza vaccine in October 2020.).

e. HCP

(1) In accordance with Reference (g), as a condition of employment, all civilian HCP working in DoD MTFs or dental facilities are required to receive the annual influenza immunization or obtain an exemption (i.e., medical or administrative) from the facility's vaccination review board. Asymptomatic influenza can account for up to one-third of influenza

infections. In order to prevent the spread of influenza, HCP who are not immunized during the influenza season will wear a medical grade mask, as determined by the facility, when within 6 feet of patient or other hospital personnel.

(a) Requirement of an annual influenza vaccination will be specified in position descriptions and contracts as appropriate.

(b) Local bargaining obligations must to 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. 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.

(c) All MTFs should institute a comprehensive, aggressive influenza immunization education program to achieve high immunization rates among all hospital personnel.

(d) 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 (i.e., 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) Medical or administrative waivers must be approved by the hospital employee vaccination review board, which commands must establish in writing. Membership of the command vaccination review boards will include a Preventive Medicine and/or Occupational Medicine Physician and is recommended to include an Infectious Disease Provider, Human Resources representative, and ad hoc subject matter experts such as Command Chaplain or Safety representative. Facilities may utilize telemedicine through regional markets to include relevant medical specialists.

(b) Personnel stating a history of an egg allergy will be vaccinated in accordance with ACIP guidelines as noted in paragraph 5d of this enclosure.

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

(3) Services 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 who have an administrative exemption.

f. DoD Beneficiaries. Upon receipt of vaccine, facilities should immediately begin vaccination of those at high risk from influenza complications to 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.

3. AUTHORIZATION FOR THE USE OF DOD-PURCHASED INFLUENZA VACCINE.

Activities are authorized to use DoD-purchased influenza vaccine for immunization of:

- a. Active and RC members.
- b. DoD beneficiaries.
- c. Contracted HCPs in accordance with the terms of their contract.
- d. DoD civilian healthcare personnel

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

f. Other DoD civilian personnel (including DoD Education Activity and Non-Appropriated Fund (NAF) employees), on a reimbursable 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.

4. ORDERING, DISTRIBUTION, AND COLD CHAIN MANAGEMENT

a. Each year, requirements for NH and SH influenza vaccine will be coordinated with the respective Service Medical Logistics organizations. 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 enrolled populations 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 the Service-specific appendices (1-4) at the end of this DHA-PI. Activities should expect several deliveries to fulfill annual requirements.

c. Influenza vaccine formulations 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 Support system or via the Defense Logistics Agency- (DLA) FEDMALL system. Information on the DoD-FEDMALL system can be located at: <https://www.fedmall.mil/index.html>. Activities ordering influenza vaccine via the Direct Vendor Delivery process need to coordinate their orders with their Service influenza vaccine logistics points of contact (POC) prior to submission.

d. Logistic and immunization personnel should register to receive influenza vaccine updates by way of the DoD Medical Materiel Quality Control messages. Personnel can register at www.usamma.amedd.army.mil/SitePages/MMQCMsgSubscriber.aspx.

e. All activities administering influenza vaccine will establish procedures requiring the proper storage and handling of influenza vaccines. Personnel will be present to receive and store vaccines upon arrival. These vaccines will be promptly posted in the facility's requisition processing system.

f. DLA-TSM routinely ships vaccines to Outside Continental United States locations on Mondays and Fridays and to Continental United States 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.

g. All vaccine shipments will include temperature monitoring devices. These items will be returned to DLA-TSM as soon as possible after receipt, per instructions included in each vaccine shipment. 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.

(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.

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(4) If an activity currently has an outdated temperature monitor software package loaded onto their computer, please contact DLA-TSM for an updated version. 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. Temperature monitors that did not activate or that malfunctioned should be returned to DLA-TSM.

h. Influenza vaccines will always be stored and transported within the temperature parameters of 2° to 8°C (36° to 46°F). 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 (<https://health.mil/ContactYourIHS>) and complete the most current version of the Potentially Compromised Temperature Sensitive Medical Product Worksheet (DHA Form 177), located at www.health.mil/coldchain. Submit the completed worksheet to your Immunization Healthcare Specialist and the DLA-TSM via the email noted in the worksheet.

i. Locations with excess influenza vaccine that will not be utilized before the vaccine expires will contact their respective Service Influenza Logistics program manager for possible redistribution of vaccine to locations in need of additional vaccine.

j. All DoD Components, Coast Guard activities, as well as other organizations eligible to participate in DLA-TSM’s Pharmaceutical Prime Vendor programs, will participate in the DLA-TSM Pharmaceutical Reverse Distribution Program for returning unused, expired, and/or compromised influenza vaccines at the end of the season (opened multi-dose vials may not be returned through this program). This program provides a safe option for the disposal of unused, expired, and/or compromised influenza vaccines while maintaining full compliance with Federal regulations. DoD activities should make every effort to return influenza vaccine in its original box. Pharmacies or logistics activities can provide more guidance on the use of this program.

k. Immunization activities will submit destruction reports for all vaccine discarded at the end of the season to their respective Service Logistics Influenza Program Managers per Service procedures.

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. Online influenza immunization training modules for healthcare and logistics personnel, a 2-hour Seasonal Influenza Vaccination Training (DHA-US069) and 1-hour Seasonal Influenza Vaccine Cold Chain Management for Logistical Personnel (DHA-US070), are available via Joint Knowledge Online. This online training automatically resets in Joint Knowledge Online on 1 July each year and may be incorporated into local or regional training programs. All personnel administering influenza vaccine will have a completed local influenza vaccine competency form verifying staff competency in all aspects of the influenza products anticipated to be utilized.

c. Prior to vaccination, all potential vaccine recipients will be screened utilizing the Pediatric and Adult Influenza Screening and Immunization Documentation Form (DHA Form 116) 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.

d. When vaccinating persons with a history of egg allergy, immunization personnel should refer to reference (f) for the most current guidelines. Persons with a history of egg allergy of any severity may receive any licensed, recommended, and age-appropriate influenza vaccine. The selected vaccine may be administered in an inpatient or outpatient medical setting and will be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

e. Personnel without a history of egg allergy but report a history of allergy to the influenza vaccine should be referred to an allergist for further evaluation and recommendations.

f. MTFs with inpatient capabilities will establish an Inpatient Influenza Vaccination Program to 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.

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>. 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.

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.

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 Armed Forces Health Longitudinal Technology Application (AHLTA) or Military Health System GENESIS, is transferred to the Service IMR systems on a daily basis. Documentation of a vaccination in a Service IMR system it is only transferred to the electronic health records when a patient has a scheduled medical appointment or the HCP does a synch with the IMR immunization repository (i.e., DEERS).

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 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 RC 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 RC members), following the immunization. All available information should be transcribed into the IMR. Contract providers will document immunization information, as noted in paragraph 4b of this enclosure, into the IMR at the time of immunization delivery. Personnel who receive the seasonal influenza vaccine through the Reserve Health Readiness Program (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. The only authorized 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," "Medical, permanent", or "Medical, reactive" 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.

8. RESOURCES. The Influenza Resource Center located on the DHA-IHD website, 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@mail.mil.

APPENDIX 1

ARMY

1. VACCINE ORDERING AND DISTRIBUTION

a. United States Army Medical Materiel Agency-Distribution Operations (USAMMA-DOC) is the Army's inventory control point for the 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, Commercial (301) 619-4128/4318.

b. Logistics personnel will verify their DoD Activity Address Code with the Army Influenza Manager at USAMMA-DOC prior to the start of the influenza vaccine 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.medcom-usamma.mbx.vaccines@mail.mil; Commercial: (301) 619-4128/4318; DSN: 343-4128/4318; Fax: (301) 619-4468, or call the after-hour number at (301) 676-1184.

d. Organizations/units will report vaccine loss and destruction. Complete and submit DA Form 3161 and an Executive Summary for 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 both the completed DA Form 3161 and Executive Summary to usarmy.detrick.medcom-usamma.mbx.vaccines@mail.mil (email subject: "Influenza Loss and Destruction Report").

2. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. To maximize force medical readiness prior to peak influenza season, the Army seasonal influenza vaccination goal will remain to exceed 90% immunization of all Active and RC personnel and HCP no later than 15 January.

b. To increase efforts to protect the workforce, patients, and beneficiaries, all MTF personnel should receive influenza immunization, with the exception of those medically or administratively exempt. Medical exceptions will be validated by a healthcare provider and documented in the Medical Protection System, Armed Forces Health Longitudinal Technology Application, Military Health System-GENESIS, and the Civilian Employee Medical Record (CEMR) as appropriate. An exception excusing a healthcare worker from a mandatory vaccination may impose additional infection control practices on the worker as a result, such as wearing a mask.

While an employer may not impose such practices for discriminatory or retaliatory reasons, the employer may do so for legitimate, non-discriminatory, and non-retaliatory reasons.

c. Influenza vaccination is a required condition of employment for all civilian HCP. 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. For DoD civilian (Title 5) employees, participation in this immunization program is a condition of employment, in accordance with Reference (j), but participation does not confer a requirement for a medical qualification examination beyond what is dictated by the immunization itself.

d. 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. Activities may waive reimbursement for NAF personnel, in accordance with Reference (i), if it is determined that 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).

3. FUNCTIONAL CONSIDERATIONS

a. Exceptions for civilian employees based on the need for accommodation will be documented in the CEMR.

b. Regional Health Commands will submit HCP compliance reports to the Deputy Chief of Staff-Public Health, Public Health Directorate, no later than 1 February using the following format:

	Total # of HCP	Total # Vaccinated	Total # with Medical Exception	Total # with Administrative Exceptions
Regional Health Command (X)	0	0		0

c. 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.

APPENDIX 2

NAVY

1. VACCINE ORDERING AND DISTRIBUTION

a. The Naval Medical Logistics Command (NAVMEDLOGCOM) is responsible for ordering and distributing influenza vaccine for all Navy and Marine Corps activities. Additional quantities required must be coordinated with the NAVMEDLOGCOM Influenza Vaccine Manager, DSN: 343-8054 or the Vaccine Information and Logistics System (VIALS) helpdesk at: usn.detrick.navmedlogcomftdmd.list.vialhelp@mail.mil.

b. VIALS is the online requisition system 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 submit requirements into VIALS found at: https://gov_only.nmlc.med.navy.mil/int_code03/vials/.

c. Navy influenza vaccine is batch-ordered by NAVMEDLOGCOM from the DLA using command requirements in VIALS. Navy influenza vaccine is centrally funded.

d. Questions or concerns, including ordering influenza vaccines which are not centrally contracted by DoD, should be directed to the Navy Influenza Vaccine Manager noted above in paragraph 1a of Appendix 2.

2. IVP REQUIREMENTS

a. In order to maximize force medical readiness before peak influenza season, the Navy's seasonal influenza vaccination goal will remain to exceed 90 percent immunization of all active and reserve component personnel by 15 December.

3. FUNCTIONAL CONSIDERATIONS

a. Personnel in an active flying status will observe the grounding period guidance provided in Section 18.5 of Reference (k).

b. Service members in an active diving status are authorized to receive intranasal vaccine, however, injectable vaccine remains the preferred vaccine.

c. Previous influenza seasons have been used to exercise and evaluate mass vaccination scenarios. These coordinated mass vaccination campaigns provide rapid and efficient vaccinations to protect the maximum number of susceptible persons. Based on lessons learned, process improvements are made to delivery and reporting procedures.

d. Vaccination administration compliance will be monitored via Medical Readiness Reporting System (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: mrrspo@navy.mil/ (800) 537-4617/ (504) 697-7070/ DSN: 647-7070.

APPENDIX 3

AIR FORCE

1. VACCINE ORDERING AND DISTRIBUTION

a. The Air Force Medical Readiness Agency Medical Force Health Protection Manpower Equipment Force Package (AFMRA/SG4M) is responsible for ordering and distributing influenza vaccine for Air Force activities. AFMRA/SG4M will manage the influenza program utilizing the Air Force Vaccine Application located on the medical logistics website (<https://medlog.us.af.mil/apps/vaccine/>). Units will monitor and track the quantities ordered, and document transportation tracking numbers being used. Additional quantities required must be coordinated with AFMRA/SG4M, DSN 343-4183, Commercial (301) 619-4183.

b. Questions or concerns, including ordering of influenza vaccines which are not centrally contracted by DoD should be directed to: usaf.detrick.afmoa.mbx.sgm-readiness-vaccines@mail.mil.

2. INFLUENZA VACCINATION PROGRAM REQUIREMENTS

a. In order to maximize force medical readiness before the peak of the NH influenza season, the Air Force goal is to immunize greater than 90% of all Active and RC personnel by 15 December of each year. Air Force personnel who are required to receive influenza vaccine will become due (yellow) in Aeromedical Services Information Management System on 1 September, and overdue (red) on 15 December of each influenza season.

b. All civilian HCP will be immunized annually against influenza virus in accordance with recommendations of the CDC and the ACIP. Public Health personnel will ensure Medical Employee Health Program employees at their installations are marked 'Required' for influenza vaccine, in Aeromedical Services Information Management System.

c. 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 (Reference (1)).

APPENDIX 4

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 also 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 Selected Reserve (SELRES) personnel may receive their influenza vaccination via the RHRP through an RHRP contracted clinic or the designated commercial pharmacy partner. SELRES 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.

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, 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 as described in paragraph 2d of this appendix to their supervisor no later than 15 January.

APPENDIX 5

Countries Designated for the Southern Hemisphere Vaccine Formulation

Vaccination Zone	Countries, Areas, or Territories
SH-South America (including part of Central America and parts of the Caribbean)	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)
SH-Western Africa	Benin, Cabo Verde, Cameroon, Central African Republic, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Senegal, Sierra Leone, Togo, and Uganda
SH-Southern Africa	Angola, Botswana, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe
SH-Tropical Asia	Bangladesh, Bhutan, Cambodia, India, Lao People's Democratic Republic, Maldives, Myanmar, Nepal, Philippines, Thailand, Timor-Leste, and Vietnam
SH-Oceania	Australia, New Zealand

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.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ACIP	Advisory Committee on Immunization Practices
AD	Active Duty
AFMRA/SG4M	Air Force Medical Readiness Agency Medical Force Health Protection Manpower Equipment Force Package Air Force Medical Readiness Agency
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
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	points of contact
RC	Reserve Component
RHRP	Reserve Health Readiness Program
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