

UNCLASSIFIED

HEADQUARTERS, US ARMY MEDICAL COMMAND
Fort Sam Houston, TX 78234-6007
012038Q August 2009

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM)

References:

- a. Assistant Secretary of Defense for Health Affairs (ASD(HA)) memorandum, subject: Policy Guidance for the Use of Influenza Vaccine for the 2009 – 2010 Influenza Season, dated August 2009. Available at www.ha.osd.mil/policies/default.cfm.
- b. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR 2008; 57; 1-60 (24 July 2009). Available at: <http://www.cdc.gov/mmwr/pdf/rr/rr58e0724.pdf>.
- c. Army Regulation 40-562, Immunizations and Chemoprophylaxis, dated 29 September 2006.
- d. Centers for Disease Control and Prevention, subject: Influenza Vaccine Information Statements (VIS). Available at: www.cdc.gov/vaccines/pubs/vis.
- e. Medical Materiel Instruction (MMI), Subject: MMI-09-4007: Clarification/ Information 2009 - 2010 Influenza Virus Vaccine, dated 01 August 2009. Available at: http://usamma.detrick.army.mil/ftp/mmqc_messages/I094007.txt.
- f. ASD(HA) Policy 08-005, Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities, dated 4 April 2008. Available at http://www.vaccines.mil/documents/1169HCPFluHAPolicy_08_005.pdf.
- g. U.S. Army Medical Command Operation Order 09-54, Mandatory Influenza Immunization for Civilian Personnel Providing Direct Patient Care, dated 10 June 2009. Available at http://www.vaccines.mil/documents/1242OPERATIONS_ORDER_09-54.pdf.

Time zones used throughout the order: Quebec (Eastern Daylight Time).

Task Organization: No change.

1. SITUATION.

- a. General. Each year in the United States approximately 36,000, or nearly 1 out of every 10,000 people, die from influenza or its complications. Additionally,

UNCLASSIFIED

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

approximately 226,000 influenza-associated hospitalizations occur annually. Vaccination remains the primary method for preventing influenza and its complications.

(1) For the 2009-2010 influenza season, the Army has contracted for a total of 1.75 million doses of influenza vaccine, which includes 953,250 doses of injectable trivalent inactivated vaccine (TIV) and 801,760 doses of intranasal live attenuated vaccine (LAIV). It is expected that the supply of LAIV and TIV will adequately meet the needs of the Department of Defense (DoD). Military treatment facilities (MTFs) should expect several deliveries to fill requirements (see reference a).

(2) The 2009-2010 trivalent influenza vaccine strains are A/Brisbane/59/2007 (H1N1)-like virus, A/Brisbane/10/2007 (H3N2)-like virus, and B/Brisbane/60/2008-like antigens. Only the influenza B component represents a change from the 2008-2009 vaccine formulation.

(3) The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) have developed recommendations for the 2009 - 2010 influenza season (see reference b).

2. MISSION. U. S. Army Medical Command (MEDCOM) implements the 2009-2010 Influenza Vaccine Immunization Program (IVIP) immediately upon receipt of influenza vaccine to protect individuals at risk from developing influenza or its complications.

3. EXECUTION.

Intent. The primary goal of the DoD IVIP is to protect all Active Component (AC), National Guard (NG) and Reserve Component (RC) personnel, mission-essential Department of the Army Civilians (DAC), and healthcare personnel (HCP) from influenza and its severe complications. TRICARE beneficiaries are also offered immunization IAW national guidelines, which are denoted by age and medical condition as listed in the 2009-2010 CDC recommendations (<http://www.cdc.gov/mmwr/pdf/rr/rr58e0724.pdf>). The key task for this operation is to vaccinate personnel listed above, excluding those medically or administratively exempted, with influenza vaccine upon receipt. Because no vaccine shortage is anticipated, prioritizing of vaccine recipients is not required. The end state is immunization of all of AC, NG, and RC personnel, mission-essential DAC, and HCP (excluding those medically or administratively exempt). A secondary goal is to swiftly complete seasonal influenza vaccinations and begin preparations for the impending novel Influenza A(H1N1) Vaccination Program. A vaccine that can potentially prevent infection by the novel Influenza A(H1N1) virus is currently being developed and further guidance will be published detailing its use in DoD.

a. Concept of operations. All USAMEDCOM regional medical commands (RMCs) and major subordinate commands (MSCs) will begin immunizing upon receipt of

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

vaccine. Immunization clinics will enter all immunizations into either the Medical Protection System (MEDPROS) or the Armed Forces Health Longitudinal Technology Application (AHLTA) immediately after vaccination or, at a maximum, within 72 hours of vaccination. No later than 1 December 2009, $\geq 90\%$ of MEDCOM RMC and MSC Soldiers and required civilian employees will receive influenza vaccinations. The Military Vaccine (MILVAX) Agency will monitor influenza immunization program progress through MEDPROS.

b. Tasks to RMCs and MSCs.

(1) Vaccinate all assigned Soldiers and required civilian employees in accordance with this order with a goal of $\geq 90\%$ completion no later than 1 December 2009.

(2) Unless contraindicated, vaccinate all military personnel, regardless of component, and required civilian employees with LAIV, except for the CENTCOM AOR, where the primary vaccine will be TIV.

(3) Administer LAIV in eligible beneficiaries 2 to 49 years of age without a contraindication.

(4) Administer TIV for those in whom the intranasal vaccine is contraindicated or where LAIV is unavailable due to logistical constraints.

(5) In accordance with ASD(HA) Policy 08-005 (reference f) and USAMEDCOM Operation Order 09-54 (reference g), RMCs and MSCs will direct all subordinate MTFs to require immunization of HCPs who provide direct patient care in DoD MTFs. This is an annual requirement and is a condition of employment, unless there is a documented medical or religious reason not to be immunized.

(a) DACs (mission essential and HCP). Local bargaining obligations need to be satisfied prior to implementation of this policy. RMCs and MSCs will ensure subordinate organizations 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. Until local bargaining obligations have been met, influenza immunization will continue to be highly recommended on a voluntary basis for HCPs not covered under the mandatory immunization program. An influenza immunization education program will be instituted to achieve high immunization rates among HCPs. Educational information can be found at (<http://www.vaccines.mil/flu>).

(b) Contract HCPs. For HCPs working under contract, influenza immunization may be provided by the MTF, according to terms of the contract. Contracted HCPs are eligible for influenza immunization provided by the MTF if stated in the contract

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

agreement. Otherwise, contractors will provide influenza immunization to their employees. The contractor is responsible for work-related illnesses, injuries, or disabilities under worker-compensation programs, supplemented by existing Secretarial designee authority as appropriate.

(6) Commanders will implement policies and procedures to prevent the unnecessary and avoidable loss of influenza vaccine.

(7) Identify additional vaccine needs. As Soldiers and TRICARE beneficiaries process through the annual IVIP, evaluate their need for any additional vaccines such as pneumococcal, Tdap, or varicella-zoster, and enter any paper-based immunizations not already recorded in MEDPROS or AHLTA. Administer needed doses of other vaccines along with influenza immunization.

(8) All vaccinations for Soldiers and DACs will be immediately posted and tracked in MEDPROS. For the purpose of capturing workload, entry into AHLTA should also be considered. For all other beneficiary categories, documentation in AHLTA will be used. Electronic entry will occur at the time of or, at a maximum, within 72 hours of vaccination.

(a) Proper documentation includes patient identification, the date vaccine was given, vaccine name or code, manufacturer, lot number, volume of dose, administration route and anatomic site, name and rank of prescribing HCP, vaccinator name, date patient is given the Vaccine Information Statement (VIS), and the VIS version date.

(b) Soldiers who receive influenza vaccinations from non-military facilities will provide immunization data to their unit's MEDPROS point of contact at the earliest opportunity.

(9) Units will organize the administrative and patient flow requirement according to local resources and physical setting in order to increase access to those seeking immunization. Units will begin planning now for needed resources (e.g., labor, computer access, and MEDPROS or AHLTA passwords).

(10) Units will use the seasonal IVIP as an opportunity to test installation-based processes that might be used in a pandemic. This includes developing programs or conducting events that reach out to beneficiaries who do not routinely receive seasonal influenza vaccine.

(11) MTF commanders coordinate with supported organizations to distribute and administer vaccine.

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

(12) A National Influenza Immunization Week is scheduled for 6-12 December 2009. MTFs should use this opportunity to enhance community awareness and maximize immunization rates.

(13) The CDC publishes separate VISs for the TIV and LAIV. These statements must be displayed at immunization clinics and provided to each vaccinee or their parent/guardian. Downloaded VISs at <http://www.cdc.gov/vaccines/pubs/vis/> and reproduced locally (Reference d).

c. Tasks to Military Vaccine (MILVAX) Agency (as an EA).

(1) Monitor RMC and MSC influenza immunization compliance through MEDPROS beginning 1 September 2009.

(2) Report RMC and MSC influenza immunization compliance in the OTSG/MEDCOM Operations Update.

(3) Monitor and report influenza immunization compliance for Army Commands, Army Service Component Commands, and Direct Reporting Units as required.

d. Coordinating instructions.

(1) Precluding shortages, no eligible beneficiary should be denied immunization.

(2) The age for general immunization of children is 6 months to 18 years of age.

(3) Children aged 6 months to 8 years old should receive 2 doses of vaccine if they have not been vaccinated previously at any time with either LAIV (doses separated by at least 6 weeks) or TIV (doses separated by at least 4 weeks). Children aged 6 months to 8 years old who received only 1 dose in their first year of vaccination are recommended to receive 2 doses the following year (Reference b).

(4) Pregnant women.

(a) Pregnant women and those intending to become pregnant should be vaccinated against influenza utilizing TIV. LAIV is contraindicated in pregnant females and those with other certain medical conditions as stated in the package insert.

(b) Immunization clinics and HCPs will display a prominent sign directing women to alert the technician or provider if they think they might be pregnant.

(c) All females of childbearing age will be asked about the possibility of pregnancy prior to receiving the vaccine. If women have any questions or concerns, they should consult with their healthcare provider before receiving the vaccine.

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

(d) Facilities providing immunization services should make every attempt to comply with state law related to the vaccination of pregnant women and children. If vaccines are not available in local communities that require them, do not withhold vaccination, but obtain consent prior to vaccination.

(5) The IVIP should continue until supply is exhausted or the vaccine expiration date has been reached.

(6) Should an unexpected vaccine shortage occur, monitor information sources for further directions regarding prioritization. These directions will be provided by ASD (HA) and will be consistent with recommendations published subsequent issues of the CDC Morbidity and Mortality Weekly Report.

(7) Screening.

(a) Immunization clinics and Soldier Readiness Processing (SRP) sites will screen personnel receiving influenza vaccinations according to package insert information to identify contraindications to immunizations.

(b) Influenza vaccine should not be administered to people who have hypersensitivity (e.g., allergic reactions including anaphylaxis) to eggs or other vaccine components without first consulting a physician. Allergy to influenza vaccine should not be confused with mild systemic reactions characterized by fever, malaise, myalgia, and headache.

(c) People with acute febrile illness should not be vaccinated until their symptoms have resolved. However, minor illnesses with or without fever are not contraindications to the vaccine, particularly among children with mild upper respiratory tract infection or allergic rhinitis.

(d) Individuals with asthma or recurrent wheezing, altered immuno-competence, or prior history of Guillain-Barré Syndrome should be carefully evaluated for the potential risks versus benefits prior to being immunized with any influenza product. See package inserts located at <http://www.vaccines.mil/flu>.

(8) Adverse reactions. 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.

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

(a) Report known or suspected adverse events related to the administration of influenza vaccine to the Vaccine Adverse Event Reporting System (VAERS) www.vaers.hhs.gov.

(b) AR 40-562, Immunizations and Chemoprophylaxis, 29 SEP 06, establishes minimum requirements for submission of a VAERS form as vaccine reactions resulting in hospitalization or time lost from duty (more than 24 hours), or if contaminated lots are suspected (see reference c).

(9) An effective communication strategy for the Army Influenza Program is critical to success. Assistance in developing a local communication plan can be found at www.vaccines.mil/flucommplan.

(10) Soldiers may access their on-line shot record in Army Knowledge Online (AKO). To view or print individual immunization records from the AKO homepage, go to “my professional data” on the right hand side of the home page, then select “more”. Then click on “my medical readiness status” and select “view detailed information” under the immunization profile stoplight.

(12) Leaders at all levels can track individual service member and unit compliance using MEDPROS (accessed via www.mods.army.mil). Leaders may obtain information on how to obtain a logon ID directly from the website or by calling the MODS help desk at DSN: 761-4976 or e-mail mods-helps@asmr.com for assistance.

e. Reporting Requirements for Military Immunizations.

(1) Accurate records of vaccine usage must be kept. Detailed records will facilitate projection of vaccine requirements for the 2010-2011 IVIP. Destruction documents for unused, expired vaccine must be submitted to USAMMA at vaccine expiration date. Further instructions are located at <http://www.usamma.army.mil/assets/docs/Destruction%20SOP%20updated%2020%20NOV%2008.pdf>.

(2) Universal implementation of procedures at installation in-and out-processing stations is required to ensure that personnel changing duty stations receive immunization before departure. MEDPROS and Defense Enrollment Eligibility Reporting System (DEERS) registry of new Soldiers (e.g., accessions) must be accomplished to capture immunization data. Immunization clinics and SRP sites will screen for influenza immunization at mobilization and demobilization, and at other similar opportunities until vaccine supplies are exhausted or expired.

(4) Commanders are charged with ensuring immunization data is entered into MEDPROS at the time of immunization or at a maximum, within 72 hours of vaccination. Data entry may be accomplished using the MEDPROS web-based application

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

(www.mods.army.mil), the MODS mainframe, the Remote Immunization Data Entry System (RIDES), compact disc (CD), or other systems or processes in coordination with the MODS support team. Data entry support may be obtained from the MODS help desk at DSN 761-4976, commercial 703-681-4976 or 888-849-4341.

(5) MEDPROS will continue to offer command drill-down reporting capability to allow all users to track compliance. The standard is for each ACOM, ASCC, DRU, and installation to achieve a green status NLT 1 December 2009. Compliance will be categorized as green ($\geq 90\%$ vaccinated), amber (80-89% vaccinated), and red ($< 80\%$ vaccinated).

(6) Issues Unique to RC.

(a) Personnel shall be in a duty status when receiving any DoD-directed immunization.

(b) RC members who receive influenza vaccinations from their personal physician or other non-military facilities will provide immunization date, vaccine manufacturer, and vaccine lot number to their unit's MEDPROS point of contact no later than their next drill following vaccination.

(c) RC members who incur or aggravate any injury, illness, or disease while performing active duty for less than 30 days, or on inactive duty training status are entitled to medical care appropriate for the treatment of the injury, illness, or disease. An adverse reaction from a DoD-directed immunization is a line of duty condition. Therefore, when a member of the RC presents for treatment at an MTF expressing a belief that the condition for which treatment is sought is related to receiving an immunization during a period of duty, the member must be examined and provided necessary medical care.

(d) When treatment has been rendered or the individual's emergent condition is stabilized, a line of duty and/or notice of eligibility will be determined as soon as possible. For injuries, illness or disease unrelated to duty, RC members should seek medical attention from their personal healthcare providers.

f. Non-Sentinel Site Surveillance and Case Reporting.

(1) MTFs will institute procedures to identify and monitor patients with influenza-like illness (ILI) and ensure that appropriate clinical specimens are collected and submitted for laboratory analysis. For this purpose, ILI may be defined as fever, respiratory symptoms, sore throat, myalgia, and headache with or without clinical or radiographic evidence of acute non-bacterial pneumonia. Nasopharyngeal washes, nasal, or throat swabs should be taken from patients with ILI or acute non-bacterial pneumonia who are at high risk for complications of influenza or ill enough to be

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

hospitalized. MTFs are requested to send samples to the US Air Force as described in paragraph 3.g.(3).

(2) All laboratory-confirmed cases of influenza infection will be reported through preventive medicine activities to the Reportable Medical Events System (RMES) at the Armed Forces Health Surveillance Center (AFHSC). Reported cases should meet the case definition found in the Tri-Service reportable events list published at <http://afhsc.army.mil/>. POC at AFHSC is the Army Reportable Disease Project Officer at DSN 295-3240, commercial 301-319-3240.

(3) Report outbreaks of influenza and deaths due to influenza to The Surgeon General's Proponency Office for Preventive Medicine, DSN 761-8134, commercial 703-681-8134; email: robert.l.mott@us.army.mil.

g. Sentinel Site Influenza Laboratory Surveillance.

(1) The United States Air Force School of Aerospace Medicine (USAFSAM) is the executive agent for laboratory-based influenza surveillance. Sentinel sites have been selected based on location, mission, and training status. Submission of clinical samples for virus isolation is encouraged.

(2) Information concerning the surveillance program can be obtained at <https://gumbo.brooks.af.mil/pestilence/Influenza>, DSN 240-5353, commercial 210-536-5353, or email: victor.macintosh@brooks.af.mil.

(3) Samples from the following situations should be considered for submission to USAFSAM: (1) outbreaks; (2) influenza suspected in patients previously vaccinated with the current vaccine; (3) samples from installations in the Far East; and (4) based on a sampling procedure developed locally (every "xth" influenza patient or "x" number of samples per week). In addition, samples should be sent from patients admitted to MTFs with the diagnosis of viral pneumonia. Data from the DoD laboratory surveillance program contributes to the national program, and is critical in identifying any variations or mutations in influenza viruses that may require a change in the following year's vaccine formulation.

4. SERVICE SUPPORT. The IVIP remains a commander's force health protection responsibility. Commanders will follow guidance provided to properly identify and educate service members and TRICARE beneficiaries to be vaccinated, track immunizations, and ensure appropriate medical evaluation if they experience adverse reactions following any vaccination.

a. Education. Information is available to leaders on the MILVAX website, www.vaccines.mil/flu. Specific attention should be paid to the "education tool kit" and

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

“questions and answers” posted on the influenza link. Unclassified references and educational tools are available at the same location.

b. Key Messages.

- (1) Your health and safety are our number one concern.
- (2) The vaccine is safe and effective.
- (3) Vaccination offers a layer of protection in addition to antivirals and other measures that are needed for the armed forces.
- (4) The DoD Influenza Vaccine Program is part of our national defense strategy to safeguard DoD personnel against influenza disease
- (5) Vaccination acts as our internal body armor and offers a 24/7 layer of protection.

c. Medical Issues.

(1) Vaccine Healthcare Centers Network (VHCN). The VHCN is available to assist patients and healthcare providers with treatment of health problems potentially related to vaccinations. Contact information can be found at <http://www.vhcinform.org/>.

(2) DoD Information Call Centers. There are two available resources to answer vaccine related questions.

(a) The DoD GETVACC line (1-877-438-8222) which is manned from 0800 to 1800 (Eastern), Monday through Friday.

(b) The DoD Vaccine Clinical Call Center 24-hour toll-free number is 1-866-210-6469.

5. COMMAND AND SIGNAL.

- a. Command. Normal command relationships remain in effect.

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

b. Signal. HQDA POC for this message is LTC Patrick Garman, COM: 703-681-5101 or DSN: 761-5101, or email: vaccines@amedd.army.mil or vaccines@hqda.s.army.smil.mil (Attention: MILVAX).

ACKNOWLEDGE: OPS21 at eoc.opns@amedd.army.mil.

SCHOOMAKER
LTG

OFFICIAL:



PATRICK O. WILSON
ACS, Operations

ANNEXES:

Annexes A – H: Not used.
Annex I (Service Support)
Annexes J – R: Not used.

DISTRIBUTION:

AMEDDC&S
CHPPM
DENCOM
ERMC
GPRMC
HCAA
MRMC
NARMC
PRMC
SERMC
USAG Ft. Detrick
USAG Walter Reed
VETCOM
WRMC
WTC
DIR, Force Management
DIR, Health Policy and Services
DIR, Human Resources
DIR, Facilities
DIR, Information Management
DIR, Logistics
DIR, Programs, Analysis, and Evaluations

UNCLASSIFIED

UNCLASSIFIED

OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

DIR, Resource Management
DIR, Special Staff
DIR, AMEDD Transformation
DIR, Strategy and Innovation
DIR, Executive Agencies
DIR, Strategic Communications
POPM
WTC

UNCLASSIFIED

UNCLASSIFIED

ANNEX I (SERVICE SUPPORT) TO OPERATION ORDER 09-64 (2009 – 2010 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

1. GENERAL. This annex provides details on the influenza vaccine contracted for the 2009 – 2010 influenza season and on the distribution of the vaccine.

2. Logistics.

a. The influenza vaccines are temperature sensitive products and activities must comply with cold chain management guidelines when transporting and storing these vaccines.

b. The 2009-2010 influenza vaccines contracted for DoD and listed in MMI-09-4007 (Reference e), have the following characteristics:

(1) NSN: 6505-01-573-1311: Fluzone® Nom: influenza virus vaccine, USP, 5.0ml multi-dose vial; trivalent; contains preservative; for immunizing persons 6 to 35 months of age (0.25ml per dose) and 36 months and older (0.5ml per dose); for influenza season 2009-2010; MFR: Sanofi-Pasteur; unit of issue: vial (VI); unit price: \$90.18; acquisition advice code: A; expiration: 30 Jun 2010; storage: requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Fluzone® prior to use.

(2) NSN: 6505-01-573-2170: Fluzone® Nom: influenza virus vaccine, USP, trivalent, syringe, 0.5 ml syringe unit; Thimerosal/preservative free; 10 per package; for immunizing persons 36 months of age and older; for influenza season 2009-2010; MFR: Sanofi-Pasteur; unit of issue: package (PG); unit price: \$98.82; acquisition advice code: A; expiration: 30 Jun 2010; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Fluzone® prior to use.

(3) NSN: 6505-01-573-2285: Fluzone® pediatric vaccine Nom: influenza virus vaccine, USP, trivalent, syringe, 0.25 ml syringe unit, Thimerosal/preservative free; 10 per package; for immunizing persons 6 months to 35 months of age; for influenza season 2009-2010; MFR: Sanofi-Pasteur; unit of issue: package (PG); unit price: \$121.53; acquisition advice code: A; expiration: 30 Jun 2010; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Fluzone® prior to use.

(4) NSN: 6505-01-572-8250: Afluria® Nom: influenza virus vaccine, USP, 5.0ml multi-dose vial (10 dose); trivalent, 0.5 ml dose, contains preservative; for immunizing persons 18 years of age and older; for influenza season 2009-2010; MFR: CSL Ltd; unit of issue: vial (VI); unit price: \$52.54; acquisition advice code: A; expiration: 30 Jun 2010; Once the stopper has been pierced, the vial must be discarded within 28 days; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to

UNCLASSIFIED

ANNEX I (SERVICE SUPPORT) TO OPERATION ORDER 09-64 (2009 – 2010
INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Afluria® prior to use.

(5) NSN: 6505-01-572-9010: Afluria® Nom: influenza virus vaccine, USP, trivalent, syringe, 0.50 ml syringe unit, Thimerosal/preservative free; 10 per package; for immunizing persons 18 years of age and older; for influenza season 2009-2010; MFR: CSL Ltd; unit of issue: package (PG); unit price \$59.95; acquisition advice code: A; expiration: 30 Jun 2010; Once the stopper has been pierced, the vial must be discarded within 28 days; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Afluria® prior to use.

(6) NSN: 6505-01-572-9105: Flumist® Nom: influenza virus vaccine, live; intranasal, trivalent, 0.2 ml dose, pre-filled single use sprayer; (10 sprayers per package); Thimerosal/preservative free; for immunizing healthy persons 2 to 49 years of age; for influenza season 2009-2010; MFR: MedImmune; unit of issue: package (PG); unit price \$150.64; acquisition advice code: A; shelf life: 18 weeks; storage: shipped frozen from the manufacturer and stored in refrigerator at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit upon receipt and until use before the expiration date. Do not refreeze. Cold chain must be maintained when transporting and storing Flumist® prior to use.

c. Distribution.

(1) The US Army Medical Materiel Agency (USAMMA) is the inventory control point (ICP) for the Army for the influenza vaccine which is an Acquisition Advice Code (AAC) service regulated item. The Defense Supply Center, Philadelphia (DSCP) contracts with manufacturers, acquires the vaccine, and distributes it to activities based on the priorities submitted to them by USAMMA. USAMMA follows all requisitions until they are fulfilled.

(2) National Stock Number(s) (NSNs) change yearly for the influenza vaccine. It is essential that the current year's NSN(s) be used in the requisitioning process. NSNs requisitioned must coincide with requirements NSNs previously submitted. If a change is required, notify USAMMA'S Distribution Operations Center, at 301-619-3242/4300, or email usammafluvaccine@amedd.army.mil for assistance.

(3) Requisition submissions began 15 Jul 2009.

(4) Influenza vaccine is distributed to medical treatment facilities (MTFs) and deployed units through pharmacy and/or medical logistics activities. Information and official messages regarding the distribution of influenza vaccine may be obtained from the US Army Medical Materiel Agency website: www.usamma.army.mil, DSN 343-3242, commercial 301-619-3242, or email usammafluvaccine@amedd.army.mil.

UNCLASSIFIED

ANNEX I (SERVICE SUPPORT) TO OPERATION ORDER 09-64 (2009 – 2010
INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

(5) Influenza vaccine is heat and cold sensitive. The vaccine must be stored within the appropriate temperature range (35° to 46°F or 2° to 8° C). The USAMMA website provides additional guidance on handling, storage, transportation, and administration of influenza vaccine. From the homepage, www.usamma.army.mil, click on vaccines/temperature sensitive products, then influenza virus vaccine (flu program).