THE ASSISTANT SECRETARY OF DEFENSE
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HEALTH AFFAIRS

SEP 29 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)
DIRECTOR, JOINT STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (CLINICAL & PROGRAM POLICY)

SUBJECT: Policy Guidance for the Use of Influenza Vaccine for the 2008-2009 Influenza Season

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) have developed recommendations for the 2008-2009 influenza season that will be located at http://www.cdc.gov/mmwr when they are published. On February 27, 2008, the ACIP expanded the recommended pediatric age group to receive the influenza vaccine from six months to 18 years of age. Their recommendations are based solely on clinical and epidemiological risk factors for mortality and morbidity from influenza and do not address military readiness. Despite a less than optimal match between the seasonal influenza vaccine and emerging viral strains, the Naval Health Research Center data from 2007-2008 showed the influenza vaccine to be 81 percent effective at preventing influenza-like illness in those immunized.

For the 2008-2009 influenza season, the Department of Defense (DoD) has contracted for a total of 3.55 million doses, which includes 1.9 million doses of inactivated (injectable) vaccine and 1.6 million doses of live attenuated (intranasal) vaccine. Delivery of the vaccine is dependent on the priorities of the manufacturers and availability of approved lots. The live attenuated vaccine is available but the inactivated vaccine is unavailable. Due to an unprecedented three-strain change for this year's vaccine, subsequent vaccine delivery may be delayed. Military treatment facilities should expect several deliveries.

The Military Departments will reserve injectable vaccine for people in whom the intranasal vaccine is medically or operationally contraindicated due to clinical or logistic concerns. 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 the Military Departments. Military

Departments will administer the intranasal vaccine to military personnel without a contraindication, subject to shipping constraints. Live, attenuated intranasal vaccine appears to be more effective in pediatric and other naive populations and, as such, is recommended for the beneficiary population below 18 years of age and for new accessions that do not have a preexisting contraindication. Last year the eligible age for the live, attenuated vaccine was decreased to two years of age.

In those locales that prohibit or limit vaccines containing the preservative thimerosal every attempt should be made to comply with local statutes. However, the unavailability of thimerosal-free vaccines will not be an indication to withhold vaccine should thimerosal containing vaccine be available.

DoD policy is that Military Departments will use the first-available vaccine doses to preserve operational effectiveness, and protect our most vulnerable populations by immunizing military units that are deployed or will deploy, and 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*). Military Departments will implement the recommendations to seek to immunize all children from six months to 18 years of age. Military Departments will also follow Health Affairs Policy 08-005, "Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities," April 4, 2008.

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 to immunize higher priority groups and when vaccine supplies are adequate. A national influenza immunization week is scheduled for December 6 to 14, 2008. 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 will 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. Vaccine with the latest expiration date, to facilitate spring and summer immunization of basic trainees, should be obtained consistent with this projected requirement. 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.

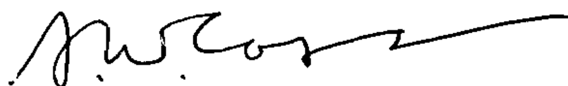
The Epidemiology Branch of the Air Force School of Aerospace Medicine (USAFSAM) will update the influenza surveillance web site (https:/gumbo.brooks.af.mil/

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 USAFSAM.

In addition to this laboratory-based surveillance data, USAFSAM 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 USAFSAM and the 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. Local facilities are encouraged to submit all suspected influenza samples to USAFSAM laboratory for analysis to improve our overall influenza surveillance data.

We 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 Department-specific guidelines. The Military Departments will monitor implementation via Department specific electronic tracking systems. All systems must ensure 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, 2008. The Departments are directed to begin implementation of this policy immediately.



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