PERSONNEL AND READINESS

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MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
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SUBJECT: Policy for Release of Tamiflu® (Oseltamivir) Antiviral Stockpile During an Influenza Pandemic

The Department of Defense (DoD) has begun to stockpile Tamiflu®, which is used to prevent and treat influenza and believed to be effective against pandemic influenza (PI). This memo updates the PI policy of 2004, and provides guidelines for release of DoD's Tamiflu® stockpile.

I am directing the pre-positioning of Tamiflu® in the Pacific Rim, Europe, and CONUS. These stockpiles are not released to the Services or Geographical Combatant Commanders (GeoCOCOMs), but remain within the control of the Assistant Secretary of Defense (Health Affairs) (ASD (HA)), and may be transported to different locations depending on the overall risk and mission. On a case-by-case basis, the ASD (HA) will consider requests from the Joint Chiefs of Staff (JCS)/GeoCOCOMs to create small stockpiles at other overseas locations or in specific units.

The ASD (HA) is vested with the authority to release all or a portion of the stockpile to JCS and/or the Services after PI is confirmed. The Services' Surgeons General, JCS, GeoCOCOMs, Joint Preventive Medicine Policy Group (JPMPG), and other advisory bodies will assist the ASD (HA) in this decision. Upon ASD (HA) approval, the Defense Supply Center Philadelphia (DSCP) will initiate Tamiflu® shipments using standard medical logistics supply chain processes. Following release of Tamiflu®, the JCS will apportion it to GeoCOCOMs for use overseas and to the Services for use within CONUS, who will utilize their allocation based on the guidance provided by ASD (HA).

Tamiflu® chemoprophylaxis will not result in long-term protection once discontinued. Treatment represents the primary use of this medication. Tamiflu® chemoprophylaxis should not begin until the Public Health Emergency Officer (PHEO) confirms PI is or will be occurring in the unit. Commanding Officers, with the guidance

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of their PHEOs, should direct the timing of medication usage to maximize drug efficacy. Because the supply of Tamiflu® is limited and replenishment may not be possible, prioritization guidelines are necessary. The following prioritization tiers should be utilized.

Tier 1	Individuals who are hospitalized due to pandemic influenza
Tier 2	Personnel necessary to respond to global military contingencies and provide health care for force structure
A	Personnel required to maintain national strategic and critical operational capabilities as defined by the Joint Staff (JS)
B	Deployed forces engaged in or supporting armed conflict
C	Personnel necessary to maintain a functioning health care system
Tier 3	Non-deployed forces on alert or designated to conduct critical contingency operations as defined by JS
Tier 4	Personnel necessary to maintain critical mission-essential capabilities at each organizational level
Tier 5	All other Active Component or mobilized Reserve Component personnel
Tier 6	All other beneficiaries who develop PI and do not require hospitalization

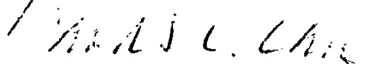
Those hospitalized due to pandemic influenza are the first priority, as this measure could save lives. The initial disbursement of Tamiflu® should include a proportion sent directly to major regional military treatment facilities based on the population served by that facility. Planning assumptions should include a 30 percent attack rate, with ten percent of infected individuals hospitalized. As the pandemic develops, this assumption may be refined.

Tiers two through five are eligible for Tamiflu® prophylaxis and treatment. However, the use of prophylaxis should be targeted and limited. Reliance on prophylaxis will quickly exhaust antiviral supplies. Early treatment may result in a cadre of individuals who have developed immunity against the current strain of pandemic influenza. Total prophylaxis should not exceed one third of the total DoD stockpile. The length of time prophylaxis is provided should be based on the current degree of risk and the critical role that individual holds.

DSCP developed a distribution plan utilizing the Service-specific medical logistics supply chain processes and standard commercial contract carriers. Pandemic plans within DoD should be thoroughly coordinated between the medical and transportation communities at every level, and will include plans for distribution and administration of Tamiflu®. Upon ASD (HA) approval, DSCP will implement Tamiflu® shipment in support of mission-critical priorities in coordination with U.S. Transportation Command (TRANSCOM), with the goal of global delivery within 48 hours. Should the usual modes of DSCP logistic support be inadequate, TRANSCOM will be tasked with delivery from CONUS DSCP storage depots to designated CONUS locations, while GeoCOCOMs may be similarly tasked for delivery within their respective areas of responsibility. Because it may become necessary

for TRANSCOM to assume the Tamiflu® delivery mission, I request JCS and TRANSCOM coordinate with DSCP to provide a redundant delivery system using military assets. Following Tamiflu® release, each command is responsible for distributing and administering Tamiflu® in accordance with this and subsequent policy guidance.

Immunization is the primary method to prevent influenza. Tamiflu® will be used to treat and prevent PI in support of ongoing global military operations and national security priorities until a vaccine becomes available. Clinical guidelines will be disseminated at a future date. My point of contact for this policy is Lieutenant Colonel Wayne Hachey at (703) 575-2669.



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