



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

MCCS

25 OCT 2004

MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE  
COMMANDS

SUBJECT: Interim Revision to Policy for Influenza Vaccination, 2004-2005 Season

1. Reference: DASG-HCA Policy for Influenza Vaccination, 2004-2005 Season  
26 Aug 04.

2. Overview. This memorandum provides interim revisions to the 26 Aug 04 Army policy for influenza vaccination. Because of a national influenza vaccine shortage, we must balance our primary task of maintaining optimal military readiness with our responsibility to protect our most vulnerable beneficiaries. Influenza vaccinations will continue for operational forces in Korea and in U.S. Central Command's (CENTCOM) Area of Responsibility (AOR). There will not be total-force influenza vaccination this year. This policy will enable vaccination of military retirees and other beneficiaries at medically higher risk, to help them avoid the complications from influenza infection such as pneumonia and death. I will provide updated policy as necessary to ensure we plan and execute with maximum effectiveness.

3. Situation

a. Vaccine Rejected. On 5 Oct 04, officials of the British Medicines and Healthcare Products Regulatory Agency (MHRA) rejected 48 million doses of influenza vaccine manufactured by Chiron Corporation due to bacterial (e.g., *Serratia*) contamination and other processing problems. This quantity represents about half of the influenza vaccine supply for the United States. The shortage translates into a similar 51% shortfall for the Department of Defense (DoD).

b. Vaccine Available

(1) Aventis Pasteur (AvP) assured DoD it will receive enough injectable *Fluzone* influenza vaccine from AvP for operational forces and medically high-risk beneficiaries. AvP will deliver 1,826,840 doses of influenza vaccine to DoD. As of 22 Oct 04, 870K doses have been received. We have shipped AvP vaccine to CENTCOM and Korea and to installations preparing to deploy personnel to these locations. We will begin shipping additional vaccine the week of 25 Oct 04 to begin parallel vaccination of medically high risk beneficiaries, healthcare workers with direct patient contact, and basic and advance trainees.

MCCS

SUBJECT: Interim Revision to Policy for Influenza Vaccination, 2004-2005 Season

(2) MedImmune is contracted to supply DoD with 250,000 doses of *FluMist*, an intranasal influenza vaccine for healthy people 5 to 49 years old. We will begin shipping this vaccine upon receipt (late Oct and mid Dec), primarily targeting those installations with basic and advanced trainee populations and additional critical operational forces.

#### 4 Interim Revised Policy.

a. Discipline. Military medical treatment facilities (MTF) will exercise discipline in selecting who receives influenza vaccine and who is deferred. The vaccine supply is critically low and we must work together to assure all available doses protect the right persons. Excess vaccine at one installation may need to be redistributed to other installations. Some personnel will forego influenza vaccination this year, so that we can vaccinate military retirees and others at high risk, so they do not die of influenza infection.

b. Operational Forces. Continue to vaccinate personnel deployed or deploying to the CENTCOM AOR (in support of OIF/OEF), Korea, SFOR, KFOR, and other OCONUS GWOT operations. Protection of these operational forces is our highest priority. When sufficient vaccine is available, we will begin vaccination of designated Quick Reaction Forces and units with full-time, critical homeland defense missions.

c. The following three groups are of comparable priority for influenza vaccination this season. Implement vaccinations when sufficient vaccine is on hand. Due to supply constraints, several more weeks will probably pass before these vaccinations can begin.

(1) Medical High-Risk. Vaccinate those medically at higher risk of influenza complications, as defined by the Centers for Disease Control & Prevention (CDC) ([www.cdc.gov/mmwr/pdf/wk/mm53d1005.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm53d1005.pdf)). The specific categories, considered of equal priority, follow:

- all children aged 6 to 23 months
- all adults aged 65 and older
- persons aged 2 to 64 years with underlying chronic medical conditions
- all women who will be pregnant during the influenza season
- residents of nursing homes and long-term care facilities
- children aged 6 months to 18 years on chronic aspirin therapy
- out-of-home caregivers and household contacts of infants less than 6 months old

(2) Healthcare Workers. Vaccinate healthcare workers who regularly have direct patient contact, to reduce transmission of influenza virus to high-risk patients.

(3) Trainees. Vaccinate trainees in basic combat training and advanced individual training, as well as the full-time cadre who instruct them.

MCCS

SUBJECT: Interim Revision to Policy for Influenza Vaccination, 2004-2005 Season

d. Vaccine Rationing. There is insufficient vaccine for "business as usual." Other than the categories listed above, do not vaccinate other active duty or reserve component troops against influenza. Do not vaccinate beneficiaries who are not medically at higher risk of complications of influenza, as defined above.

e. Distribution Planning. On 24 Oct 04, the Military Vaccine (MILVAX) Agency sent a request to each RMC to validate remaining influenza vaccine requirements for each installation within their region, focusing on projected deployments, medically high risk, and healthcare workers with direct patient contact. The TRADOC Surgeon is providing an estimate of vaccine required to support basic and advanced trainee populations throughout the influenza season. Installations should revise requirements downward wherever possible to conserve vaccine. Follow the instructions provided by MILVAX and submit your revised, validated requirements NLT 27 Oct 04.

f. Documentation. Documentation of influenza immunization in medical records continues to be important. Record all Soldier immunizations in the Medical Protection System (MEDPROS).

g. FluMist Preparation. At MTFs supporting training sites and MTFs supporting brigades deploying in mid-Jan 05 or later, be prepared to place an order for FluMist, based on ordering instructions and timing to be provided by MILVAX in the near future. This vaccine requires shipment on dry ice and storage in a "freeze box" that has had at least 4 days to equilibrate temperatures. Military pharmacies, medical logisticians, and immunizers at these MTFs will familiarize themselves with storage and handling idiosyncrasies of this vaccine.

h. Pending Actions. The Assistant Secretary of Defense (Health Affairs) is expected to issue additional policy guidance by 28 Oct 04. We will follow this with a HQDA ALARACT to alert all Army units of the current policy and actions to take to minimize influenza disease this season.

i. Prevention and Key Messages. Headquarters Surgeons and MTFs should provide all units and beneficiaries with up-to-date information on the influenza program. Key to this effort is to use all media routes (local installation newspaper, radio, TV) and other venues (MTFs, etc) where personnel can gather information. Particularly important is to stress basic personal hygiene principles to stop the spread of disease along with practicing other good health habits, and that sufficient vaccine will be available to protect our most vulnerable at risk groups. The MILVAX Agency web site (<http://www.vaccines.mil>) has readily available information to assist you with this effort.

MCCS

SUBJECT: Interim Revision to Policy for Influenza Vaccination, 2004-2005 Season

5. The MILVAX Agency points of contact for the management of the influenza vaccination program are COL John Grabenstein, Deputy Director, MILVAX Agency, (703) 681-5059 or email: [john.grabenstein@otsg.amedd.army.mil](mailto:john.grabenstein@otsg.amedd.army.mil), and Mr. Dennis Moreland, (703) 681-0623, [dennis.moreland@otsg.amedd.army.mil](mailto:dennis.moreland@otsg.amedd.army.mil).

FOR THE COMMANDER:



JOSEPH G. WEBB, JR.  
Major General  
Chief of Staff

CF:

Director, National Guard Bureau, ATTN: Surgeon, 111 South George Mason Drive, Arlington, VA 22204-1382

Chief, U.S. Army Reserve Command, ATTN: Surgeon, 1401 Deshler Street, South West, Fort McPherson, GA 30330-2000

Commander, U.S. Army Training and Doctrine Command, ATTN: Surgeon, 7 Fenwick Road, Fort Monroe, VA 23651-5000

Commander, U.S. Army Forces Command, ATTN: Surgeon, Fort McPherson, GA 30330-6000

Commander, U.S. Army Materiel Command, ATTN: Surgeon, 9301 Chapek Road, Fort Belvoir, VA 22060-5527

Commander, U.S. Army Test and Evaluation Command, ATTN: Surgeon, Park Center IV, 4501 Ford Avenue, Alexandria, VA 22333-0001

Commander, U.S. Army Special Operations Command, ATTN: Surgeon, Fort Bragg, NC 28307-5200

Commander, U.S. Army, Europe, ATTN: Surgeon, Unit 29351, APO AE 09014-9351

Commander, 8<sup>th</sup> U.S. Army, Korea, ATTN: Surgeon, Unit 15236, APO AP 96205-0009

Commander, U.S. Army, Pacific, ATTN: Surgeon, Fort Shafter, HI 96858-5100

Commander, 3<sup>rd</sup> Army, ATTN: Surgeon, Fort Gillem, GA 30330