



THE ASSISTANT SECRETARY OF DEFENSE

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SEP 27 2007

HEALTH AFFAIRS

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
DEPUTY ASSISTANT SECRETARY OF DEFENSE (C&PP)

SUBJECT: Policy Guidance for the Use of Influenza Vaccine for the 2007–2008
Influenza Season

The Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices have developed recommendations for the 2007–2008 influenza season (www.cdc.gov/mmwr/pdf/rr/rr5606.pdf). Their recommendations are based solely on clinical and epidemiological risk factors for mortality and morbidity from influenza and do not address military readiness. Naval Health Research Center data from 2006–2007 showed influenza immunization to be 91 percent effective at preventing influenza-like illness in those immunized.

For the 2007–2008 influenza season, the Department of Defense (DoD) has contracted for a total of 3.44 million doses, which includes 1.5 million doses of inactivated (injectable) vaccine and 1.8 million doses of live attenuated (intranasal) vaccine. As in the past, delivery of the vaccine is dependent on the priorities of the manufacturers and availability of approved lots. Last year, delivery of the live attenuated vaccine proved to be more efficient and responsive to DoD requirements. Medical treatment facilities should expect several deliveries.

The Services will reserve injectable vaccine for people in whom the intranasal vaccine is medically or operationally contraindicated or where the intranasal vaccine is unavailable due to temperature constraints during shipping. Therefore, a portion of the initial supply of inactivated, injectable vaccine should be reserved for Continuity of Operations and Continuity of Government as determined by the Combatant Commands and Services. Services will administer the intranasal vaccine to military personnel without a contraindication, subject to shipping constraints. Live, attenuated intranasal vaccine is also encouraged in eligible healthy beneficiaries 5 to 49 years of age without a medical contraindication for receiving this vaccine. It is anticipated that the eligible age for the live, attenuated vaccine will be decreased to two years of age after vaccine delivery begins. Should this occur, administration strategies should change accordingly to include this younger age group. Until that time, children from 6 to 59 months of age should be immunized using trivalent inactivated influenza vaccine.

DoD policy states that Services will use the first-available vaccine doses to preserve operational effectiveness. We must protect our most vulnerable populations by immunizing military units that are deployed or will deploy, other DoD personnel that represent critical missions or support critical missions, as well as high-risk groups as listed in the 2007–2008 recommendations of the Advisory Committee on Immunization Practices (published in the *Morbidity and Mortality Weekly Report*). Services will implement the recommendations to immunize all health care workers and to extend the age for general immunization of children to 6 to 59 months of age.

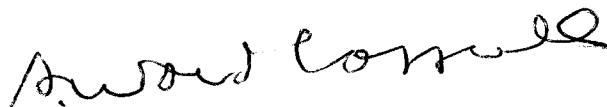
Should an unanticipated shortage occur, further direction regarding priority tiers will be provided, consistent with recommendations published in subsequent issues of the *Morbidity and Mortality Weekly Report*. Full-scale immunization campaigns for lower-risk groups will begin after reasonable attempts are made to immunize higher priority groups and when vaccine supplies are adequate. A national influenza immunization week is scheduled for November 26 through December 1. Local installations should use this opportunity, in addition to other measures, to enhance community awareness and maximize immunization rates. Every attempt should be made to immunize all those requesting immunization. Unless significant local shortages preclude immunization no eligible beneficiary should be denied immunization when requested. Immunizations should begin as soon as the vaccine is received. Immunization of basic trainees should continue until the expiration date on the vaccine label. Steps to minimize wastage of vaccine are important. Commanders have a responsibility to ensure policies and procedures are in place and followed to prevent the unnecessary and avoidable loss of Government resources.

The Epidemiology Branch of the Air Force Institute for Operational Health (AFIOH) will update the influenza surveillance Web site (gumbo.brooks.af.mil/pestilence/influenza) each week during the influenza season. Results from laboratory surveillance are reported weekly during the influenza season in the DoD Weekly Influenza Surveillance Report published by the AFIOH.

In addition to this laboratory-based surveillance data, AFIOH will analyze morbidity data from the Electronic Surveillance System for Early Notification of Community-based Epidemics for influenza-like illnesses, the DoD hospitalization data for influenza and influenza-related hospitalizations and include these data in the weekly report. Weekly summary and final reports will be coordinated between AFIOH and DoD-Global Emerging Infections Surveillance and Response System for submission to Health Affairs. The Air Force continues to be the executive agent for laboratory-based influenza surveillance.

I applaud the many recent efforts of the Services and the Combatant Commands in pandemic influenza preparedness. Please use your seasonal influenza immunization program as an opportunity to test your installation-based processes that might be called on in a pandemic. This will include reaching out to beneficiaries who do not routinely receive seasonal influenza vaccine.

DoD policy requires immunization of all Active Duty and Reserve personnel against influenza according to Service-specific guidelines. Services will monitor implementation via Service specific electronic tracking systems. All systems must insure and be able to validate immunization has been reported to the Defense Eligibility Enrollment Reporting System. Our goal is to exceed 90 percent immunization of military personnel by December 31. The Services are directed to begin implementation of this policy immediately.



S. Ward Casscells, MD

cc:

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