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HEADQUARTERS, US ARMY MEDICAL COMMAND  
Fort Sam Houston, TX 78234-6007  
121720R November 2009

FRAGMENTARY ORDER 3 TO OPERATION ORDER 09-75 (NOVEL A(H1N1)  
INFLUENZA VACCINE IMMUNIZATION PROGRAM)

References:

- i. **[Add]** Fragmentary Order 2 to U.S. Army Medical Command Operation Order 09-75 (Novel A(H1N1) Influenza Vaccine Immunization Program), dated 14 October 2009.

Time zones used throughout the order: **[Change]** Romeo (Eastern Standard Time).

Task Organization: No change.

1. SITUATION. No change.
2. MISSION. No change.
3. EXECUTION.

Intent. No change.

- a. Concept of operations. No change.
- b. Tasks to RMCs and MSCs.

(14) **[Change]** Beginning 13 October 2009, report quantities in doses of vaccination received at each MTF from the state distribution system. Reports (see Annex T) are due **NLT 1400R** every **Monday** until relieved by further order. **This report is a report in time and NOT CUMULATIVE. Totals will be tabulated weekly by MILVAX. Report will include the number of individuals vaccinated during the reporting period along with the number of doses of vaccine received during the same period.** Reports will be sent to [novelvaccines@amedd.army.mil](mailto:novelvaccines@amedd.army.mil) and [eoc.opns@amedd.army.mil](mailto:eoc.opns@amedd.army.mil) (see point of contact information in paragraphs 5.b.(1) and (2) in the base order).

- c. Tasks to OneStaff. No change.
- d. Coordinating instructions. No change.
- e. Reporting Requirements for Military Immunizations.

(6) **[Add]** Weekly H1N1 report should include all vaccinations provided during the reporting period, including uniform service members. Any vaccination of service

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members should be annotated with an asterisk, (\*) and an explanation footnote at the bottom of the worksheet. The footnote should include the number of SM involved, reason for providing the state supplied vaccine, and if they fall within the targeted population.

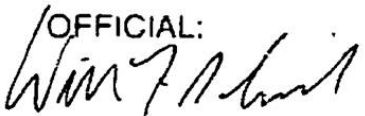
4. SERVICE SUPPORT. No change.

5. COMMAND AND SIGNAL. No change.

ACKNOWLEDGE: OPS21 at [eoc.opns@amedd.army.mil](mailto:eoc.opns@amedd.army.mil).

SCHOOMAKER  
LTG

OFFICIAL:



PATRICK O. WILSON  
ACS, Operations

ANNEXES:

Annexes A – H: Not used.

Annex I (Service Support) No change.

Annexes J – R: Not used.

Annex S (Safety) No change.

Annex T (Unit Vaccine Readiness Report) No change.

**[Add]** Annex U (SECDEF Memorandum Dated 30 OCT 09: 2009 H1N1 Vaccine Provision for Beneficiaries with High Risk Conditions)

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WRMC(PROV)

WTC

ACS, Health Policy and Services

ACS, Human Resources

ACS, Facilities

ACS, Information Management

ACS, Logistics

DIR, Programs, Analysis, and Evaluations

ACS, Resource Management

DIR, Special Staff

DIR, AMEDD Transformation

DIR, Strategy and Innovation

DIR, Executive Agencies

DIR, Strategic Communications

Deputy, POPM

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ANNEX U (SECDEF MEMORANDUM DATED 30 OCT 09: 2009 H1N1 VACCINE PROVISION FOR BENEFICIARIES WITH HIGH RISK CONDITIONS) TO OPOD 09-75 (NOVEL A(H1N1) INFLUENZA VACCINE IMMUNIZATION PROGRAM) - USAMEDCOM



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
WASHINGTON, DC 20301-1200

OCT 30 2009

HEALTH AFFAIRS

MEMORANDUM FOR SURGEON GENERAL, ARMY  
SURGEON GENERAL, NAVY  
SURGEON GENERAL, AIR FORCE  
DIRECTOR, MILITARY VACCINE AGENCY

SUBJECT: 2009 H1N1 Vaccine Provision for Beneficiaries with High Risk Medical Conditions

The 2009 H1N1 vaccine is now arriving at military treatment facilities. This vaccine includes vaccine specifically designated for uniformed personnel, dependents and retirees, or Department of Defense (DoD) civilian employees.

Previous guidance describing which population groups may receive vaccine from each vaccine source remains in place (Department of Defense Pandemic Vaccine Guidance for Novel Influenza A (H1N1) September 30, 2009 and 2009 H1N1 Vaccine Policy for Family Members and Retirees Residing in the Continental United States including Alaska and Hawaii, September 30, 2009). However, regardless of the vaccine source or intended target population, available vaccine should be provided to any beneficiary wishing to be immunized who has a medical condition that places them at a higher risk for influenza-related complications. This does not pertain to age-based target groups, but does include medical conditions such as pregnancy, chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/ neuromuscular, hematologic or metabolic disorders (including diabetes mellitus), and immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus as described in the Centers for Disease Control and Prevention document: Use of Influenza A (H1N1) 2009 Monovalent Vaccine. Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5810a1.htm>).

As vaccine availability increases, there will be an adequate supply of vaccine for all those wishing to be immunized.

My point of contact for this issue is COL Wayne E. Hachey; he can be reached at (703) 575-2669, or at [Wayne.Hachey@ha.osd.mil](mailto:Wayne.Hachey@ha.osd.mil).

A handwritten signature in black ink, appearing to read "Donald L. Noah".

Donald L. Noah, Col, USAF, BSC  
Acting Deputy Assistant Secretary of Defense  
Force Health Protection and Readiness

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