



DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
5109 LEESBURG PIKE  
FALLS CHURCH VA 22041

REPLY TO  
ATTENTION OF

DASG-HCA

10 August 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Implementation Instructions for Seasonal Influenza Vaccination Program (IVP)

1. References.

a. Department of Defense Directive (DoDD) 6205.02E, Subject: Policy and Program for Immunizations to Protect the Health of Service Members and Military Beneficiaries, September 2006.

b. Department of Defense Joint Regulation (Army Regulation 40-562, BUMEDINST 6230.15A, AFJI 48-110, CG COMDTINST M6230.4F), Immunizations and Chemoprophylaxis, 29 September 2006.

c. Assistant Secretary of Defense for Health Affairs (ASD(HA)) memorandum, Subject: Guidance for the Use of Influenza Vaccine for the 2011-2012 Influenza Season, 2 August 2011. Available at <https://www.vaccines.mil/flu>.

d. 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, 4 April 2008. Available at [http://www.vaccines.mil/documents/1169HCPFluHAPolicy\\_08\\_005.pdf](http://www.vaccines.mil/documents/1169HCPFluHAPolicy_08_005.pdf).

e. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Available at: <http://www.cdc.gov/vaccines/recs/acip/default.htm>.

2. The purpose of this memorandum is to provide guidance to Service representatives for the implementation of the IVP.

3. Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. Flu seasons are unpredictable and have the potential to impact DoD force readiness and mission. In the United States, influenza results in over 25 million reported cases, over 150,000 hospitalizations due to serious complications, and over 30,000 deaths annually. Vaccination is the primary method for preventing influenza and its complications.

4. For the 2011-2012 influenza season, Services have requested 4,060,535 doses of vaccine, which represents an 8 percent decrease over the previous season. Manufacturers of the injectable vaccine will deliver more vaccine to the Defense Logistics Agency (DLA) Troop Support in a shorter time frame compared to previous seasons.

DASG-HCA

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a. The projected delivery dates for injectable vaccine is:

(1) FLUZONE:

(a) Prefilled Syringe / Multi does vial: 70% by 31 Aug, 30% by 30 Sep

(b) Pediatric prefilled syringe: 25% by 30 Sep, 75% by 31 Oct

(2) AFLURIA: Prefilled Syringe / Multi does vial: 100% by 31 Aug

b. The projected delivery dates for Intranasal (FLUMIST): 50% by 31 Aug, 30% by 30 Sept, 20% by 31 Oct

5. The Services are responsible for implementing the IVP per the Assistant Secretary of Defense for Health Affairs (ASD(HA)) memorandum (reference c). The enclosed guidance supplements the ASH(HA) memorandum and provides implementation instructions for the IVP.

6. Upon receipt of vaccine, begin vaccinating personnel in accordance with DoD and Service priorities.

7. Vaccination is mandatory for uniformed personnel, healthcare personnel who provide direct patient care, and is encouraged for all others.

8. DoD/USCG activities are required to prepare an EXSUM when a potential loss of vaccine potency (i.e., vaccine is outside required temperature parameters of 2° to 8°C or 36° to 46°F) is suspected. If stored out of temperature range, immediately place vaccine into a refrigerator, mark suspended, and notify USAMMA Distribution Operations Center (DOC). Do not assume influenza vaccine is unserviceable until confirmed by USAMMA/DOC.

9. TempTales are to be returned to DLA Troop Support IAW instructions provided with shipping containers.

10. TRICARE Management Activity final rule authorizing TRICARE retail network pharmacies to administer seasonal influenza at no cost to the beneficiary remains in effect for the 2011-2012 season. Service members who are not located near a medical treatment facility such as Recruiters, ROTC Cadre, and other non traditional assignments are encouraged to utilize this benefit.

11. Personnel who receive influenza vaccinations from non-military facilities will provide immunization data to their unit's Immunization Tracking System point of contact not later than COB of the next duty day following vaccination.

12. Vaccine Adverse Event Reporting System (VAERS). Reports shall be filed using Service reporting procedures for those events resulting in hospital admission, lost duty time or work of 24 hours or more, adverse event suspected to result from contamination of a vaccine vial, or death. Further, healthcare providers are encouraged to report other adverse events that, in the

DASG-HCA

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provider's professional judgment, appear to be unexpected in nature or severity. In other situations in which the patient wishes a VAERS report to be submitted, the healthcare provider will work with the patient to submit one with regard to causal assessment. VAERS report forms may be obtained by accessing <http://www.vaers.hhs.gov> or by calling 1-800-822-7967.

13. The point of contact for this action is Mr Brian Twele, Military Vaccine (MILVAX) Agency, at (703) 325-6569 (DSN 221) or email at [brian.twele@us.army.mil](mailto:brian.twele@us.army.mil).



Encl

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**DISTRIBUTION:**

Army Immunization Policy POC (ATTN: COL Mott)  
Navy Immunization Policy POC (ATTN: LCDR Wells)  
Air Force Immunization Policy POC (ATTN: COL Gould)  
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