



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

SEP 21 2004

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)  
DIRECTOR, JOINT STAFF

SUBJECT: Department of Defense Guidance for Preparation and Response to an  
Influenza Pandemic caused by the Bird Flu (Avian Influenza)

The attached Department of Defense (DoD) Pandemic Influenza Preparation and Response Planning Guidance provides instructions on activities to undertake in order to prepare the DoD for the possibility of an influenza pandemic. This guidance implements the recommendations from the National Pandemic Influenza Response plan by the Department of Health and Human Services (HHS) and is tailored to the unique needs of the DoD.

Epidemics of influenza occur annually around the world. In the northern hemisphere, they occur over the winter between October and March. Influenza pandemics occur infrequently and cause substantially higher morbidity and mortality. Whereas most annual epidemics impact the elderly and other medically high-risk groups, pandemics or uncontrolled global outbreaks cause significantly higher illness and death rates in generally healthy groups (such as young adults or military personnel) who are not usually affected by annual epidemics.

History has shown that new strains of human influenza frequently develop from influenza in animals, particularly swine and poultry. Recently, a novel strain of influenza has emerged in poultry in Southeast Asia. Many world health experts are concerned that this strain of flu virus (H5N1 or "bird flu") could mutate into a pandemic strain. Most people in the world would not have any immunity to this new virus and the resulting pandemic could cause significant numbers of deaths world wide. While the scientists at the National Institutes of Health and elsewhere are working to develop a vaccine for this strain of virus, there is no guarantee the virus that could cause a pandemic would be covered by this vaccine. Experts predict it would take up to six months to develop and produce an effective vaccine after the emergence of the pandemic. During this time, antiviral medications such as oseltamivir (Tamiflu) will be used to prevent and treat illness. There is evidence that H5N1 is sensitive to oseltamivir; however, its supply is extremely limited world wide, and its use will be prioritized.

Pandemic influenza poses a distinct threat to military operations. Infected individuals may be able to spread the virus before actually showing symptoms of illness, the disease can spread rapidly and infect large numbers of military personnel.

The DoD's top priority for use of vaccine or antiviral medications is in forward deployed operational forces. The attached plan discusses prioritization and distribution of these resources during a pandemic. Maintaining our medical personnel to be able to deal with large numbers of sick individuals is a priority we share with HHS. We are currently working with HHS on agreements to share in the HHS/Centers for Disease Control and Prevention (CDC) strategic national stockpile (SNS) of critical medicines and materiel if needed during a pandemic in the continental U.S. Additionally, we are acquiring antiviral medications for DoD forward-deployed forces so they will have timely access to these medications.

Each Service already has epidemiological expertise to investigate outbreaks of disease. Additionally, DoD has in place extensive surveillance systems to help alert us to the emergence of an influenza pandemic, and we cooperate with the CDC and World Health Organization in these efforts. The military medical services are directed to ensure that their surveillance systems are taking the necessary steps to maximize efforts involving influenza and other respiratory diseases.

There is a great deal of uncertainty within the scientific community as to whether this current "bird flu" will emerge as the next influenza pandemic. The behavior of this virus bears some similarities to previous (1968, 1957, 1918) pandemic viruses. The pandemic of 1918 killed over 43,000 military recruits. While medical care has advanced since earlier pandemics, there is still reason for concern with today's threat.

Service Surgeons General should ensure that their military treatment facilities have response plans to public health emergencies and pandemic influenza that are coordinated and synchronized with local health authorities. Additionally, installation commanders should review their plans for emergency response and ensure that they have appointed a Public Health Emergency Officer in accordance with DoDD 6200.3, Emergency Health Powers on Military Installations. Please advise me no later than November 1, 2004, on your implementation of this planning guidance. My point of contact for this matter is LTC(P) Steve Phillips, 703-575-2669, Stephen.Phillips@ha.osd.mil.



William Winkenwerder, Jr., MD

Attachment:  
As stated

cc:

USD (P&R)

PDUSD (P&R)

Vice Chief of the Army

Vice Chief of the Navy

Vice Chief of Air Force

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Surgeon, Joint Staff

Special Assistant to the Secretary of Defense

Special Assistant to the Deputy Secretary of Defense