



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR - 4 2008

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DEPUTY ASSISTANT SECRETARY OF DEFENSE
(CLINICAL AND PROGRAM POLICY)
DIRECTOR, JOINT STAFF

SUBJECT: Addendum to Policy for Release of the Department of Defense Antiviral Stockpile During an Influenza Pandemic

This policy addendum includes clarification and guidance regarding the Department of Defense (DoD) antiviral stockpile following an increase in the size of both local and strategic antiviral stockpiles. This addendum expands guidance based on the current "Policy for Release of Department of Defense Antiviral Stockpile during an Influenza Pandemic," dated August 10, 2007; it does not replace that policy.

Enlarging the DoD antiviral stockpiles permits the adoption of antiviral strategies that have a greater propensity of reducing the impact of an influenza pandemic on operational capabilities. Currently, this primarily represents the drug oseltamivir, but in the future likely will include others.

The primary use of antiviral therapy should be based on a strategy that maximizes the potential benefit in decreasing the overall rate of infection while preserving operational effectiveness. There are three potential antiviral strategies: Treatment, outbreak prophylaxis, and post-exposure prophylaxis. Only post-exposure prophylaxis is likely to have a significant impact on decreasing the attack rate in the DoD community.

Unless employed very early, treatment likely will save lives and reduce morbidity but will not have a significant impact on the rate of disease transmission in the DoD community. DoD beneficiaries infected with pandemic influenza, who are likely to benefit from treatment, should be offered antiviral therapy because treatment should result in an overall lower mortality rate, fewer influenza-associated complications, and a shorter disease course. This strategy may result in a decreased impact on the surge requirements for higher echelons of medical care. A portion of the necessary antiviral medications required to treat the DoD population in the continental U.S. will come from the Strategic National Stockpile (SNS), as described in previous guidance. Coordination

at the local level is necessary to ensure that DoD installations are included in local public health pandemic planning efforts to ensure local DoD access to the SNS-derived stores.

The use of widespread outbreak prophylaxis represents an ineffective and costly approach to protecting our Service members and beneficiary population. Widespread use will quickly exhaust even a robust stockpile during the early phases of a pandemic and leave our forces unprotected for potentially more serious subsequent waves. There are select groups of individuals who will require outbreak prophylaxis. This is likely to include some health care providers and other low density or critical skills individuals that have a very high risk or high risk of exposure as defined by the Occupational Safety and Health Administration document 3327-02N 2007, "Guidance on Preparing Workplaces for an Influenza Pandemic." Most individuals, even in deployed and health care settings, will have a low to medium risk for exposure and, therefore, should not receive outbreak prophylaxis. Health care workers and most deployed forces who do not have prolonged, close contact with individuals with pandemic influenza should not receive outbreak prophylaxis. Depending on the local attack rates, select deployed forces who do not have medical support may be considered for outbreak prophylaxis.

Effective surveillance to promote early treatment and provision of post-exposure prophylaxis is key to successful pandemic mitigation efforts. With nonpharmacologic measures interlaced with early treatment and post-exposure prophylaxis, the progression of a pandemic may be halted. Modeling and clinical data suggest that adding a strategy of post-exposure antiviral prophylaxis with social distancing and infection control measures will further decrease the rate of infection within a community and specifically within household, garrison, or shipboard settings. This strategy should have both a direct and indirect effect on preserving operational effectiveness by decreasing overall disease transmission and providing protection or early treatment for those exposed before developing symptoms or contagiousness. Previously, the antiviral stockpile was not sufficient for consideration of widespread post-exposure prophylaxis. The increased supply, coupled with early and consistent use of nonpharmacologic mitigation measures, may permit employing post-exposure prophylaxis strategies that represent a more effective use of antiviral medications than widespread outbreak prophylaxis.

My office will develop and provide guidance and policy for deployable assays capable of identifying individuals who have acquired natural immunity following infection with pandemic influenza. Before such an assay is developed, individuals with a known pandemic influenza infection should be identified. This cadre of individuals would likely not require subsequent antiviral prophylaxis or subsequent immunization with a pandemic specific vaccine.

The number of depots currently used to store the larger DoD strategic stockpile will remain the three original storage locations in Japan, Europe, and the U.S., with release authority remaining under me. The DoD has established additional storage locations to support U.S. Pacific Command (USPACOM), U.S. Forces Korea, U.S. Southern Command, and U.S. Central Command areas of responsibility. In addition to these sites, additional antiviral supplies will augment the previous supplies located at military treatment facilities (MTFs) in the U.S., European Command, and USPACOM. These additional supplies, which do not represent those in the three strategic stockpile depots, are under Geographic Combatant Command or local control, as described in previous guidance. The goal is to increase local supply levels to provide adequate antiviral medications to treat 30 percent of the population at risk. Due to storage restrictions, the continental U.S. MTF stores will remain unchanged, representing 10 percent of their population at risk.

Those Combatant Commands without fixed MTFs also will receive antiviral drugs to treat 30 percent of their populations. As with the fixed MTF supply, the Combatant Command commander may delegate release authority of this antiviral supply. Use will be consistent with the current guidelines described in the "Policy for Release of DoD Antiviral Stockpile During an Influenza Pandemic," dated August 10, 2007, and this addendum. Implementation of the Food and Drug Administration's approved shelf-life extension program will be used to maintain these additional stock levels for an extended period. As noted in the previous antiviral policy, distribution plans should be thoroughly coordinated between the medical and transportation communities at every level.



S. Ward Casscells, MD

DOCUMENT MANAGEMENT DIVISION

REQUEST FOR POSTING OFFICIAL GUIDANCE ON THE WEB

Subject: Addendum to Policy for Release of the DoD
Antiviral Stockpile During an Influenza Pandemic (07-014)

DOCS Open: 146590, 146620

Action Office/Action Officer: FHP-R / LTC Hachey

Phone: 703-575-2669

CHIEF OF STAFF DECISION:

Upon signature, post official guidance on the MHS Web site.

Approved: _____



Thom D. Kurmel
COL, MS, U. S. Army
Chief of Staff, Health Affairs

Disapproved: _____